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: 15-0161 Worksheet S Peri od: From 01/01/2022 Parts I-III AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: 5/25/2023 2: 40 pm PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 5/25/2023 2:40 pm Manually prepared cost report use only If 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 6. Date Received: 7. Contractor No. (2) Settled without Audit 8. [N] Initial Report for this Provider CCN (3) Settled with Audit 9. [N] Final Report for this Provider CCN (10. NPR Date: 11. Contractor's Vendor Code: 4. (2. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9. 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 NORTH HOSPITAL (15-0161) 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        | SIGNATURE STATEMENT   |   |
| 1 | Cara                    | a Breidster                       | 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 | Signatory Printed Name  | Cara Breidster                    |          |   | 2 |
| 3 | Signatory Title         | CF0                               |          |   | 3 |
| 4 | Date                    | (Dated when report is electronica |          |   | 4 |

|        |                               |         | Title XVIII |          |       |           |        |
|--------|-------------------------------|---------|-------------|----------|-------|-----------|--------|
|        |                               | Title V | Part A      | Part B   | HIT   | Title XIX |        |
|        |                               | 1. 00   | 2.00        | 3. 00    | 4. 00 | 5. 00     |        |
|        | PART III - SETTLEMENT SUMMARY |         |             |          |       |           |        |
| 1.00   | HOSPI TAL                     | 0       | 153, 362    | -13, 146 | 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       | 153, 362    | -13, 146 | 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 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.

| HOSPI T          | TAL AND HOSPITAL HEALTH CARE COMPLEX   | I DENTI FI (         | CATION DATA      | Provid        | der CC | CN: 15-01 |         | Period:<br>From 01/01/<br>To 12/31/ |       | Workshe<br>Part I<br>Date/Ti |        |                  |
|------------------|--|----------------------|------------------|---------------|--------|-----------|---------|-------------------------------------|-------|------------------------------|--------|------------------|
|                  |  |                      |                  |               |        |           |         |                                     |       | 5/25/20                      |        |                  |
|                  | 1.00<br>Hospital and Hospital Health Care Co   | mnley Ad             | 2. 00            |               | 3. 00  |           |         |                                     | 1. 00 |                              |        |                  |
| 1. 00            | Street: 11700 NORTH MERIDIAN ST  | mpi ex na            | PO Box:          |               |        |           |         |                                     |       |                              |        | 1.00             |
| 2.00             | City: CARMEL   |                      | State: IN        |               |        |           |         | y: HAMILTON                         | _     |                              |        | 2.00             |
|                  |  | Com                  | oonent Name      | CCN<br>Number | CB:    |           | ovi der | Date<br>Certified                   |       | nt Syst                      |        |                  |
|                  |  |                      |                  | Number        | Nulli  | bei       | Туре    | Certified                           |       | XVIII                        | XIX    |                  |
|                  |  |                      | 1. 00            | 2.00          | 3.     | 00 4      | 4. 00   | 5. 00                               | 6. 00 |                              |        |                  |
|                  | Hospital and Hospital-Based Componen   |                      |                  | _             |        |           |         |                                     |       |                              |        |                  |
| 3. 00            | and the second s | IU HEALT<br>HOSPITAL |                  | 150161        | 269    | 900       | 1       | 12/20/2005                          | N     | P                            | P      | 3.00             |
| 4. 00            | Subprovi der - IPF   | HUSPI IAL            |                  |               |        |           |         |                                     |       |                              |        | 4.00             |
| 5. 00            | Subprovi der - I RF  |                      |                  |               |        |           |         |                                     |       |                              |        | 5.00             |
| 6.00             | Subprovider - (Other)  |                      |                  |               |        |           |         |                                     |       |                              |        | 6.00             |
| 7. 00            | Swing Beds - SNF   |                      |                  |               |        |           |         |                                     |       |                              |        | 7.00             |
| 8. 00<br>9. 00   | Swing Beds - NF<br>Hospital-Based SNF  |                      |                  |               |        |           |         |                                     |       |                              |        | 8. 00<br>9. 00   |
|                  | Hospi tal -Based NF  |                      |                  |               |        |           |         |                                     |       |                              |        | 10.00            |
| 11.00            | Hospi tal -Based OLTC  |                      |                  |               |        |           |         |                                     |       |                              |        | 11.00            |
|                  | Hospi tal -Based HHA   |                      |                  |               |        |           |         |                                     |       |                              |        | 12.00            |
|                  | Separately Certified ASC<br>Hospital-Based Hospice   |                      |                  |               |        |           |         |                                     |       |                              |        | 13. 00<br>14. 00 |
|                  | Hospital -Based Health Clinic - RHC  |                      |                  |               |        |           |         |                                     |       |                              |        | 15.00            |
|                  | Hospital-Based Health Clinic - FQHC  |                      |                  |               |        |           |         |                                     |       |                              |        | 16.00            |
|                  | Hospital -Based (CMHC) I   |                      |                  |               |        |           |         |                                     |       |                              |        | 17.00            |
| 18. 00<br>19. 00 | Renal Dialysis   |                      |                  |               |        |           |         |                                     |       |                              |        | 18. 00<br>19. 00 |
| 19.00            | ottiei   |                      |                  |               |        |           |         | From:                               |       | То                           | !<br>: | 19.00            |
|                  |  |                      |                  |               |        |           |         | 1. 00                               |       | 2.0                          |        |                  |
|                  | Cost Reporting Period (mm/dd/yyyy)   |                      |                  |               |        |           |         | 01/01/20                            | 022   | 12/31/                       | ′2022  | 20.00            |
| 21. 00           | Type of Control (see instructions)   |                      |                  |               |        |           |         | 2                                   |       |                              |        | 21.00            |
|                  |  |                      |                  |               |        | 1.        | 00      | 2.00                                |       | 3. 0                         | 00     | -                |
|                  | Inpatient PPS Information  |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
| 22. 00           | Does this facility qualify and is it   |                      |                  |               |        | `         | Y       | N                                   |       |                              |        | 22.00            |
|                  | disproportionate share hospital adju<br>§412.106? In column 1, enter "Y" fo  |                      |                  |               | K      |           |         |                                     |       |                              |        |                  |
|                  | facility subject to 42 CFR Section §   |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | hospital?) In column 2, enter "Y" fo   |                      |                  |               |        | ļ ,       | .,      |                                     |       |                              |        |                  |
| 22. 01           | Did this hospital receive interim UC this cost reporting period? Enter in  |                      |                  |               |        | ,         | Y       | Y                                   |       |                              |        | 22. 01           |
|                  | for the portion of the cost reportin   |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | 1. Enter in column 2, "Y" for yes or   | "N" for              | no for the poi   | rtion of t    |        |           |         |                                     |       |                              |        |                  |
|                  | cost reporting period occurring on o   | r after              | October 1. (see  | е             |        |           |         |                                     |       |                              |        |                  |
| 22 02            | instructions) Is this a newly merged hospital that   | requi re             | s a final LICP : | to be         |        | ١,        | N       | N                                   |       |                              |        | 22. 02           |
| 22.02            | determined at cost report settlement   |                      |                  |               | lumn   |           |         |                                     |       |                              |        | 22.02            |
|                  | 1, "Y" for yes or "N" for no, for th   |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | period prior to October 1. Enter in  |                      |                  |               | no,    |           |         |                                     |       |                              |        |                  |
| 22. 03           | for the portion of the cost reportin<br>Did this hospital receive a geograph   |                      |                  |               | 0      | ۱ ،       | N       | N                                   |       | N                            |        | 22. 03           |
|                  | rural as a result of the OMB standar   |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | adopted by CMS in FY2015? Enter in c   |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | for the portion of the cost reportin<br>in column 2, "Y" for yes or "N" for  |                      |                  |               | er     |           |         |                                     |       |                              |        |                  |
|                  | reporting period occurring on or aft   |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | Does this hospital contain at least  |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | counted in accordance with 42 CFR 41   | 2. 105)?             | Enter in colum   | າ 3, "Y" f    | or     |           |         |                                     |       |                              |        |                  |
| 22 04            | yes or "N" for no.<br>Did this hospital receive a geograph   | ic recla             | ssification fro  | om urban t    | 0      |           |         |                                     |       |                              |        | 22. 04           |
| 22.04            | rural as a result of the revised OMB   |                      |                  |               |        |           |         |                                     |       |                              |        | 22.04            |
|                  | adopted by CMS in FY 2021? Enter in  |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | for the portion of the cost reportin in column 2, "Y" for yes or "N" for   |                      |                  |               | er     |           |         |                                     |       |                              |        |                  |
|                  | reporting period occurring on or aft   |                      | •                |               |        |           |         |                                     |       |                              |        |                  |
|                  | Does this hospital contain at least  |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | counted in accordance with 42 CFR 41   |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
| 22.00            | yes or "N" for no.   | طنده: ط -ا           | ove on lines ?   | 1 and/ar 2    | E      |           |         | 2 1                                 |       |                              |        | 22.00            |
| ∠3.00            | Which method is used to determine Me<br>below? In column 1, enter 1 if date  |                      |                  |               |        |           |         | 3 N                                 |       |                              |        | 23. 00           |
|                  | if date of discharge. Is the method  | of ident             | ifying the days  | s in this     |        |           |         |                                     |       |                              |        |                  |
|                  | reporting period different from the  |                      |                  |               |        |           |         |                                     |       |                              |        |                  |
|                  | reporting period? In column 2, ente  | ı Y TO               | ı yes or "N" fo  | טו וט.        |        | I         |         | 1                                   |       |                              |        | I                |
|                  |  |                      |                  |               |        |           |         |                                     |       |                              |        |                  |

Health Financial Systems IU HEALTH NORTH HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0161 Peri od: Worksheet S-2 From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/25/2023 2: 40 pm XVIII XIX 1. 00 2.00 3.00 58.00 | If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5. Ν 58.00 Pt. I Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2 59.00 NAHE 413.85 Worksheet A Pass-Through Y/N Line # Qualification Cri teri on Code 1.00 2.00 3.00 60.00 Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see 60 00 N instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2. IME Direct GME IME Direct GME 1. 00 2.00 3. 00 4. 00 5.00 61.00 Did your hospital receive FTE slots under ACA 0.00 0.00 61.00 section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) 61.01 Enter the average number of unweighted primary care 61.01 FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) 61.02 Enter the current year total unweighted primary care 61 02 FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) 61.03 Enter the base line FTE count for primary care 61.03 and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) Enter the number of unweighted primary care/or 61.04 surgery allopathic and/or osteopathic FTEs in the current cost reporting period (see instructions). 61.05 Enter the difference between the baseline primary 61.05 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) 61.06 Enter the amount of ACA §5503 award that is being 61.06 used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions) Program Name Program Code Unwei ghted Unwei ghted IME FTE Count Direct GME FTE Count 1.00 2.00 3.00 4.00 0.00 61.10 61.10 Of the FTEs in line 61.05, specify each new program 0. 00 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. 61.20 Of the FTEs in line 61.05, specify each expanded 0.00 0.00 61.20 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 1.00 ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which 0.00 62.00 your hospital received HRSA PCRE funding (see instructions) Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital 0.00 62.01 62.01 during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings

63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter

"Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)

63.00

| Health Financial Systems   |  | LTH NORTH HOSPITAL  |  |  | u of Form CMS-2   |        |
|--|--|---|--|--|---|--------|
| HOSPITAL AND HOSPITAL HEALTH CARE COM  | PLEX IDENTIFICATION DA   | ATA Provi der CC  |  | eriod:<br>rom 01/01/2022<br>o 12/31/2022 | Worksheet S-2<br>Part I<br>Date/Time Pre<br>5/25/2023 2:4 | pared: |
|  |  | 1   | Unwei ghted<br>FTEs<br>Nonprovi der<br>Si te | Unweighted<br>FTEs in<br>Hospital        | Ratio (col.<br>1/ (col. 1 +<br>col. 2))                   | 5 5    |
| Section 5504 of the ACA Base Ye  | ar ETE Posidonts in N  | lonnrovi dor Sotti nas  | 1. 00  | 2.00                                     | 3.00  |        |
| period that begins on or after   |  |   | - IIII S base year                           | is your cost                             | - epoi triig  |        |
| 64.00 Enter in column 1, if line 63 i in the base year period, the nu resident FTEs attributable to r settings. Enter in column 2 th resident FTEs that trained in y of (column 1 divided by (column 2)  | mber of unweighted no<br>otations occurring in<br>e number of unweighte<br>our hospital. Enter i | n-primary care<br>all nonprovider<br>d non-primary care<br>n column 3 the ratio | 0.00   | 0.00                                     | 0. 000000   | 64.00  |
| [2] (20] 2001  | Program Name   | Program Code  | Unwei ghted                                  | Unwei ghted                              | Ratio (col.   |        |
|  |  |   | FTEs   | FTEs in                                  | 3/ (col. 3 +  |        |
|  |  |   | Nonprovi der<br>Si te                        | Hospi tal                                | col. 4))  |        |
|  | 1. 00  | 2. 00   | 3. 00  | 4. 00                                    | 5. 00   |        |
| 65.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) | Year FTE Residents i   |   | Unwei ghted FTEs Nonprovi der Si te 1.00     | Unwei ghted FTEs in Hospi tal            | Ratio (col.<br>1/ (col. 1 + col. 2))                      | 65. 00 |
| 66.00 Enter in column 1 the number of FTEs attributable to rotations Enter in column 2 the number of FTEs that trained in your hospi (column 1 divided by (column 1  | unweighted non-prima<br>occurring in all nonp<br>unweighted non-prima<br>tal. Enter in column    | rovider settings.<br>ry care resident<br>3 the ratio of                         | 0.00   | 0.00                                     | 0. 000000   | 66.00  |
| (Cordini i divided by (Cordini i   | Program Name   | Program Code  | Unwei ghted<br>FTEs<br>Nonprovi der<br>Si te | Unweighted<br>FTEs in<br>Hospital        | Ratio (col.<br>3/ (col. 3 +<br>col. 4))                   |        |
|  | 1. 00  | 2. 00   | 3. 00  | 4. 00                                    | 5. 00   |        |
| 67.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)   |  |   | 0. 00  |  |   | 67. 00 |

| Health Financial Systems IU HEALTH NORTH HOSPITAL   |   | In                                  | Li eu of      | Form CMS   | -2552-10         |
|---|---|-------------------------------------|---------------|--|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider C  | CN: 15-0161                                     | Period:<br>From 01/01/2             | Woi           | rksheet S-                                       |                  |
|   |   | To 12/31/2                          | 022 Da        | te/Time Pr<br>25/2023 2:                         |                  |
|   |   |                                     | 0,7           |  |                  |
| Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-4  |   |                                     |               | 1. 00  |                  |
| 68.00 For a cost reporting period beginning prior to October 1, 2022, did you om MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Fir (August 10, 2022)?   |   |                                     |               | N  | 68. 00           |
|   |   | _                                   | 1.00 2        | 2. 00 3. 00                                      | _                |
| Inpatient Psychiatric Facility PPS 70.00 Is this facility an Inpatient Psychiatric Facility (IPF), or does it cont  | oin on LDE o                                    | '                                   | N             |  |                  |
| Enter "Y" for yes or "N" for no.  |   | .                                   | IN            |  | 70.00            |
| 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teachi recent cost report filed on or before November 15, 2004? Enter "Y" for y 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for y Column 3: If column 2 is Y, indicate which program year began during this (see instructions) Inpatient Rehabilitation Facility PPS | ves or "N" fo<br>s in a new te<br>ves or "N" fo | r no. (see<br>achi ng<br>r no.      |               | 0  | 71.00            |
| 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it of  | contain an IR                                   | F                                   | N             |  | 75. 00           |
| subprovider? Enter "Y" for yes and "N" for no. 76.00 If line 75 is yes: Column 1: Did the facility have an approved GME teachi  | ng program i                                    | n the most                          |               | 0  | 76. 00           |
| recent cost reporting period ending on or before November 15, 2004? Enter no. Column 2: Did this facility train residents in a new teaching program CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: It indicate which program year began during this cost reporting period. (see   | "Y" for yes<br>n in accordan<br>f column 2 is   | or "N" for<br>ce with 42<br>Y,      |               |  |                  |
|   |   |                                     |               | 1. 00  |                  |
| Long Term Care Hospital PPS   |   |                                     |               |  |                  |
| 80.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for 81.00 Is this a LTCH co-located within another hospital for part or all of the "Y" for yes and "N" for no.  TEFRA Providers   |   | ng period? En                       | nter          | N<br>N   | 80. 00<br>81. 00 |
| 85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter 86.00 Did this facility establish a new Other subprovider (excluded unit) under §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.  |   |                                     | no.           | N  | 85. 00<br>86. 00 |
| 87.00 Is this hospital an extended neoplastic disease care hospital classified 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.  | under sectio                                    | n                                   |               | N  | 87. 00           |
| 1000(d)(1)(b)(vi): Einter 1 101 yes 01 N 101 No.  |   | Approved 1 Permanen Adjustmer (Y/N) | nt F          | Approved<br>Permanent<br>Ustments                |                  |
| 88.00 Column 1: Is this hospital approved for a permanent adjustment to the TEF amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete of 89. (see instructions)   |   | 1.00<br>ne                          |               | 2. 00  | 0 88.00          |
| Column 2: Enter the number of approved permanent adjustments.   | Wkst. A Lin                                     | e Effectiv                          | Έ             | Approved   |                  |
|   | No.   | Date                                | F<br>Ai<br>Ai | Permanent<br>djustment<br>mount Per<br>Discharge |                  |
| 89.00 Column 1: If line 88, column 1 is Y, enter the Worksheet A line number  | 1.00  | 2.00                                |               | 3. 00  | 0 89.00          |
| on which the per discharge permanent adjustment approval was based.  Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge.  Column 3: Enter the amount of the approved permanent adjustment to the   | 0.  |                                     |               |  | 37.00            |
| TEFRA target amount per discharge.  |   | .,                                  |               | VIV  |                  |
|   |   | V<br>1.00                           |               | XI X<br>2. 00                                    |                  |
| Title V and XIX Services  90.00 Does this facility have title V and/or XIX inpatient hospital services? E   | nter "V" for                                    | N                                   |               | Y  | 90.00            |
| yes or "N" for no in the applicable column.   |   |                                     |               |  |                  |
| 91.00 Is this hospital reimbursed for title V and/or XIX through the cost reportfull or in part? Enter "Y" for yes or "N" for no in the applicable column   | ١.  | N                                   |               | Y  | 91.00            |
| 92.00 Are title XIX NF patients occupying title XVIII SNF beds (dual certificatinstructions) Enter "Y" for yes or "N" for no in the applicable column.  | ion)? (see                                      |                                     |               | N  | 92.00            |
| 93.00 Does this facility operate an ICF/IID facility for purposes of title V ar "Y" for yes or "N" for no in the applicable column.   | nd XIX? Enter                                   | N                                   |               | N  | 93. 00           |
| 94.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for rapplicable column.   | no in the                                       | N                                   |               | N  | 94. 00           |
| 95.00   If line 94 is "Y", enter the reduction percentage in the applicable column.  96.00   Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for rapplicable column.  |   | 0. 00<br>N                          |               | 0. 00<br>N                                       | 95. 00<br>96. 00 |
| 97.00   If line 96 is "Y", enter the reduction percentage in the applicable column  | ın.   | 0.00                                |               | 0. 00  | 97. 00           |

Ν

117.00

118.00

118.00 s the malpractice insurance a claims-made or occurrence policy? Enter 1

if the policy is claim-made. Enter 2 if the policy is occurrence.

| Health Financial Systems   | IU HEALTH NORTI        | HUSDI TAI      |                  | In lie                           | u of Form CM  | S_2552_10          |
|--|------------------------|----------------|------------------|----------------------------------|---------------|--------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIF  |                        | Provi der CC   |                  | Peri od:                         | Worksheet S   |                    |
|  |                        |                |                  | From 01/01/2022<br>To 12/31/2022 |               | Prepared:          |
|  |                        |                | Dona mi          |                                  | 5/25/2023 2   | 2: 40 pm           |
|  |                        |                | Premiums         | Losses                           | Insurance     |                    |
|  |                        |                |                  |                                  |               |                    |
|  |                        |                | 1. 00            | 2.00                             | 3. 00         |                    |
| 118.01 List amounts of mal practice premiums and pa  | id Losses:             |                | 361, 13          |                                  |               | 0118.01            |
|  |                        |                |                  | 1 00                             | 2.00          |                    |
| 118.02 Are mal practice premiums and paid losses re  | ported in a cost       | center other   | than the         | 1. 00<br>N                       | 2.00          | 118. 02            |
| Administrative and General? If yes, submit   |                        |                |                  |                                  |               |                    |
| and amounts contained therein.  119.00 DO NOT USE THIS LINE  |                        |                |                  |                                  |               | 119.00             |
| 120.00 Is this a SCH or EACH that qualifies for th   |                        |                |                  |                                  | N             | 120. 00            |
| §3121 and applicable amendments? (see instr<br>"N" for no. Is this a rural hospital with <             |                        |                |                  |                                  |               |                    |
| Hold Harmless provision in ACA §3121 and ap  |                        |                |                  |                                  |               |                    |
| Enter in column 2, "Y" for yes or "N" for r  |                        |                |                  |                                  |               | 101 00             |
| 121.00 Did this facility incur and report costs for patients? Enter "Y" for yes or "N" for no.         | or nigh cost impia     | ntable device  | s charged to     | Y                                |               | 121.00             |
| 122.00 Does the cost report contain healthcare rel   |                        |                |                  |                                  | 5. 05         | 122. 00            |
| Act?Enter "Y" for yes or "N" for no in colu<br>the Worksheet A line number where these tax             |                        | is "Y", ente   | r in column 2    | 2                                |               |                    |
| 123.00 Did the facility and/or its subproviders (i   |                        | chase profess  | i onal           |                                  |               | 123. 00            |
| services, e.g., legal, accounting, tax prep  |                        |                |                  |                                  |               |                    |
| management/consulting services, from an unr for yes or "N" for no.                                     | erated organizati      | on? In column  | I, enter "Y"     |                                  |               |                    |
| If column 1 is "Y", were the majority of th  |                        |                |                  |                                  |               |                    |
| professional services expenses, for service<br>located in a CBSA outside of the main hospi             |                        |                |                  | _                                |               |                    |
| "N" for no.  | tai CBSA? III CUIU     | ılıı 2, eriter | 1 Tot yes of     |                                  |               |                    |
| Certified Transplant Center Information  |                        |                | "" 6             |                                  |               | 105.00             |
| 125.00 Does this facility operate a Medicare-certi and "N" for no. If yes, enter certification         |                        |                | "Y" for yes      | N                                |               | 125. 00            |
| 126.00 If this is a Medicare-certified kidney tran   | splant program, e      | nter the cert  | ification dat    | te                               |               | 126. 00            |
| in column 1 and termination date, if applic<br>127.00 If this is a Medicare-certified heart trans      |                        |                | fication date    |                                  |               | 127. 00            |
| in column 1 and termination date, if applic  |                        |                | ircation date    |                                  |               | 127.00             |
| 128.00 If this is a Medicare-certified liver trans   |                        |                | fication date    | e                                |               | 128. 00            |
| in column 1 and termination date, if applic<br>129.00 If this is a Medicare-certified lung transp      |                        |                | cation date      |                                  |               | 129. 00            |
| in column 1 and termination date, if applic  | able, in column 2      |                |                  |                                  |               |                    |
| 130.00 If this is a Medicare-certified pancreas tr<br>date in column 1 and termination date, if a      |                        |                | rtification      |                                  |               | 130.00             |
| 131.00 If this is a Medicare-certified intestinal  | transplant progra      | m, enter the   | certi fi cati or | ו                                |               | 131.00             |
| date in column 1 and termination date, if a 132.00 If this is a Medicare-certified islet trans         |                        |                | fication data    |                                  |               | 122.00             |
| in column 1 and termination date, if applic  |                        |                | ircation date    |                                  |               | 132. 00            |
| 133.00 Removed and reserved  |                        | 000            |                  |                                  |               | 133.00             |
| 134.00 If this is a hospital-based organ procurement in column 1 and termination date, if applications |                        |                | he OPO number    |                                  |               | 134.00             |
| All Providers  |                        |                |                  |                                  |               |                    |
| 140.00 Are there any related organization or home chapter 10? Enter "Y" for yes or "N" for no          |                        |                |                  | Υ .                              | 15H059        | 140. 00            |
| are claimed, enter in column 2 the home off  |                        |                |                  | ?                                |               |                    |
| 1.00   | 2.00                   |                |                  | 3.00                             |               |                    |
| If this facility is part of a chain organize office and enter the home office contractor               |                        |                | ougn 143 the i   | name and address                 | s or the nome | =                  |
| 141.00 Name: IU HEALTH, INC Cont   | ractor's Name: WPS     |                | Contracto        | or's Number: 0810                | )1            | 141.00             |
| 142.00 Street: 340 W. 10TH STREET PO B<br>143.00 City: INDIANAPOLIS Stat                               |                        |                | Zip Code:        | 4620                             | 12            | 142. 00<br>143. 00 |
| 143. OUICITY. TINDI ANAFOLIS STAT  | e. IN                  |                | Zip code.        | . 4020                           | 1             | 143.00             |
| 144 000  | last tas Wast street A | 2              |                  |                                  | 1.00          | 144.00             |
| 144.00 Are provider based physicians' costs includ   | ieu in worksheet A     |                |                  |                                  | Y             | 144. 00            |
|  |                        |                |                  | 1.00                             | 2. 00         |                    |
| 145.00 If costs for renal services are claimed on inpatient services only? Enter "Y" for yes           |                        |                |                  |                                  |               | 145. 00            |
| no, does the dialysis facility include Medi  |                        |                |                  |                                  |               |                    |
| period? Enter "Y" for yes or "N" for no ir   | column 2.              |                |                  |                                  |               |                    |
| 146.00 Has the cost allocation methodology changed<br>Enter "Y" for yes or "N" for no in column 1      |                        |                |                  | - N                              |               | 146. 00            |
| yes, enter the approval date (mm/dd/yyyy) i  |                        | 5 2, Graptor   | .5, 5,020, 11    |                                  |               |                    |
|  |                        |                |                  |                                  |               |                    |

| Health Financial Systems  |   |                  | HOSPI TAL     |              |           |                                   | u of Form CMS  |                    |
|---|---|------------------|---------------|--------------|-----------|-----------------------------------|--|--------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLE  | EX IDENTIFICATION DATA                          | 4                | Provi der CC  | CN: 15-0161  |           | od:<br>1 01/01/2022<br>12/31/2022 | Worksheet S-<br>Part I<br>Date/Time Pr<br>5/25/2023 2: | epared:            |
|   |   |                  |               |              |           |                                   | 1.00   | _                  |
| 147.00 Was there a change in the statist  | ical basis? Entor "V"                           | for vo           | s or "N" for  | no           |           |                                   | 1. 00<br>N   | 147.00             |
| 148.00 Was there a change in the order o  | f allocation? Enter "\                          | TUL YE<br>V" for | ves or "N" f  | no.<br>Or no |           |                                   | N N  | 148. 00            |
| 149.00 Was there a change to the simplif  |   |                  |               |              | for no    |                                   | l N  | 149. 00            |
|   |   |                  | Part A        | Part         |           | Title V                           | Title XIX  |                    |
|   |   |                  | 1. 00         | 2. 00        |           | 3. 00                             | 4.00   |                    |
| Does this facility contain a prov<br>or charges? Enter "Y" for yes or   |   |                  |               |              |           |                                   |  |                    |
| 155. 00 Hospi tal   |   |                  | N             | N            |           | N                                 | N  | 155. 00            |
| 156.00 Subprovi der - IPF   |   |                  | N             | N N          |           | N                                 | N  | 156. 00            |
| 157. 00 Subprovi der - IRF  |   |                  | N             | N N          |           | N                                 | N  | 157. 00            |
| 158. 00 SUBPROVI DER  |   |                  |               |              |           |                                   |  | 158. 0             |
| 159. 00 SNF   |   |                  | N             | N N          |           | N                                 | N<br>N   | 159.00             |
| 160.00 HOME HEALTH AGENCY<br>161.00 CMHC  |   |                  | N             | l N          |           | N<br>N                            | N<br>N   | 160.0              |
| 161. OUJCWINC   |   |                  |               | IN           |           | IN                                |  | 161. 0             |
| M. 1.1  |   |                  |               |              |           |                                   | 1.00   |                    |
| Multicampus  165.00 Is this hospital part of a Multic Enter "Y" for yes or "N" for no.  | ampus hospital that ha                          | as one           | or more camp  | uses in d    | i fferent | t CBSAs?                          | N  | 165.00             |
| Enter 1 for yes or in for no.   | Name  |                  | County        | State        | Zip Co    | de CBSA                           | FTE/Campus   |                    |
|   | 0   |                  | 1.00          | 2.00         | 3.00      |                                   | 5. 00  | 1                  |
| 166.00  f   line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) |   |                  |               |              |           |                                   | O. C   | 166. 0             |
|   |   |                  |               |              |           |                                   | 1. 00  | +                  |
| Health Information Technology (HI   |   |                  |               |              |           | ct                                |  |                    |
| 167.00 s this provider a meaningful use   | 05 is "Y") and ís a mo                          | eani ngf         | ul user (lin  |              |           | nter the                          | Y  | 167. 00<br>168. 00 |
| reasonable cost incurred for the<br>168.01 If this provider is a CAH and is<br>exception under §413.70(a)(6)(ii)  | not a meaningful user,                          | , does           | this provide  |              |           | nardshi p                         |  | 168. 0             |
| 169.00 If this provider is a meaningful transition factor. (see instructions)   | user (line 167 is "Y")                          |                  |               |              |           | ), enter the                      | 9. 9   | 99169. 0           |
| ·   |   |                  |               |              |           | Begi nni ng                       | Endi ng  |                    |
|   |   |                  |               |              |           | 1. 00                             | 2. 00  |                    |
| 170.00 Enter in columns 1 and 2 the EHR period respectively (mm/dd/yyyy)  | peginning date and end                          | ding da          | ite for the r | eporti ng    |           |                                   |  | 170. 0             |
|   |   |                  |               |              |           | 1. 00                             | 2. 00  | -                  |
| 171.00 If line 167 is "Y", does this pro<br>section 1876 Medicare cost plans<br>"Y" for yes and "N" for no in col<br>1876 Medicare days in column 2. (  | reported on Wkst. S-3,<br>umn 1. If column 1 is | , Pt. I          | , line 2, co  | I. 6? Ent    | I .       | Y                                 |  | 2 171. 00          |

Health Financial Systems IU HEALTH NORTH HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Provider CCN: 15-0161 Peri od: Worksheet S-2 From 01/01/2022 Part II Date/Time Prepared: 12/31/2022 5/25/2023 2:40 pm Y/N Date 1.00 2.00 PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS Provider Organization and Operation 1.00 Has the provider changed ownership immediately prior to the beginning of the cost Ν 1.00 reporting period? If yes, enter the date of the change in column 2. (see instructions) Date V/I 1.00 2.00 3.00 2.00 Has the provider terminated participation in the Medicare Program? If N 2 00 yes, enter in column 2 the date of termination and in column  $\hat{\textbf{3}},$  "V" for voluntary or "I" for involuntary. 3.00 Is the provider involved in business transactions, including management 3.00 contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions) Y/N Date Type 1.00 2.00 3.00 Financial Data and Reports Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, 4.00 Α 4.00 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 5.00 Ν those on the filed financial statements? If yes, submit reconciliation Legal Oper. Y/N 1.00 2.00 Approved Educational Activities 6.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider 6.00 the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see instructions. 7 00 7 00 N 8.00 Were nursing programs and/or allied health programs approved and/or renewed during the Ν 8.00 cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved graduate medical education 9.00 9.00 program in the current cost report? If yes, see instructions. Was an approved Intern and Resident GME program initiated or renewed in the current 10.00 N 10.00 cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I & R in an Approved 11.00 Ν Teaching Program on Worksheet A? If yes, see instructions Y/N 1.00 Bad Debts Is the provider seeking reimbursement for bad debts? If yes, see instructions. 12.00 12.00 If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting Ν 13.00 13.00 period? If yes, submit copy. 14.00 If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see Ν 14.00 instructions. Bed Complement 15.00 Did total beds available change from the prior cost reporting period? If yes, see instructions N 15.00 Part A Part B Y/N Date Y/N Date 1.00 2.00 3.00 4.00 PS&R Data 16.00 Was the cost report prepared using the PS&R Report only? Ν N 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 instructions) Was the cost report prepared using the PS&R Report for 04/01/2023 04/01/2023 17.00 Υ Υ 17.00 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) If line 16 or 17 is yes, were adjustments made to PS&R 18.00 Ν 18.00 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. If line 16 or 17 is yes, were adjustments made to PS&R 19.00 Ν Ν Report data for corrections of other PS&R Report information? If yes, see instructions.

| HOSPI T  | Financial Systems I U HEALTH NOR TAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE   | Provi der (      | CCN: 15-0161   | Peri od:                         | u of Form CM<br>Worksheet S           |         |
|----------|---|------------------|----------------|----------------------------------|---------------------------------------|---------|
|          |   |                  |                | From 01/01/2022<br>To 12/31/2022 | Part II<br>Date/Time F<br>5/25/2023 2 |         |
|          |   | Descr            | ription        | Y/N                              | Y/N                                   | 40 piii |
|          |   |                  | 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   |
|          | Troper t data for other becomes the other day detimenter  | 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 (EXC  | EPT CHILDRENS    | HOSPI TALS)    |                                  | 1.00                                  |         |
|          | Capital Related Cost  |                  |                |                                  |                                       |         |
|          | Have assets been relifed for Medicare purposes? If yes, se  |                  |                |                                  | N                                     | 22.00   |
| 23. 00   | Have changes occurred in the Medicare depreciation expense  | due to apprai    | isals made du  | ring the cost                    | N                                     | 23.00   |
| 24. 00   | reporting period? If yes, see instructions.  Were new leases and/or amendments to existing leases enter   | ed into durino   | g this cost r  | eporting period?                 | Υ                                     | 24.00   |
| 25. 00   | If yes, see instructions Have there been new capitalized leases entered into during   | the cost repo    | ortina period  | ? If ves. see                    | N                                     | 25. 00  |
|          | instructions.   |                  | 0 1            |                                  |                                       |         |
| 26. 00   | Were assets subject to Sec. 2314 of DEFRA acquired during tinstructions.  | he cost repor    | ting period?   | lf yes, see                      | N                                     | 26. 00  |
| 27. 00   |   | e cost reporti   | ing period? I  | f yes, submit                    | N                                     | 27.00   |
|          | copy. Interest Expense  |                  |                |                                  |                                       |         |
| 28. 00   | Were new Loans, mortgage agreements or Letters of credit e  | ntered into du   | uring the cos  | t reporting                      | N                                     | 28.00   |
| 29. 00   | period? If yes, see instructions. Did the provider have a funded depreciation account and/or  | bond funds (     | Oobt Corvice   | Docorvo Eund)                    | N                                     | 29.00   |
| 29.00    | treated as a funded depreciation account? If yes, see inst  |                  | Debt Service   | kesei ve Fullu)                  | IN                                    | 29.00   |
| 30. 00   | Has existing debt been replaced prior to its scheduled mat  |                  | w debt? If ye  | s, see                           | N                                     | 30.00   |
| 31. 00   | <pre>instructions. Has debt been recalled before scheduled maturity without i instructions.</pre>   | ssuance of new   | w debt? If ye  | s, see                           | N                                     | 31.00   |
|          | Purchased Services  |                  |                |                                  |                                       |         |
| 32. 00   | Have changes or new agreements occurred in patient care se  |                  | ned through c  | ontractual                       | N                                     | 32.00   |
| 33. 00   | arrangements with suppliers of services? If yes, see instr<br>If line 32 is yes, were the requirements of Sec. 2135.2 ap                        |                  | ing to compet  | itive bidding? If                | N                                     | 33.00   |
|          | no, see instructions.   | •                |                | -                                |                                       |         |
| 24 00    | Provider-Based Physicians Were services furnished at the provider facility under an   | arrangamant wi   | ith provider   | basad physicians                 | ' N                                   | 34.00   |
| 54.00    | If yes, see instructions.   | arrangement wi   | itti provider- | baseu physicians:                | IN                                    | 34.00   |
| 35. 00   | If line 34 is yes, were there new agreements or amended ex  |                  | ents with the  | provi der-based                  | N                                     | 35.00   |
|          | physicians during the cost reporting period? If yes, see i  | IISTI UCTI OIIS. |                | Y/N                              | Date                                  |         |
|          |   |                  |                | 1.00                             | 2. 00                                 |         |
|          | Home Office Costs   |                  |                |                                  |                                       |         |
|          | 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 p  | repared by the   | e home office  | ? Y                              |                                       | 37.00   |
| 38. 00   | , , , , , , , , , , , , , , , , , , ,   |                  |                | f N                              |                                       | 38.00   |
| 39. 00   | the provider? If yes, enter in column 2 the fiscal year en-<br>If line 36 is yes, did the provider render services to oth-<br>see instructions. |                  |                | s, Y                             |                                       | 39.00   |
| 10.00    |   | home office?     | If yes, see    | N                                |                                       | 40.00   |
|          | THIS I GOT ON.  |                  |                |                                  |                                       |         |
|          |   | 1                | . 00           | 2.                               | 00                                    |         |
| 11 00    | Cost Report Preparer Contact Information  | DUONDA           |                | UTTED                            |                                       | 41 0    |
| 11.00    | Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.                   | RHONDA           |                | UTTER                            |                                       | 41.00   |
| 42. 00   | Enter the employer/company name of the cost report  | INDIANA UNIVE    | RSITY HEALTH   |                                  |                                       | 42.00   |
| 40.00    | preparer.   | 217 0/0 1000     |                | DUTTED -: LUIEA: T               | U ODC                                 | 40.0    |
| 4.3 ()() | Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.                                      | 317-962-1093     |                | RUTTER@I UHEALT                  | H. UKG                                | 43.00   |

| Heal th | Financial Systems                          | IU HEALTH       | NORTH | HOSPI TAL |       |         |      | In Lieu                    | of Form CMS-  | 2552-10          |
|---------|--|-----------------|-------|-----------|-------|---------|------|----------------------------|---------------|------------------|
| HOSPI   | TAL AND HOSPITAL HEALTH CARE REIMBURSEMENT | QUESTI ONNAI RE |       | Provi der | CCN:  | 15-0161 | Peri |                            | Worksheet S-2 | 2                |
|         |  |                 |       |           |       |         | To   | 1 01/01/2022<br>12/31/2022 |               | epared:<br>10 pm |
|         |  |                 |       |           |       |         |      |                            |               |                  |
|         |  |                 |       |           | 3.00  |         |      |                            |               |                  |
|         | Cost Report Preparer Contact Information   |                 |       |           |       |         |      |                            |               |                  |
| 41.00   | Enter the first name, last name and the ti | tle/position    | DI F  | RECTOR OF | GOVEF | RNMENT  |      |                            |               | 41.00            |
|         | held by the cost report preparer in column | ns 1, 2, and 3  | , PRO | OGRAMS    |       |         |      |                            |               |                  |
|         | respecti vel y.                            |                 |       |           |       |         |      |                            |               |                  |
| 42.00   | Enter the employer/company name of the cos | st report       |       |           |       |         |      |                            |               | 42.00            |
|         | preparer.                                  |                 |       |           |       |         |      |                            |               |                  |
| 43.00   | Enter the telephone number and email addre | ess of the cos  | t     |           |       |         |      |                            |               | 43.00            |
|         | report preparer in columns 1 and 2, respec | cti vel y.      |       |           |       |         |      |                            |               |                  |

| In Lieu of Form CMS-2552-10 | Period: | Worksheet S-3 | From 01/01/2022 | Part | | To 12/31/2022 | Date/Time Prepared: Health Financial Systems IU HEALTH CARE COMPLEX STATISTICAL DATA Provi der CCN: 15-0161

|                  |  |                   |             | Т                                       | o 12/31/2022 | Date/Time Prep 5/25/2023 2:40 | pared:<br>O pm   |
|------------------|--|-------------------|-------------|---|--------------|-------------------------------|------------------|
|                  |  |                   |             |   |              | I/P Days /                    |                  |
|                  |  |                   |             |   |              | 0/P Visits /                  |                  |
|                  |  |                   |             |   |              | Trips                         |                  |
|                  | Component  | Worksheet A       | No. of Beds | Bed Days                                | CAH Hours    | Title V                       |                  |
|                  |  | Li ne No.<br>1.00 | 2. 00       | Available<br>3.00                       | 4.00         | 5. 00                         |                  |
|                  | PART I - STATISTICAL DATA                                    | 1.00              | 2.00        | 3.00                                    | 4. 00        | 5.00                          |                  |
| 1. 00            | Hospital Adults & Peds. (columns 5, 6, 7 and                 | 30. 00            | 130         | 47, 450                                 | 0.00         | 0                             | 1. 00            |
| 1.00             | 8 exclude Swing Bed, Observation Bed and                     | 00.00             | 100         | 17, 100                                 | 0.00         | Ĭ                             | 1.00             |
|                  | 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                  |                   | 130         | 47, 450                                 | 0. 00        | 0                             | 7. 00            |
|                  | beds) (see instructions)                                     |                   |             |   |              |                               |                  |
| 8. 00            | I NTENSI VE CARE UNI T                                       |                   |             |   |              |                               | 8.00             |
| 9.00             | CORONARY CARE UNIT   |                   |             |   |              |                               | 9.00             |
| 10. 00<br>11. 00 | BURN INTENSIVE CARE UNIT                                     | 34.00             | C           |   | 0. 00        | o                             | 10. 00<br>11. 00 |
|                  | SURGICAL INTENSIVE CARE UNIT                                 | 34.00             |             |   |              |                               | 11.00            |
| 11. 01<br>11. 02 | PEDIATRIC INTENSIVE CARE UNIT PREMATURE INTENSIVE CARE UNIT  | 34.01             | 23          | 1                                       |              |                               | 11.01            |
| 12. 00           | OTHER SPECIAL CARE (SPECIFY)                                 | 34.02             | 23          | 0, 373                                  | 0.00         |                               | 12.00            |
| 13. 00           | NURSERY  | 43. 00            |             |   |              | 0                             | 13. 00           |
| 14. 00           | Total (see instructions)                                     | 10.00             | 153         | 55, 845                                 | 0.00         |                               | 14. 00           |
| 15. 00           | CAH visits   |                   |             | 00,010                                  | 0.00         | 0                             | 15. 00           |
| 16. 00           | SUBPROVIDER - I PF   |                   |             |   |              | -                             | 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)                                  | 30. 00            |             |   |              |                               | 24. 10           |
| 25. 00           | CMHC - CMHC  |                   |             |   |              |                               | 25. 00           |
| 26. 00           | RURAL HEALTH CLINIC  | 89. 00            |             |   |              | 0                             | 26. 00<br>26. 25 |
| 26. 25<br>27. 00 | FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) | 89.00             | 153         |   |              | ا                             | 26. 25<br>27. 00 |
| 28. 00           | Observation Bed Days   |                   | 100         | '}                                      |              | o                             | 28.00            |
| 29. 00           | Ambul ance Trips   |                   |             |   |              |                               | 29. 00           |
| 30. 00           | Employee discount days (see instruction)                     |                   |             |   |              |                               | 30.00            |
| 31. 00           | Employee discount days - IRF                                 |                   |             |   |              |                               | 31.00            |
| 32. 00           | Labor & delivery days (see instructions)                     |                   | 12          | 4, 380                                  |              |                               | 32.00            |
| 32. 01           | Total ancillary labor & delivery room                        |                   |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              |                               | 32. 01           |
|                  | outpatient days (see instructions)                           |                   |             |   |              |                               |                  |
| 33. 00           |  |                   |             |   |              |                               | 33.00            |
| 33. 01           | LTCH site neutral days and discharges                        |                   |             | 1                                       |              |                               | 33. 01           |
| 34. 00           | Temporary Expansion COVID-19 PHE Acute Care                  | 30. 00            | C           | )  O                                    |              | 0                             | 34.00            |

Provi der CCN: 15-0161

Peri od: Worksheet S-3 From 01/01/2022 Part I To 12/31/2022 Date/Ti me Prepared: 5/25/2023 2:40 pm

|        |  |             |              |           |               | 5/25/2023 2: 4 | 0 pm   |
|--------|--|-------------|--------------|-----------|---------------|----------------|--------|
|        | ·  | I/P Days    | / O/P Visits | / Trips   | Full Time I   | Equi val ents  |        |
|        |  | ,           |              | ·         |               | ·              |        |
|        |  |             |              |           |               |                |        |
|        | Component                                    | Title XVIII | Title XIX    | Total All | Total Interns | Employees On   |        |
|        | '  |             |              | Pati ents | & Residents   | Payrol I       |        |
|        |  | 6. 00       | 7.00         | 8. 00     | 9. 00         | 10.00          |        |
|        | PART I - STATISTICAL DATA                    |             |              |           |               |                |        |
| 1.00   | Hospital Adults & Peds. (columns 5, 6, 7 and | 8, 199      | 680          | 29, 155   |               |                | 1.00   |
|        | 8 exclude Swing Bed, Observation Bed and     | 2,          |              |           |               |                |        |
|        | Hospice days) (see instructions for col. 2   |             |              |           |               |                |        |
|        | for the portion of LDP room available beds)  |             |              |           |               |                |        |
| 2.00   | HMO and other (see instructions)             | 5, 124      | 7, 934       |           |               |                | 2.00   |
| 3.00   | HMO IPF Subprovi der                         | 0, .2.1     | 0            |           |               |                | 3.00   |
| 4. 00  | HMO IRF Subprovider                          |             | 0            |           |               |                | 4.00   |
| 5. 00  | Hospital Adults & Peds. Swing Bed SNF        | ١           | 0            |           |               |                | 5.00   |
| 6. 00  | Hospital Adults & Peds. Swing Bed NF         | ٥           | 0            | _         |               |                | 6.00   |
| 7. 00  | Total Adults and Peds. (exclude observation  | 8, 199      | 680          |           |               |                | 7.00   |
| 7.00   | beds) (see instructions)                     | 0, 177      | 000          | 27, 133   |               |                | 7.00   |
| 8. 00  | INTENSIVE CARE UNIT                          |             |              |           |               |                | 8.00   |
| 9. 00  | CORONARY CARE UNIT                           |             |              |           |               |                | 9.00   |
| 10.00  | BURN INTENSIVE CARE UNIT                     |             |              |           |               |                | 10.00  |
| 11. 00 | SURGICAL INTENSIVE CARE UNIT                 |             | 0            | 0         |               |                | 11.00  |
| 11. 00 | PEDIATRIC INTENSIVE CARE UNIT                | 0           | 0            |           |               |                | 11.00  |
|        |  | 0           |              |           |               |                |        |
| 11. 02 | PREMATURE INTENSIVE CARE UNIT                | U U         | 135          | 5, 089    |               |                | 11. 02 |
| 12.00  | OTHER SPECIAL CARE (SPECIFY)                 |             | 047          | 4 011     |               |                | 12.00  |
| 13.00  | NURSERY                                      | 0.100       | 946          |           | 0.00          | 000 00         | 13.00  |
| 14.00  | Total (see instructions)                     | 8, 199      | 1, 761       |           | 0. 00         | 920. 82        |        |
| 15.00  | CAH visits                                   | O O         | 0            | 0         |               |                | 15.00  |
| 16.00  | SUBPROVIDER - I PF                           |             |              |           |               |                | 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)                  |             |              | 205       |               |                | 24. 10 |
| 25.00  | CMHC - CMHC                                  |             |              |           |               |                | 25. 00 |
| 26.00  | RURAL HEALTH CLINIC                          |             |              |           |               |                | 26. 00 |
| 26. 25 | FEDERALLY QUALIFIED HEALTH CENTER            | 0           | 0            | 0         | 0. 00         | <b>l</b>       |        |
| 27. 00 | Total (sum of lines 14-26)                   |             |              |           | 0. 00         | 920. 82        | 27. 00 |
| 28.00  | Observation Bed Days                         |             | 64           | 3, 152    |               |                | 28. 00 |
| 29. 00 | Ambul ance Trips                             | 0           |              |           |               |                | 29. 00 |
| 30.00  | Employee discount days (see instruction)     |             |              | 0         |               |                | 30.00  |
| 31.00  | Employee discount days - IRF                 |             |              | 0         |               |                | 31.00  |
| 32.00  | Labor & delivery days (see instructions)     | 0           | 20           | 1, 926    |               |                | 32.00  |
| 32.01  | Total ancillary labor & delivery room        |             |              | 0         |               |                | 32. 01 |
|        | outpatient days (see instructions)           |             |              |           |               |                |        |
| 33.00  | LTCH non-covered days                        | o           |              |           |               |                | 33.00  |
| 33. 01 | LTCH site neutral days and discharges        | 0           |              |           |               |                | 33. 01 |
| 34.00  | Temporary Expansion COVID-19 PHE Acute Care  | o           | 0            | 0         |               |                | 34.00  |
|        |  | •           |              |           |               |                |        |

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part I | | Prepared: | To | 12/31/2022 | Date/Time Prepared: | Prepared: | Prepared | Provi der CCN: 15-0161

|                  |  |                                       |         | 10          | 12/31/2022 | Date/IIme Pre<br>  5/25/2023 2:40 |                  |
|------------------|--|---------------------------------------|---------|-------------|------------|-----------------------------------|------------------|
|                  |  | Full Time                             |         | Di sch      | arges      | 37 237 2023 2. 4                  | o piii           |
|                  |  | Equi val ents                         |         | 5. 00       | a. 900     |                                   |                  |
|                  | Component  | Nonpai d                              | Title V | Title XVIII | Title XIX  | Total All                         |                  |
|                  | The state of the s | Workers                               |         |             |            | Pati ents                         |                  |
|                  |  | 11. 00                                | 12. 00  | 13. 00      | 14. 00     | 15. 00                            |                  |
|                  | PART I - STATISTICAL DATA  | · · · · · · · · · · · · · · · · · · · |         |             |            |                                   |                  |
| 1.00             | Hospital Adults & Peds. (columns 5, 6, 7 and   |                                       | 0       | 1, 738      | 98         | 10, 266                           | 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)   |                                       |         | 907         | 1, 374     |                                   | 2.00             |
| 3.00             | HMO IPF Subprovider  |                                       |         |             | 0          |                                   | 3.00             |
| 4.00             | HMO IRF Subprovider  |                                       |         |             | 0          |                                   | 4.00             |
| 5.00             | Hospital Adults & Peds. Swing Bed SNF  |                                       |         |             |            |                                   | 5.00             |
| 6.00             | Hospital Adults & Peds. Swing Bed NF   |                                       |         |             |            |                                   | 6.00             |
| 7.00             | Total Adults and Peds. (exclude observation  |                                       |         |             |            |                                   | 7.00             |
|                  | beds) (see instructions)   |                                       |         |             |            |                                   |                  |
| 8. 00            | INTENSIVE CARE UNIT  |                                       |         |             |            |                                   | 8.00             |
| 9.00             | CORONARY CARE UNIT   |                                       |         |             |            |                                   | 9.00             |
| 10.00            | BURN INTENSIVE CARE UNIT   |                                       |         |             |            |                                   | 10.00            |
| 11. 00           | SURGICAL INTENSIVE CARE UNIT   |                                       |         |             |            |                                   | 11.00            |
| 11. 01           | PEDIATRIC INTENSIVE CARE UNIT  |                                       |         |             |            |                                   | 11. 01           |
| 11. 02           | PREMATURE INTENSIVE CARE UNIT  |                                       |         |             |            |                                   | 11. 02           |
| 12. 00           | OTHER SPECIAL CARE (SPECIFY)   |                                       |         |             |            |                                   | 12.00            |
| 13.00            | NURSERY  |                                       |         |             |            |                                   | 13.00            |
| 14. 00           | Total (see instructions)   | 0.00                                  | 0       | 1, 738      | 98         | 10, 266                           | 14.00            |
| 15. 00           | CAH visits   |                                       |         |             |            |                                   | 15.00            |
| 16. 00           | SUBPROVI DER - I PF  |                                       |         |             |            |                                   | 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            | RURAL HEALTH CLINIC  | 0.00                                  |         |             |            |                                   | 26.00            |
| 26. 25           | FEDERALLY QUALIFIED HEALTH CENTER  | 0.00                                  |         |             |            |                                   | 26. 25           |
| 27. 00           | Total (sum of lines 14-26)   | 0.00                                  |         |             |            |                                   | 27.00            |
| 28. 00           | 1  |                                       |         |             |            |                                   | 28.00            |
| 29. 00           | Ambul ance Trips   |                                       |         |             |            |                                   | 29. 00           |
| 30.00            | Employee discount days (see instruction)   |                                       |         |             |            |                                   | 30.00            |
| 31.00            | Employee discount days - IRF   |                                       |         |             |            |                                   | 31.00            |
| 32.00            | Labor & delivery days (see instructions)   |                                       |         |             |            |                                   | 32.00            |
| 32. 01           | Total ancillary labor & delivery room  |                                       |         |             |            |                                   | 32. 01           |
| 22 00            | outpatient days (see instructions)   |                                       |         |             |            |                                   | 22 00            |
| 33. 00<br>33. 01 | ,  |                                       |         | 0           |            |                                   | 33. 00<br>33. 01 |
|                  | LTCH site neutral days and discharges<br>Temporary Expansion COVID-19 PHE Acute Care   |                                       |         | ا           |            |                                   | 34. 00           |
| 34.00            | Tramporary Expansion Covid-19 PHE Acute Care   | 1                                     |         | l l         | I          |                                   | 34.00            |

| HOSPI T          | AL WAGE INDEX INFORMATION  |                        |                    | Provi der C  |  | Peri od:<br>From 01/01/2022                       | Worksheet S-3<br>Part II                       |                  |
|------------------|--|------------------------|--------------------|--|--|---|--|------------------|
|                  |  |                        |                    |  |  | To 12/31/2022                                     |  |                  |
|                  |  | Wkst. A Line<br>Number | Amount<br>Reported | Reclassificat<br>ion of<br>Salaries<br>(from Wkst. | Adjusted<br>Salaries<br>(col.2 ± col<br>3) | Paid Hours<br>Related to<br>Salaries in<br>col. 4 | Average<br>Hourly Wage<br>(col. 4 ÷<br>col. 5) |                  |
|                  |  | 1. 00                  | 2. 00              | A-6)<br>3. 00                                      | 4.00                                       | 5. 00   | 6. 00  |                  |
|                  | PART II - WAGE DATA<br>SALARIES  |                        |                    |  |  |   |  |                  |
| 1. 00            | Total salaries (see  | 200. 00                | 82, 345, 783       | -308, 754  | 82, 037, 02                                | 9 1, 915, 305. 00                                 | 42. 83   | 1.00             |
| 2. 00            | instructions)<br>Non-physician anesthetist Part                                    |                        | 0                  | 0  |  | 0.00  | 0. 00  | 2. 00            |
| 3. 00            | A<br>Non-physician anesthetist Part  |                        | 0                  | 0  |  | 0.00  | 0. 00  | 3. 00            |
| 4. 00            | B<br>Physician-Part A -  |                        | 0                  | 0  |  | 0.00  | 0. 00  | 4.00             |
| 4. 01            | Administrative<br>Physicians - Part A - Teaching                                   |                        | 0                  | 0  |  | 0 0.00  |  |                  |
| 5. 00            | Physician and Non  |                        | 196, 068           | 0  | 1  |   |  | 1                |
| 6. 00            | Physician-Part B<br>Non-physician-Part B for                                       |                        | 0                  | 0  |  | 0.00  | 0. 00  | 6. 00            |
|                  | hospital-based RHC and FQHC services   |                        |                    |  |  |   |  |                  |
| 7. 00            | Interns & residents (in an approved program)                                       | 21. 00                 | О                  | 0  |  | 0.00  | 0. 00  | 7. 00            |
| 7. 01            | Contracted interns and residents (in an approved                                   |                        | 0                  | 0  |  | 0.00  | 0. 00  | 7. 01            |
| 8. 00            | programs) Home office and/or related   |                        | 0                  | 0  |  | 0.00  | 0. 00  | 8. 00            |
| 9. 00            | organization personnel<br>SNF  | 44. 00                 | О                  | 0  |  | 0.00  | 0. 00  | 9. 00            |
| 10.00            | Excluded area salaries (see instructions)  |                        | 68, 242            | 540, 366   | 608, 60                                    | 13, 945. 00                                       | 43. 64   | 10.00            |
| 44 00            | OTHER WAGES & RELATED COSTS  |                        | 247 070            |  | 244 07                                     | 2 500 44  | 20.04  | 11 00            |
| 11. 00           | Contract Labor: Direct Patient<br>Care   |                        | 316, 272           | 0  |  |   |  |                  |
| 12. 00           | Contract labor: Top level<br>management and other<br>management and administrative |                        | 0                  | 0  |  | 0.00  | 0.00   | 12.00            |
| 13. 00           | services<br>Contract Labor: Physician-Part   |                        | 93, 700            | 0  | 93, 70                                     | 533.00  | 175. 80  | 13. 00           |
| 14. 00           | A - Administrative Home office and/or related organization salaries and            |                        | 0                  | 0  |  | 0.00  | 0. 00  | 14. 00           |
|                  | wage-related costs   |                        |                    |  |  |   |  |                  |
| 14. 01<br>14. 02 | Home office salaries<br>Related organization salaries                              |                        | 31, 940, 526<br>0  | 0  |  | 537, 988. 00<br>0 0. 00                           |  | 14. 01<br>14. 02 |
|                  | Home office: Physician Part A  |                        | 0                  | 0  |  | 0. 00   |  | 15. 00           |
| 16. 00           | - Administrative<br>Home office and Contract                                       |                        | 0                  | 0  |  | 0.00  | 0. 00  | 16. 00           |
| 16. 01           | Physicians Part A - Teaching<br>Home office Physicians Part A                      |                        | 0                  | 0  |  | 0.00  | 0. 00  | 16. 01           |
| 16. 02           | - Teaching<br>Home office contract   |                        | 0                  | 0  |  | 0.00  | 0.00   | 16. 02           |
|                  | Physicians Part A - Teaching WAGE-RELATED COSTS                                    |                        |                    | _  |  |   |  |                  |
| 17. 00           | Wage-related costs (core) (see   |                        | 21, 020, 949       | 0  | 21, 020, 94                                | 9   |  | 17. 00           |
| 18. 00           | instructions)<br>Wage-related costs (other)  |                        |                    |  |  |   |  | 18. 00           |
| 19. 00           | (see instructions) Excluded areas  |                        | 155, 702           | 0  | 155, 70                                    | 12  |  | 19.00            |
| 20. 00           | Non-physician anesthetist Part   |                        | 0                  | 0  | 100,70                                     | 0   |  | 20.00            |
| 21. 00           | Non-physician anesthetist Part<br>B  |                        | 0                  | 0  |  | 0   |  | 21.00            |
| 22. 00           | Physician Part A -<br>Administrative   |                        | 0                  | 0  |  | 0   |  | 22. 00           |
| 22. 01           | Physician Part A - Teaching  |                        | 0                  | 0  |  | 0   |  | 22. 01           |
| 23. 00<br>24. 00 | Physician Part B Wage-related costs (RHC/FQHC)                                     |                        | 7, 398<br>0        | 0  | .,   | 0<br>0  |  | 23. 00<br>24. 00 |
| 25. 00           | Interns & residents (in an   |                        | 0                  | 0  |  | 0   |  | 25. 00           |
| 25. 50           | approved program) Home office wage-related   |                        | 7, 752, 651        | 0  | 7, 752, 65                                 | 1   |  | 25. 50           |
| 25. 51           | (core)<br>Rel ated organi zati on  |                        | 0                  | 0  |  | 0   |  | 25. 51           |
|                  | 1  |                        |                    |  | i .  | i i   | ı  | 1                |

0

25. 52

25.51 Related organization
wage-related (core)
Home office: Physician Part A
- Administrative wage-related (core)

HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0161 Peri od: Worksheet S-3 From 01/01/2022 Part II 12/31/2022 Date/Time Prepared: 5/25/2023 2:40 pm Wkst. A Line Amount Recl assi fi cat Adj usted Paid Hours Average Hourly Wage (col. 4 ÷ col. 5) Number Sal ari es Related to Reported ion of (col. 2 ± col. Sal ari es Salaries in (from Wkst. 3) col. 4 A-6) 1.00 2.00 3.00 4.00 5.00 6.00 25.53 Home office: Physicians Part A 25. 53 0 - Teaching - wage-related (core) OVERHEAD COSTS - DIRECT SALARIES 26.00 Employee Benefits Department 4.00 2,000 2,000 0.00 0. 00 26.00 27.00 Administrative & General 5.00 6, 761, 363 -3, 269, 005 3, 492, 358 89, 015. 00 39. 23 27.00 28.00 398, 837 398, 837 6, 796. 75 58. 68 28.00 Administrative & General under contract (see inst.) 29.00 Maintenance & Repairs 6.00 1,824,853 -14, 701 1, 810, 152 46, 826. 00 38. 66 29.00 30.00 Operation of Plant 7.00 1, 251, 574 1, 182, 729 43, 952. 00 26. 91 30.00 -68, 845 Laundry & Linen Service 8.00 0.00 31.00 31.00 0.00 32.00 Housekeepi ng 101, 910. 00 9.00 1, 945, 472 -8, 763 1, 936, 709 19.00 32 00 33.00 Housekeeping under contract 76, 344 76, 344 2, 152. 35 35.47 33.00 (see instructions) 34.00 Dietary 10.00 1, 966, 963 -1, 124, 288 842, 675 41, 362. 00 20.37 34.00 35.00 Dietary under contract (see 26, 180 26, 180 1, 047. 22 25.00 35.00 instructions) 36.00 Cafeteri a 11.00 27, 880 1, 122, 190 1, 150, 070 59, 446. 00 19. 35 36.00 37.00 Maintenance of Personnel 12.00 0.00 0.00 37.00 Nursing Administration 13.00 38.00 5, 219, 667 -21, 576 5, 198, 091 37, 869. 00 137. 27 38 00 39.00 Central Services and Supply 14.00 921 921 30.00 30. 70 39.00 40.00 Pharmacy 15.00 3, 892, 539 -41, 499 3, 851, 040 86, 813. 00 44. 36 40.00 Medical Records & Medical Records Library 41.00 16.00 0 00 0.00 41.00 42.00 Social Service 17.00 1, 317, 063 -7,832 1, 309, 231 29, 574. 00 44. 27 42. 00

258, 371

258, 371

13, 343. 00

19. 36 43. 00

18.00

43.00 Other General Service

| HOSPI T | AL WAGE INDEX INFORMATION      |             |               | Provider Co      |              | Period:<br>From 01/01/2022<br>To 12/31/2022 |             | pared: |
|---------|--------------------------------|-------------|---------------|------------------|--------------|---|-------------|--------|
|         |                                | Worksheet A | Amount        | Recl assi fi cat | Adj usted    | Pai d Hours                                 | Average     |        |
|         |                                | Line Number | Reported      | ion of           | Sal ari es   | Related to                                  | Hourly Wage |        |
|         |                                |             |               | Sal ari es       | (col.2 ± col | Salaries in                                 | (col. 4 ÷   |        |
|         |                                |             |               | (from            | 3)           | col. 4                                      | col. 5)     |        |
|         |                                |             |               | Worksheet        |              |   |             |        |
|         |                                |             |               | A-6)             |              |   |             |        |
|         |                                | 1. 00       | 2. 00         | 3. 00            | 4. 00        | 5. 00                                       | 6. 00       |        |
|         | PART III - HOSPITAL WAGE INDEX | SUMMARY     |               |                  |              |   |             |        |
| 1.00    | Net salaries (see              |             | 82, 651, 076  | -308, 754        | 82, 342, 32  | 2 1, 923, 133. 78                           | 42. 82      | 1.00   |
|         | instructions)                  |             |               |                  |              |   |             |        |
| 2.00    | Excluded area salaries (see    |             | 68, 242       | 540, 366         | 608, 60      | 8 13, 945. 00                               | 43. 64      | 2.00   |
|         | instructions)                  |             |               |                  |              |   |             |        |
| 3.00    | Subtotal salaries (line 1      |             | 82, 582, 834  | -849, 120        | 81, 733, 71  | 4 1, 909, 188. 78                           | 42. 81      | 3.00   |
|         | minus line 2)                  |             |               |                  |              |   |             |        |
| 4.00    | Subtotal other wages & related |             | 32, 350, 498  | 0                | 32, 350, 49  | 8 542, 041. 46                              | 59. 68      | 4.00   |
|         | costs (see inst.)              |             |               |                  |              |   |             |        |
| 5.00    | Subtotal wage-related costs    |             | 28, 773, 600  | 0                | 28, 773, 60  | 0.00  | 35. 20      | 5.00   |
|         | (see inst.)                    |             |               |                  |              |   |             |        |
| 6.00    | Total (sum of lines 3 thru 5)  |             | 143, 706, 932 |                  |              | 2 2, 451, 230. 24                           | 58. 28      | 6.00   |
| 7.00    | Total overhead cost (see       |             | 24, 970, 027  | -3, 434, 319     | 21, 535, 70  | 8 560, 136. 32                              | 38. 45      | 7.00   |
|         | instructions)                  |             |               |                  |              |   | l           |        |

| Health Financial Systems    | IU HEALTH NORTH HOSPITAL | In Lieu of Form CMS-2552-10 |
|-----------------------------|--------------------------|-----------------------------|
| HOSPITAL WAGE RELATED COSTS | Provi der CCN: 1         |                             |
|                             |                          | From 01/01/2022   Part IV   |

|        | To 12/31/2022  | Date/Time Pre 5/25/2023 2:4 |        |
|--------|--|-----------------------------|--------|
|        |  | Amount                      | o piii |
|        |  | Reported                    |        |
|        |  | 1.00                        |        |
|        | PART IV - WAGE RELATED COSTS                                       |                             |        |
|        | Part A - Core List   |                             |        |
|        | RETI REMENT COST   |                             |        |
| 1.00   | 401K Employer Contributions  | 3, 095, 345                 | 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)    | 11, 350, 276                | 8.02   |
| 8.03   | Health Insurance (Purchased)                                       | 0                           | 8.03   |
| 9.00   | Prescription Drug Plan   | 0                           | 9.00   |
| 10.00  |  | 0                           | 10.00  |
| 11. 00 |  | 0                           | 11.00  |
| 12.00  |  | 0                           | 12.00  |
| 13.00  |  | 0                           | 13.00  |
| 14.00  |  | 0                           | 14.00  |
| 15.00  |  | 724, 250                    | 15.00  |
| 16.00  |  | 0                           | 16.00  |
|        | Noncumul ative portion)  |                             |        |
|        | TAXES  |                             |        |
| 17. 00 |  | 6, 039, 724                 |        |
| 18. 00 |  | 0                           | 18.00  |
| 19. 00 |  | 0                           | 19.00  |
| 20.00  |  | 0                           | 20.00  |
|        | OTHER  |                             |        |
| 21. 00 |  | 0                           | 21. 00 |
|        | instructions))   | _                           |        |
| 22. 00 |  | 0                           | 22.00  |
| 23. 00 |  | 0                           | 23.00  |
| 24. 00 |  | 21, 209, 595                | 24.00  |
| 25 62  | Part B - Other than Core Related Cost                              |                             | 25 00  |
| 25.00  | OTHER WAGE RELATED COSTS (SPECIFY)                                 |                             | 25. 00 |

| Health Financial Systems                 | IU HEALTH NORTH HOSPITAL | In Lieu of Form CMS-2552-10   |
|--|--------------------------|---|
| HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provi der CCN: 15-0161   | Peri od: Worksheet S-3<br>From 01/01/2022 Part V<br>To 12/31/2022 Date/Time Prepared: |

|        |   | 1 | o 12/31/2022 | Date/Time Pre 5/25/2023 2:4 |        |
|--------|---|---|--------------|-----------------------------|--------|
|        | Cost Center Description                               |   | Contract     | Benefit Cost                | •      |
|        |   |   | Labor        |                             |        |
|        |   |   | 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      |   | 316, 272     |                             | 1. 00  |
| 2. 00  | Hospi tal   |   | 316, 272     | 21, 209, 595                |        |
| 3.00   | SUBPROVIDER - IPF                                     |   |              |                             | 3. 00  |
| 4.00   | SUBPROVI DER - I RF                                   |   |              |                             | 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  |
|        | Hospi tal -Based HHA                                  |   |              |                             | 11. 00 |
|        | AMBULATORY SURGICAL CENTER (D. P.) I                  |   |              |                             | 12.00  |
|        | Hospi tal -Based Hospi ce                             |   |              |                             | 13.00  |
| 14. 00 | Hospital-Based Health Clinic RHC                      |   |              |                             | 14. 00 |
|        | Hospital-Based Health Clinic FQHC                     |   |              |                             | 15. 00 |
|        | Hospi tal -Based-CMHC                                 |   |              |                             | 16. 00 |
|        | RENAL DIALYSIS I                                      |   |              |                             | 17. 00 |
| 18. 00 | Other   |   | 0            | 0                           | 18. 00 |

| 05PL I   | Financial Systems I U HEALTH NORTH HOST TAL UNCOMPENSATED AND INDIGENT CARE DATA Pr  | rovi der CCI | N: 15-0161       | Peri od:         | wof Form CMS-2<br>Worksheet S-1 |                   |  |  |  |  |
|--|--|--------------|------------------|------------------|---------------------------------|-------------------|--|--|--|--|
|  | THE GROOM ENGINES THIS THIS CENT GIVE STATE  | 01.40. 00.   |                  | From 01/01/2022  |                                 |                   |  |  |  |  |
|  |  |              |                  | To 12/31/2022    | Date/Time Pre 5/25/2023 2:4     |                   |  |  |  |  |
|  |  |              |                  |                  |                                 |                   |  |  |  |  |
|  | Uncompensated and indigent care cost computation   |              |                  |                  | 1. 00                           |                   |  |  |  |  |
| 00   | Cost to charge ratio (Worksheet C, Part I line 202 column 3 divi   | ded by Li    | ne 202 col ur    | ın 8)            | 0. 213319                       | 1.                |  |  |  |  |
|  | Medicaid (see instructions for each line)  |              |                  | /                |                                 |                   |  |  |  |  |
| 00   | Net revenue from Medicaid  |              |                  |                  | 21, 040, 627                    | 2.                |  |  |  |  |
| 00   | Did you receive DSH or supplemental payments from Medicaid?  |              |                  |                  | N                               | 3.                |  |  |  |  |
| 00   | If line 3 is yes, does line 2 include all DSH and/or supplementa   | 1 3          |                  | cai d?           |                                 | 4.                |  |  |  |  |
| 00   | If line 4 is no, then enter DSH and/or supplemental payments fro   | om Medicai   | d                |                  | 177 070 404                     | 5.                |  |  |  |  |
| 00   | Medicaid charges Medicaid cost (line 1 times line 6)   |              |                  |                  | 177, 078, 606<br>37, 774, 231   | 6.<br>7.          |  |  |  |  |
| 00   | Difference between net revenue and costs for Medicaid program (I   | ine 7 min    | us sum of Li     | nes 2 and 5 if   | 16, 733, 604                    |                   |  |  |  |  |
| 00   | <pre>&lt; zero then enter zero)</pre>  | 7 1110       | as sam or ri     | nos z una o, m   | 10, 700, 001                    | 0.                |  |  |  |  |
|  | Children's Health Insurance Program (CHIP) (see instructions for   | each line    | e)               |                  |                                 |                   |  |  |  |  |
| 00   | Net revenue from stand-alone CHIP  |              |                  |                  | 0                               |                   |  |  |  |  |
| 0.00   | Stand-alone CHIP charges   |              |                  |                  | 0                               | ı                 |  |  |  |  |
| 1. 00<br>2. 00                                     | Stand-alone CHIP cost (line 1 times line 10) Difference between net revenue and costs for stand-alone CHIP (I  | lino 11 mi   | nue Lino O:      | if a zoro thon   | 0                               | 11.<br>12.        |  |  |  |  |
| 2. 00  | enter zero)  | THE IT IIII  | nus ime 9,       | II < Zero then   | U                               | 12.               |  |  |  |  |
|  | Other state or local government indigent care program (see instr   | uctions f    | or each line     | 2)               |                                 | İ                 |  |  |  |  |
| 3. 00  | Net revenue from state or local indigent care program (Not inclu   |              |                  | ′                | 0                               | 13.               |  |  |  |  |
| 1. 00  | Charges for patients covered under state or local indigent care  | program (    | Not included     | lin lines 6 or   | 18, 794                         | 14.               |  |  |  |  |
| - 00   | [10]   |              |                  |                  | 4 000                           | 1-                |  |  |  |  |
| 5.00   | State or local indigent care program cost (line 1 times line 14)   |              | program (Li      | no 15 minus Lina | 4,009                           | ı                 |  |  |  |  |
| 5. 00  | Difference between net revenue and costs for state or local indigent care program (line 15 minus line 4,009 16 13; if < zero then enter zero)  |              |                  |                  |                                 |                   |  |  |  |  |
|  | Grants, donations and total unreimbursed cost for Medicaid, CHIP   | and state    | e/local indi     | gent care progra | ms (see                         |                   |  |  |  |  |
| 7 00   | instructions for each line)  |              |                  |                  |                                 | 1                 |  |  |  |  |
| 7.00   | Private grants, donations, or endowment income restricted to fur<br>Government grants, appropriations or transfers for support of ho   |              |                  |                  | 0                               |                   |  |  |  |  |
| 9. 00  | 1 1 1  |              |                  | ns (sum of lines | 16, 737, 613                    |                   |  |  |  |  |
|  | 8, 12 and 16)  |              |                  |                  |                                 |                   |  |  |  |  |
|  |  |              | Uni nsured       | Insured          | Total (col. 1                   |                   |  |  |  |  |
|  |  | -            | patients<br>1.00 | patients<br>2.00 | + col . 2)<br>3.00              |                   |  |  |  |  |
|  | Uncompensated Care (see instructions for each line)  |              | 1.00             | 2.00             | 3.00                            |                   |  |  |  |  |
| 0. 00  | Charity care charges and uninsured discounts for the entire faci   | lity         | 13, 207, 6       | 79 279, 819      | 13, 487, 498                    | 20.               |  |  |  |  |
|  | (see instructions)   |              |                  |                  |                                 |                   |  |  |  |  |
| 1. 00  | Cost of patients approved for charity care and uninsured discour   | its (see     | 2, 817, 4        | 49 279, 819      | 3, 097, 268                     | 21.               |  |  |  |  |
| 2. 00  | instructions) Payments received from patients for amounts previously written of  | off oc       |                  |                  | 0                               | 22.               |  |  |  |  |
| 2.00   | charity care   | JII as       |                  | 0                | U                               | 22.               |  |  |  |  |
| 3. 00  |  |              | 2, 817, 4        | 49 279, 819      | 3, 097, 268                     | 23.               |  |  |  |  |
|  |  |              |                  |                  |                                 |                   |  |  |  |  |
|  |  |              |                  |                  | 1. 00                           |                   |  |  |  |  |
| 1. 00  | Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p  |              | ond a Length     | n of stay limit  | N                               | 24.               |  |  |  |  |
| . 00   | If line 24 is yes, enter the charges for patient days beyond the stay limit  |              | care progra      | am's length of   | 0                               | 25.               |  |  |  |  |
| . 00   |  | tructions)   |                  |                  | 10, 590, 148                    | 26.               |  |  |  |  |
|  |  |              |                  |                  |                                 |                   |  |  |  |  |
| 5. 00  | Medicare reimbursable bad debts for the entire hospital complex (see instructions)  123, 260 27.0  |              |                  |                  |                                 |                   |  |  |  |  |
| 5. 00<br>7. 00                                     | Medicare reimbursable bad debts for the entire hospital complex<br>Medicare allowable bad debts for the entire hospital complex (se  | e instruc    | tions)           |                  | 189, 631                        | / .               |  |  |  |  |
| 6. 00<br>7. 00<br>7. 01<br>8. 00                   | Medicare allowable bad debts for the entire hospital complex (se Non-Medicare bad debt expense (see instructions)  |              | ŕ                |                  | 10, 400, 517                    | 28.               |  |  |  |  |
| 6. 00<br>7. 00<br>7. 01<br>8. 00<br>9. 00          | Medicare allowable bad debts for the entire hospital complex (se<br>Non-Medicare bad debt expense (see instructions)<br>Cost of non-Medicare and non-reimbursable Medicare bad debt expe |              | ŕ                | s)               | 10, 400, 517<br>2, 284, 999     | 28.<br>29.        |  |  |  |  |
| 6. 00<br>7. 00<br>7. 01<br>8. 00<br>9. 00<br>0. 00 | Medicare allowable bad debts for the entire hospital complex (se Non-Medicare bad debt expense (see instructions)  | ense (see    | ŕ                | s)               | 10, 400, 517                    | 28.<br>29.<br>30. |  |  |  |  |

| Heal th          | Financial Systems                                    | IU HEALTH NORT         | H HOSPI TAL             |              | In Lie                           | u of Form CMS-2 | 2552-10  |
|------------------|--|------------------------|-------------------------|--------------|----------------------------------|-----------------|----------|
| RECLAS           | SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O        | F EXPENSES             | Provi der Co            | CN: 15-0161  | Peri od:                         | Worksheet A     |          |
|                  |  |                        |                         |              | From 01/01/2022<br>To 12/31/2022 | Date/Time Pre   | narod:   |
|                  |  |                        |                         |              | 10 12/31/2022                    | 5/25/2023 2: 4  |          |
|                  | Cost Center Description                              | Sal ari es             | Other                   | Total (col.  | Reclassi fi cat                  | Reclassi fi ed  | , p      |
|                  | , , , , , , , , , , , , , , , , , , ,                |                        |                         | + col . 2)   | i ons (See                       | Trial Balance   |          |
|                  |  |                        |                         | Í            | A-6)                             | (col. 3 +-      |          |
|                  |  |                        |                         |              |                                  | col. 4)         |          |
|                  |  | 1. 00                  | 2. 00                   | 3. 00        | 4. 00                            | 5. 00           |          |
|                  | GENERAL SERVICE COST CENTERS                         |                        |                         |              | _                                |                 |          |
| 1.00             | 00100 NEW CAP REL COSTS-BLDG & FLXT                  |                        | 0                       |              | 0 10, 770, 159                   | 10, 770, 159    | 1        |
| 1. 01            | 00101 NEW CAP REL COSTS-INTEREST                     |                        | 0                       |              | 0                                |                 |          |
| 1. 02            | 00102 MOB LEASED SPACE                               |                        | 0                       |              | 0 415, 461                       |                 | 1.02     |
| 2.00             | 00200 NEW CAP REL COSTS-MVBLE EQUIP                  |                        | 0                       |              | 0 10, 693, 593                   |                 | 1        |
| 4. 00            | 00400 EMPLOYEE BENEFITS DEPARTMENT                   | 2, 000                 | 694, 101                | 696, 10      | 1 12, 786, 153                   | 13, 482, 254    |          |
| 5. 01            | 00540 NONPATI ENT TELEPHONES                         | 0                      | 0                       |              | 0                                | 1               | 5. 01    |
| 5. 02            | 00550 DATA PROCESSING                                | 0                      | 76, 904                 | 76, 90       | 4 56                             | 1               |          |
| 5. 03            | 00560 PURCHASING RECEIVING AND STORES                | 510 7(7)               | 0                       |              | 0                                | 0               |          |
| 5.04             | 00570 ADMITTING                                      | 513, 767               | 294, 515                |              |                                  |                 | 1        |
| 5. 05            | 00590 OTHER ADMINISTRATIVE & GENERAL                 | 6, 247, 596            | 58, 283, 600            |              |                                  |                 |          |
| 6.00             | 00600 MAI NTENANCE & REPAI RS                        | 1, 824, 853            | 6, 555, 442             |              |                                  |                 | 1        |
| 7.00             | 00700 OPERATION OF PLANT                             | 1, 251, 574            | 4, 043, 863             |              |                                  |                 |          |
| 8. 00<br>9. 00   | 00800 LAUNDRY & LI NEN SERVI CE                      | 1 045 473              | 243, 731<br>1, 560, 924 |              |                                  |                 |          |
| 10.00            | 00900 HOUSEKEEPI NG<br>01000 DI ETARY                | 1, 945, 472            |                         |              |                                  |                 |          |
| 11. 00           | 01100 CAFETERI A                                     | 1, 966, 963<br>27, 880 | 1, 610, 141<br>18, 682  |              |                                  |                 | 1        |
| 13.00            | 01300 NURSING ADMINISTRATION                         | 5, 219, 667            | 2, 667, 619             |              |                                  |                 |          |
| 14. 00           | 01400 CENTRAL SERVICES & SUPPLY                      | 921                    | -247, 796               |              |                                  |                 | 1        |
| 15. 00           | 01500 PHARMACY                                       | 3, 892, 539            | 47, 464, 195            |              |                                  |                 |          |
| 16. 00           | 01600 MEDICAL RECORDS & LIBRARY                      | 3, 072, 337            | 47, 404, 173            |              | 0 0                              | 4, 673, 300     | 1        |
| 17. 00           | 01700 SOCIAL SERVICE                                 | 1, 317, 063            | 822, 249                |              | -                                | -               | 1        |
| 18. 00           | 01850 PATIENT TRANSPORTATION                         | 258, 371               | 72, 553                 |              |                                  |                 | 1        |
| 10.00            | INPATIENT ROUTINE SERVICE COST CENTERS               | 200, 07 1              | 72,000                  | 000, 72      | 17,701                           | 202, 710        | 10.00    |
| 30.00            | 03000 ADULTS & PEDIATRICS                            | 17, 862, 142           | 25, 274, 234            | 43, 136, 37  | 6 -3, 879, 622                   | 39, 256, 754    | 30.00    |
| 34.00            | 03400 SURGICAL INTENSIVE CARE UNIT                   | 0                      | 0                       |              | 0 0                              | 0               | 1        |
| 34. 01           | 03401 PEDIATRIC INTENSIVE CARE UNIT                  | o                      | 0                       |              | 0                                | 0               | 1        |
| 34. 02           | 03402 PREMATURE INTENSIVE CARE UNIT                  | 4, 053, 990            | 2, 846, 709             | 6, 900, 69   | 9 -665, 643                      | 6, 235, 056     | 1        |
| 43.00            | 04300 NURSERY  | 0                      | 0                       |              | 0 1, 387, 589                    |                 |          |
|                  | ANCILLARY SERVICE COST CENTERS                       | <u> </u>               |                         |              |                                  |                 |          |
| 50.00            | 05000 OPERATING ROOM                                 | 6, 920, 680            | 32, 755, 746            | 39, 676, 42  | 6 -21, 652, 427                  | 18, 023, 999    | 50.00    |
| 51.00            | 05100 RECOVERY ROOM                                  | 2, 704, 829            | 1, 630, 852             |              |                                  | 3, 878, 054     |          |
| 52.00            | 05200 DELIVERY ROOM & LABOR ROOM                     | 4, 581, 902            | 4, 556, 620             |              |                                  |                 | 1        |
| 54.00            | 05400   RADI OLOGY-DI AGNOSTI C                      | 5, 733, 339            | 6, 007, 165             |              |                                  |                 | 1        |
| 55. 00           | 05500 RADI OLOGY - THERAPEUTI C                      | 3, 575, 094            | 5, 410, 769             |              |                                  |                 |          |
| 56.00            | 05600 RADI OI SOTOPE                                 | 240, 165               | 391, 757                |              |                                  |                 |          |
| 60.00            | 06000 LABORATORY                                     | 856, 270               | 11, 290, 918            |              |                                  |                 | 1        |
| 65.00            | 06500 RESPIRATORY THERAPY                            | 2, 876, 845            | 1, 366, 338             |              |                                  |                 |          |
| 66. 00<br>67. 00 | 06600 PHYSI CAL THERAPY                              | 1, 865, 058            | 627, 746<br>134, 102    |              |                                  |                 |          |
| 68.00            | 06700 OCCUPATIONAL THERAPY<br>06800 SPEECH PATHOLOGY | 597, 616<br>461, 343   | 183, 817                |              |                                  |                 | 1        |
|                  | 06900 ELECTROCARDI OLOGY                             | 391, 741               | 568, 239                |              |                                  |                 |          |
|                  | 07000 ELECTROCARDI GEGGI                             | 191, 825               | 465, 838                |              |                                  |                 |          |
|                  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS           | 0                      | 105, 050                |              | 0 5, 522, 360                    |                 | 1        |
|                  | 07200 IMPL. DEV. CHARGED TO PATIENT                  | 0                      | 0                       | •            | 0 8, 864, 914                    |                 |          |
|                  | 07300 DRUGS CHARGED TO PATIENTS                      | 0                      | 0                       |              | 0 47, 738, 131                   |                 |          |
| 75. 00           | 07500 ASC (NON-DISTINCT PART)                        | 0                      | 0                       |              | 0 0                              |                 | I        |
|                  | 07501 CARDI AC CATHERI ZATI ON LABORATORY            | 1, 114, 581            | 6, 173, 491             | 7, 288, 07   | 2 -3, 457, 351                   |                 | 1        |
|                  | OUTPATIENT SERVICE COST CENTERS                      | , ,,,,,,               |                         | ,            |                                  |                 |          |
| 91.00            | 09100 EMERGENCY                                      | 3, 781, 455            | 6, 144, 774             | 9, 926, 22   | 9 -921, 556                      | 9, 004, 673     | 91.00    |
| 92.00            | 09200 OBSERVATION BEDS (NON-DISTINCT PART)           |                        |                         |              |                                  |                 | 92.00    |
|                  | OTHER REIMBURSABLE COST CENTERS                      | <u> </u>               |                         | •            |                                  |                 |          |
| 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)               | 82, 277, 541           | 229, 989, 838           | 312, 267, 37 | 9 -480, 283                      | 311, 787, 096   | 118. 00  |
|                  | NONREI MBURSABLE COST CENTERS                        |                        |                         |              |                                  |                 |          |
|                  | 19200 PHYSI CI ANS' PRI VATE OFFI CES                | 0                      | 0                       |              | 0                                |                 | 192.00   |
|                  | 19201 OTHER NON-REIMBURSABLE                         | 53, 584                | 635, 602                |              |                                  |                 | 1        |
|                  | 19202 CHI LDBI RTH EDUCATI ON                        | 81, 749                | 50, 213                 | 131, 96      | 2 61, 349                        |                 | 1        |
|                  | 19203 PHYSI CI ANS' PRI VATE OFFI CES                | 0                      | 0                       |              | 0                                |                 | 192. 03  |
|                  | 19204 PHYSI CI ANS' PRI VATE OFFI CES                | 0                      | 72, 773                 |              |                                  |                 | 192.04   |
|                  | 19205 PHYSI CI AN PRACTI CE                          | -67, 091               | 110, 305                | ı            |                                  |                 | 192.05   |
|                  | 19206 TI PTON HOSPI TAL                              | 0                      | 0                       |              | 0 282, 743                       |                 |          |
|                  | 19207 WEST HOSPI TAL                                 | 0                      | 0                       |              | 0 270, 305                       |                 |          |
|                  | 19208 SAXONY HOSPITAL                                | 02 245 702             | 220 050 721             | 212 204 54   | 0 267, 410                       |                 |          |
| 200.00           | TOTAL (SUM OF LINES 118 through 199)                 | 82, 345, 783           | 230, 858, 731           | 313, 204, 51 | 4 0                              | 313, 204, 514   | J∠UU. UU |
|                  |  |                        |                         |              |                                  |                 |          |

Provi der CCN: 15-0161

Peri od: From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/25/2023 2:40 pm

|  |                   |                           | 5/25/2023 2: 4 | IO pm               |
|--|-------------------|---------------------------|----------------|---------------------|
| Cost Center Description  | Adjustments       | Net Expenses              |                |                     |
| ·  | (See A-8)         | For                       |                |                     |
|  |                   | Allocation                |                |                     |
|  | 6. 00             | 7. 00                     |                |                     |
| GENERAL SERVICE COST CENTERS   |                   |                           |                |                     |
| 1.00 O0100 NEW CAP REL COSTS-BLDG & FIXT                                     | -774, 002         | 9, 996, 157               |                | 1.00                |
| 1. 01   00101 NEW CAP REL COSTS-INTEREST                                     | 14, 859, 190      | 14, 859, 190              |                | 1. 01               |
| 1. 02   00102   MOB LEASED SPACE   | 0                 | 415, 461                  |                | 1.02                |
| 2.00 O0200 NEW CAP REL COSTS-MVBLE EQUIP                                     | 1, 042, 560       | 11, 736, 153              |                | 2.00                |
| 4.00   00400 EMPLOYEE BENEFITS DEPARTMENT                                    | -388, 488         | 13, 093, 766              |                | 4.00                |
| 5. 01 00540 NONPATIENT TELEPHONES  | 0                 | 0                         |                | 5. 01               |
| 5. 02   00550 DATA PROCESSING  | 9, 610, 910       | 9, 687, 870               |                | 5. 02               |
| 5. 03 00560 PURCHASING RECEIVING AND STORES                                  | 2, 070, 742       | 2, 070, 742               |                | 5. 03               |
| 5. 04   00570   ADMI TTI NG  | 1, 777, 535       | 2, 410, 839               |                | 5.04                |
| 5. 05 00590 OTHER ADMINISTRATIVE & GENERAL                                   | -26, 346, 262     | 25, 206, 733              |                | 5.05                |
| 6. 00 00600 MAINTENANCE & REPAIRS  | -829, 575         | 6, 766, 495               |                | 6.00                |
| 7.00 00700 OPERATION OF PLANT  | -13, 800          | 4, 937, 675               |                | 7.00                |
| 8.00 00800 LAUNDRY & LINEN SERVICE   | 0                 | 243, 731                  |                | 8.00                |
| 9. 00 00900 HOUSEKEEPI NG  | o                 | 3, 011, 397               |                | 9.00                |
| 10. 00 01000 DI ETARY  | 0                 | 1, 313, 150               |                | 10.00               |
| 11. 00   01100   CAFETERI A  | -11, 963          | 1, 759, 131               |                | 11.00               |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON                                      | -334, 383         | 5, 752, 701               |                | 13.00               |
| 14. 00   01400   CENTRAL SERVICES & SUPPLY                                   | -847              | 7, 464, 844               |                | 14.00               |
| 15. 00   01500   PHARMACY  | -35, 000          | 4, 838, 300               |                | 15. 00              |
| 1 1  | -35,000           | 4, 636, 300               |                | 1                   |
| 16. 00   01600   MEDI CAL RECORDS & LI BRARY                                 | - 1               | -1                        |                | 16.00               |
| 17. 00   01700   SOCIAL SERVICE  | -16, 349          | 1, 868, 787               |                | 17.00               |
| 18. 00 01850 PATIENT TRANSPORTATION  | -35, 399          | 247, 541                  |                | 18. 00              |
| INPATIENT ROUTINE SERVICE COST CENTERS                                       | ( 004 004         | 00 000 700                |                |                     |
| 30. 00   03000   ADULTS & PEDI ATRI CS                                       | -6, 324, 031      | 32, 932, 723              |                | 30.00               |
| 34. 00   03400   SURGI CAL   INTENSI VE CARE UNI T                           | 0                 | 0                         |                | 34.00               |
| 34. 01   03401   PEDI ATRI C   INTENSI VE CARE UNI T                         | (10 505           | 0                         |                | 34. 01              |
| 34. 02   03402   PREMATURE   INTENSIVE CARE UNIT                             | -642, 525         | 5, 592, 531               |                | 34. 02              |
| 43. 00   04300   NURSERY   | 0                 | 1, 387, 589               |                | 43.00               |
| ANCILLARY SERVICE COST CENTERS   | 7/5 /00           | 47.050.074                |                |                     |
| 50. 00   05000   OPERATI NG ROOM   | -765, 628         | 17, 258, 371              |                | 50.00               |
| 51. 00   05100   RECOVERY ROOM   | 0                 | 3, 878, 054               |                | 51.00               |
| 52.00 O5200 DELIVERY ROOM & LABOR ROOM                                       | -377, 001         | 7, 132, 689               |                | 52.00               |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C                                     | -73, 058          | 6, 901, 703               |                | 54.00               |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C                                   | -308, 573         | 5, 700, 126               |                | 55.00               |
| 56. 00   05600   RADI 0I SOTOPE  | 0                 | 282, 089                  |                | 56.00               |
| 60. 00   06000   LABORATORY  | -116, 181         | 11, 959, 404              |                | 60.00               |
| 65. 00 06500 RESPI RATORY THERAPY  | 0                 | 3, 543, 841               |                | 65.00               |
| 66. 00   06600   PHYSI CAL THERAPY   | 11, 167           | 2, 068, 263               |                | 66.00               |
| 67. 00 06700 OCCUPATI ONAL THERAPY   | 0                 | 643, 452                  |                | 67.00               |
| 68. 00 06800 SPEECH PATHOLOGY  | -42, 992          | 453, 302                  |                | 68.00               |
| 69. 00   06900   ELECTROCARDI OLOGY  | -192, 279         | 570, 960                  |                | 69.00               |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 0                 | 584, 305                  |                | 70.00               |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                             | 0                 | 5, 522, 360               |                | 71.00               |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT                                    | 0                 | 8, 864, 914               |                | 72.00               |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  | 0                 | 47, 738, 131              |                | 73.00               |
| 75.00 07500 ASC (NON-DISTINCT PART)  | 0                 | 0                         |                | 75.00               |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY                             | -75, 268          | 3, 755, 453               |                | 75. 01              |
| OUTPATIENT SERVICE COST CENTERS  | •                 | 1                         |                | 1                   |
| 91. 00 09100 EMERGENCY   | -1, 263, 484      | 7, 741, 189               |                | 91.00               |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                             |                   |                           |                | 92.00               |
| OTHER REIMBURSABLE COST CENTERS  | ,                 | <u> </u>                  |                |                     |
| 102. 00 10200 OPI OI D TREATMENT PROGRAM                                     | 0                 | 0                         |                | 102.00              |
| SPECIAL PURPOSE COST CENTERS   | -,                | -                         |                |                     |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)                                | -9, 594, 984      | 302, 192, 112             |                | 118.00              |
| NONREI MBURSABLE COST CENTERS  | ,                 | . ,                       |                | 1                   |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES                                 | 0                 | 0                         |                | 192.00              |
| 192. 01 19201 OTHER NON-REI MBURSABLE  | o                 | 388, 413                  |                | 192.01              |
| 192. 02 19202 CHI LDBI RTH EDUCATI ON  | 0                 | 193, 311                  |                | 192.02              |
| 192. 03 19203 PHYSI CI ANS' PRI VATE OFFI CES                                | 0                 | 0                         |                | 192. 03             |
| 192. 04 19204 PHYSI CLANS' PRI VATE OFFICES                                  | 0                 | 2, 943                    |                | 192.03              |
| 192. 05 19205 PHYSI CI AN PRACTI CE  | -4, 853           | 7, 440                    |                | 192.05              |
| 192. 06 19206 TI PTON HOSPI TAL  | -4, 653           | 282, 743                  |                | 192.06              |
| 192. 07 19207 WEST HOSPITAL  | o                 | 270, 305                  |                | 192.00              |
| 1 1  | - 1               |                           |                | 192.07              |
| 192.08 19208 SAXONY HOSPITAL<br>200.00  TOTAL (SUM OF LINES 118 through 199) | 0<br>-9, 599, 837 | 267, 410<br>303, 604, 677 |                | 200.00              |
| 200.00   TOTAL (SUM OF LINES 110 HILOUGH 199)                                | - 7, 377, 03/     | 303, 004, 077             |                | <sub>1</sub> 200.00 |
|  |                   |                           |                |                     |

Health Financial Systems RECLASSIFICATIONS | Peri od: | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: | 5/25/2023 2: 40 pm Provider CCN: 15-0161

|                |                              |                |             |              | 5/25/2023 2:4 |                |
|----------------|------------------------------|----------------|-------------|--------------|---------------|----------------|
|                |                              | Increases      |             | ·            |               |                |
|                | Cost Center                  | Li ne #        | Sal ary     | 0ther        |               |                |
|                | 2. 00                        | 3. 00          | 4. 00       | 5. 00        |               |                |
|                | A - LEASES                   |                |             |              |               |                |
| 1. 00          | NEW CAP REL COSTS-BLDG &     | 1. 00          | 0           | 2, 456, 681  |               | 1.00           |
|                | FIXT                         |                |             |              |               |                |
| 2.00           | MOB LEASED SPACE             | 1. 02          | 0           | 415, 461     |               | 2. 00          |
| 3. 00          | NEW CAP REL COSTS-MVBLE      | 2. 00          | 0           | 73, 024      |               | 3. 00          |
|                | EQUI P                       | 7 00           |             | 7 440        |               |                |
| 4. 00          | OPERATION OF PLANT           | 7. 00          | 0           | 7, 148       |               | 4.00           |
| 5.00           |                              | 0.00           | 0           | 0            |               | 5.00           |
| 6. 00          |                              |                | 0           | 0            |               | 6. 00          |
|                | B - DEPRECIATION             |                | 0           | 2, 952, 314  |               | -              |
| 1 00           |                              | 1. 00          | o           | 0 212 470    |               | 1 00           |
| 1. 00          | NEW CAP REL COSTS-BLDG &     | 1.00           | ۷           | 8, 313, 478  |               | 1.00           |
| 2. 00          | NEW CAP REL COSTS-MVBLE      | 2. 00          | 0           | 10, 620, 569 |               | 2.00           |
| 2.00           | EQUIP                        | 2.00           | U           | 10, 020, 309 |               | 2.00           |
| 3.00           | Lagri                        | 0. 00          | 0           | 0            |               | 3. 00          |
| 4. 00          |                              | 0. 00          | Ö           | 0            |               | 4.00           |
| 5. 00          |                              | 0. 00          | Ö           | 0            |               | 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           | 0            |               | 9.00           |
| 10.00          |                              | 0.00           | O           | 0            |               | 10.00          |
| 11.00          |                              | 0.00           | 0           | 0            |               | 11.00          |
| 12.00          |                              | 0.00           | o           | 0            |               | 12.00          |
| 13.00          |                              | 0.00           | o           | 0            |               | 13.00          |
| 14.00          |                              | 0. 00          | 0           | 0            |               | 14.00          |
| 15.00          |                              | 0. 00          | 0           | 0            |               | 15.00          |
| 16.00          |                              | 0. 00          | 0           | 0            |               | 16.00          |
| 17.00          |                              | 0. 00          | 0           | 0            |               | 17.00          |
| 18. 00         |                              | 0. 00          | 0           | 0            |               | 18. 00         |
| 19. 00         |                              | 0. 00          | 0           | 0            |               | 19. 00         |
| 20.00          |                              | 0. 00          | 0           | 0            |               | 20.00          |
| 21.00          |                              | 0. 00          | 0           | 0            |               | 21.00          |
| 22.00          |                              | 0. 00          | 0           | 0            |               | 22.00          |
| 23.00          |                              | 0. 00          | 0           | 0            |               | 23. 00         |
| 24.00          |                              | 0. 00          | 0           | 0            |               | 24. 00         |
| 25. 00         |                              | 0. 00          | 0           | 0            |               | 25. 00         |
| 26.00          |                              | 0.00           | 0           | 0            |               | 26. 00         |
|                | 0                            |                | 0           | 18, 934, 047 |               |                |
|                | C - EMPLOYEE BENEFITS        |                |             |              |               | 1              |
| 1. 00          | EMPLOYEE BENEFITS DEPARTMENT | 4. 00          | 0           | 12, 837, 146 |               | 1.00           |
| 2.00           | CENTRAL SERVICES & SUPPLY    | 14. 00         | 0           | 847          |               | 2.00           |
| 3.00           | PHYSICIAN PRACTICE           | 192. 05        | 0           | 4, 853       |               | 3.00           |
| 4.00           |                              | 0.00           | 0           | 0            |               | 4.00           |
| 5.00           |                              | 0.00           | 0           | 0            |               | 5.00           |
| 6.00           |                              | 0.00           | 0           | 0            |               | 6.00           |
| 7. 00          |                              | 0.00           | 0           | 0            |               | 7.00           |
| 8. 00<br>9. 00 |                              | 0. 00<br>0. 00 | 0           | 0            |               | 8. 00<br>9. 00 |
| 10. 00         |                              | 0.00           | 0           | 0            |               | 10.00          |
| 11. 00         |                              | 0.00           | 0           | 0            |               | 11.00          |
| 12. 00         |                              | 0.00           | 0           | 0            |               | 12.00          |
| 13. 00         |                              | 0.00           | 0           | 0            |               | 13.00          |
| 14. 00         |                              | 0.00           | 0           | 0            |               | 14.00          |
| 15. 00         |                              | 0.00           | 0           | 0            |               | 15. 00         |
| 16. 00         |                              | 0.00           | o           | 0            |               | 16.00          |
| 17. 00         |                              | 0.00           | 0           | 0            |               | 17. 00         |
| 18. 00         |                              | 0.00           | o           | 0            |               | 18. 00         |
| 19. 00         |                              | 0.00           | 0           | 0            |               | 19.00          |
| 20. 00         |                              | 0.00           | 0           | 0            |               | 20.00          |
| 21. 00         |                              | 0.00           | o           | 0            |               | 21.00          |
| 22. 00         |                              | 0.00           | o           | o            |               | 22. 00         |
| 23. 00         |                              | 0.00           | 0           | 0            |               | 23. 00         |
| 24. 00         |                              | 0.00           | o           | 0            |               | 24.00          |
| 25. 00         |                              | 0.00           | 0           | 0            |               | 25. 00         |
| 26. 00         |                              | 0.00           | 0           | 0            |               | 26.00          |
| 27. 00         |                              | 0.00           | o           | 0            |               | 27. 00         |
| 28. 00         |                              | 0.00           | o           | 0            |               | 28. 00         |
| 29. 00         |                              | 0. 00          | o           | 0            |               | 29. 00         |
| 30. 00         |                              | 0. 00          | 0           | 0            |               | 30.00          |
|                | 0                            |                | <del></del> | 12, 842, 846 |               |                |
|                |                              | · ·            | -1          |              | •             | •              |

Health Financial Systems RECLASSIFICATIONS | Peri od: | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: | 5/25/2023 2: 40 pm Provider CCN: 15-0161

| Cont Control     |        |                         |           |             |             | 10 12/31/2022 | 5/25/2023 2: 40 pm |
|--|--------|-------------------------|-----------|-------------|-------------|---------------|--------------------|
| Color  |        |                         | Increases |             |             |               |                    |
| E. LARGOR, AND DELL'ATENY   C. DU   ADULTS AS PEDITATING   |        |                         |           |             |             |               |                    |
| ADDITION    |        |                         | 3.00      | 4.00        | 5. 00       |               |                    |
| DIRECTOR   13.008   13.008   13.008   13.008   10.00   | 1 00   |                         | 20.00     | 165 721     | 160 660     |               | 1 00               |
| Description   Total Residence   Total Residenc   |        |                         |           |             |             |               |                    |
| F MARKETING  | 2.00   | 0                       |           |             |             |               | 2.00               |
| 2 00   |        | F - MARKETING           |           |             | 1917191     |               |                    |
| 3.00   | 1.00   | CHI LDBI RTH EDUCATI ON | 192. 02   | 0           | 65, 879     |               | 1.00               |
| 1.00   | 2.00   |                         |           | 0           |             |               | 2.00               |
| 1.00   |        |                         |           | -           |             |               | 1                  |
| - NURSERY  | 4. 00  |                         | 0.00      |             |             |               | 4.00               |
| 1.00   NISSERY   |        | O NUDSERV               |           | O           | 65, 879     |               |                    |
| 1.127.950   210.588  | 1 00   |                         | 43 00     | 1 127 850   | 210 588     |               | 1 00               |
| F - FINA   | 1.00   | 0                       |           |             | 210, 588    |               | 1.00               |
| DO   ADMITTING   |        | H - FMLA                |           | 17 1277 000 | 2.07.000    |               |                    |
| OPERATION OF PLANT   | 1.00   |                         | 5. 04     |             | 1, 153      |               | 1.00               |
| MUSERCEPING  | 2.00   | MAINTENANCE & REPAIRS   | 6. 00     |             | 14, 701     |               | 2.00               |
| Detail   D   |        |                         |           |             | · ·         |               |                    |
| 0.00   MURSING ADMINISTRATION   13.00   21.576   0.00     0.00   SOCIAL SERVICE   17.00   7.332   8.00     0.01   SOCIAL SERVICE   34.02   1.022   1.002     0.00   ADLITS & PEDIATRICS   30.00   89.9177   9.00     0.01   SOCIAL SERVICE   34.02   1.022   1.002     0.00   PERMATURE INTENSIVE CARE   34.02   1.002   1.002     0.00   REMATURE INTENSIVE CARE   34.02   1.002   1.002     0.00   REMATURE INTENSIVE CARE   34.02   1.002   1.002     0.00   RECOVERY ROOM   51.00   17.482   12.00     14.00   RECOVERY ROOM   1.000   17.482   12.00     14.00   RECOVERY ROOM   1.000   17.744   14.00     14.00   RADIOLOGY - PIREMPUTIC   55.00   20.740   15.00     16.00   RADIOLOGY - PIREMPUTIC   55.00   2.0740   15.00     16.00   RADIOLOGY - PIREMPUTIC   55.00   2.0740   15.00     16.00   RADIOLOGY - PIREMPUTIC   55.00   4.032   1.000     16.00   RADIOLOGY - PIREMPUTIC   55.00   5.522, 360     17.00   RADIOLOGY - PIREMPUTIC   7.00   7.000   7.000     18.00   RADIOLOGY - PIREMPUTIC   7.000   7.000   7.000   7.000     18.00   RADIOLOGY - PIREMPUTIC   7.000   7.000   7.000   7.000     18.00   RADIOLOGY - PIREMPUTIC   7.000   7.000   7.000   7.000   7.000     18.0   |        |                         |           |             |             |               |                    |
| 7. 00   PHARMACY   15. 00   41, 499   7. 00   9. 00    |        |                         |           |             |             |               |                    |
| SOCIAL SERVICE   |        |                         |           |             | · ·         |               |                    |
| 9.00 ADULTS & PEDIATRICS 30.00 89,917 1.002 10.00  |        |                         | •         |             |             |               |                    |
| 10.00  |        |                         | •         |             |             |               | •                  |
| 11.00   OPERATI NG ROOM  |        | •                       |           |             |             |               | •                  |
| 12.00   RECOVERY ROOM   51.00   17.482   12.00   13.00   14.00   RADIOLOGY - DIACROSTIC   54.00   10.724   14.00   15.00   RADIOLOGY - DIACROSTIC   55.00   20.740   16.00   RADIOLOGY - THERAPUTIC   55.00   20.740   17.00   RESPIRATORY THERAPY   66.00   2.173   17.00   18.00   RESPIRATORY THERAPY   66.00   18.619   19.00   00.0   |        | UNI T                   |           |             | ·           |               |                    |
| 13.00   DELI YERY ROOM & LABOR ROOM   52.00   30.101   13.00   14.00   RADI LOGY-JHACKOSTIC   54.00   10.724   14.00   RADI DLOGY-JHACKOSTIC   55.00   20.740   15.00   16.00   RADI DLOGY-JHACKOSTIC   56.00   4.082   16.00   16.00   RADI DLOGY-JHACKOSTIC   56.00   4.082   16.00   16.00   RADI DLOGY-JHACKOSTIC   56.00   4.082   17.00   16.00   17.00   LABORATORY   66.00   11.748   18.00   19.00   PHYSI CAL THERAPY   66.00   18.619   19.00   20.00   2   |        |                         | •         |             | 35, 571     |               | •                  |
| 14. 00   RADIOLOGY - DIAGNOSTIC   54. 00   20, 740   15. 00   15. 00   RADIOLOGY - THERAPEVIT C   55. 00   20, 740   15. 00   RADIOLOGY - THERAPEVIT C   55. 00   20, 740   16. 00   RADIOLOGY - THERAPEVIT C   55. 00   20, 740   16. 00   17. 00   RESPIRATORY THERAPY   60. 00   18. 619   19. 00   19.   |        |                         |           |             |             |               |                    |
| 15. 00   RADI OLOGY - THERAPEUTI C   55. 00   20. 740   16. 00   16. 00   17. 00   LABORATORY   60. 00   4. 082   16. 00   17. 00   LABORATORY   60. 00   2. 173   17. 00   19. 00   PHYSI CAL THERAPY   65. 00   11. 748   18. 00   19. 00   PHYSI CAL THERAPY   66. 00   18. 619   19. 00   21. 00   22. 00   ELECTROENCEPHALOGRAPHY   70. 00   4. 224   22. 00   22. 00   ELECTROENCEPHALOGRAPHY   70. 00   4. 224   22. 00   23. 00   9   91. 00   9   375, 845   9   91. 00   9   375, 845   9   91. 00   9   375, 845   9   91. 00   9   386   9   9   9   9   9   9   9   9   9   |        |                         |           |             |             |               | •                  |
| 16. 00   RADI OI SOTOPE   56. 00   4, 082   16. 00   17. 00   18. 00   RESPIRATORY HERAPY   69. 00   21. 173   17. 00   18. 00   RESPIRATORY HERAPY   69. 00   18. 619   19. 00   19.   |        |                         | •         |             |             |               | •                  |
| 17. 00   LABORATORY   60. 00   2. 173   17. 00     19. 00   PHYSI CAI, THERAPY   65. 00   18. 619   19. 00     19. 00   PHYSI CAI, THERAPY   65. 00   470   20. 00     20. 00   COURTH TOMAI, THERAPY   70. 00   4. 224   22. 00     22. 00   ELCTROENCEPHALOGRAPHY   70. 00   4. 224   22. 00     23. 00   EMERGENCY   91. 00   375, 845   91. 00     3   |        |                         | •         |             |             |               | •                  |
| 18. 00   RESPIRATIORY THERAPY   66. 00   11.748   18. 00   19. 0   |        |                         | •         |             |             |               | •                  |
| 9. 00   PhYSI CAL THERAPY   6.6 .00   18.619   29. 00   20. 00     |        | •                       |           |             |             |               |                    |
| 21. 00   SPEECH PATHOLOGY   68. 00   84.00   2.1. 00   2.2. 00     |        | •                       |           |             |             |               | •                  |
| ELECTROENCEPHALOGRAPHY   | 20.00  | OCCUPATIONAL THERAPY    | 67. 00    |             | 470         |               | 20.00              |
| 23.00     28.904   0   375.845     23.00   0   375.845   |        |                         |           |             |             |               | 4                  |
| 1.00   |        | •                       | •         |             |             |               |                    |
| 1.00   MEDI CAL SUPPLIES   TO   TO   TO   TO   TO   TO   TO   T  | 23. 00 | EMERGENCY               | 91.00     |             |             |               | 23.00              |
| 1.00   MEDI CAL SUPPLIES CHARGED TO   71.00   0   5,522,360   2.00   0   0   0   0   0   0   0   0   0   |        | U _ RILLARIE SUDDILES   |           | U           | 375, 845    |               |                    |
| PATIENTS   OPERATION OF PLANT   7.00   0   386   2.00   3.00   4.00   0   0   0   0   0   0   3.00   4.00   0   0   0   0   0   0   0   0   0  | 1. 00  |                         | 71. 00    | 0           | 5, 522, 360 |               | 1.00               |
| 3.00 4.00 4.00 6.00 6.00 6.00 6.00 7.00 8.00 9.00 9.00 9.00 9.00 11.00 12.00 13.00 14.00 13.00 14.00 15.00 16.00 17.00 10.00 10.00 10.00 11.00 1 | 00     |                         | 7 00      | ٩           | 0,022,000   |               |                    |
| 4, 00  | 2.00   | OPERATION OF PLANT      | 7. 00     | O           | 386         |               | 2.00               |
| 5.00         0.00         0.00         0.00         6.00           6.00         0.00         0.00         0.00         6.00           7.00         0.00         0.00         0.00         0.00         9.00           9.00         0.00         0.00         0.00         9.00         11.00         11.00         11.00         11.00         11.00         11.00         11.00         11.00         12.00         11.00         12.00         13.00         12.00         13.00         13.00         14.00         12.00         13.00         14.00         13.00         14.00         14.00         15.00         15.00         15.00         16.00         17.00         16.00         17.00         16.00         17.00         16.00         17.00         16.00         17.00         17.00         18.00         19.00         20.00         19.00         20.00         19.00         20.00         20.00         20.00         20.00         21.00         22.00         22.00         22.00         22.00         22.00         23.00         22.00         23.00         22.00         23.00         24.00         20.00         23.00         20.00         23.00         20.00         20.00         20.00         20.00 <td></td> <td></td> <td>•</td> <td></td> <td>-</td> <td></td> <td>1</td>  |        |                         | •         |             | -           |               | 1                  |
| 6. 00 7. 00 8. 00 7. 00 8. 00 9. 00 9. 00 9. 00 9. 00 10. 00 00 00 00 00 11. 00 11. 00 11. 00 12. 00 13. 00 14. 00 14. 00 15. 00 16. 00 17. 00 18. 00 17. 00 18. 00 19. 00 11. 00 10. 00 10. 00 10. 00 11. 00 11. 00 12. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 17. 00 18. 00 19. 00 19. 00 10. 00 10. 00 10. 00 11. 00 12. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 |        |                         | •         |             |             |               | 1                  |
| 7. 00 8. 00 9. 00 0. 00  |        |                         |           | -           |             |               | •                  |
| 8.00 9.00 10.00 0.00 0.00 0.00 0.00 11.00 12.00 13.00 14.00 15.00 16.00 0.00 0.00 0.00 0.00 0.00 0.00  |        |                         |           |             |             |               |                    |
| 9.00 10.00 10.00 11.00 11.00 11.00 12.00 12.00 13.00 13.00 14.00 15.00 15.00 16.00 16.00 17.00 18.00 18.00 19.00 20.00 19.00 21.00 22.00 23.00 24.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |        |                         | •         |             | -           |               | •                  |
| 10. 00 11. 00 12. 00 12. 00 13. 00 14. 00 15. 00 16. 00 16. 00 17. 00 18. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00  0   |        |                         |           |             |             |               |                    |
| 12. 00 13. 00 14. 00 14. 00 15. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00    K - NON-BILLABLE SUPPLIES  1. 00  CENTRAL SERVICES & SUPPLY 0. 00 0 |        |                         |           |             |             |               |                    |
| 13.00 14.00 15.00 16.00 16.00 16.00 17.00 18.00 19.00 19.00 19.00 19.00 19.00 19.00 20.00 21.00 22.00 23.00 24.00 24.00 25.00 26.00 27.00 28.00 29.00 20.00  | 11.00  |                         | 0. 00     | О           | 0           |               |                    |
| 14. 00 15. 00 16. 00 16. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00    K - NON-BILLABLE SUPPLI ES  1. 00 CENTRAL SERVI CES & SUPPLY 14. 00 0 DATA PROCESSI NG 1. 00 2. 00  | 12.00  |                         |           | 0           | 0           |               | 12.00              |
| 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00  CENTRAL SERVICES & SUPPLY 10. 00 10. |        |                         | •         | -           |             |               | •                  |
| 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00  CENTRAL SERVICES & SUPPLY 10. 00 10. |        |                         |           | -           |             |               |                    |
| 17. 00 18. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00    K - NON-BI LLABLE SUPPLI ES   CENTRAL SERVI CES & SUPPLY   14. 00   0. 00   |        |                         |           | -1          |             |               |                    |
| 18. 00 19. 00 19. 00 20. 00 20. 00 21. 00 22. 00 23. 00 24. 00   |        |                         |           |             |             |               |                    |
| 19. 00   |        |                         |           |             |             |               | •                  |
| 20. 00 21. 00 21. 00 22. 00 22. 00 23. 00 24. 00  0  |        |                         |           |             |             |               |                    |
| 21. 00 22. 00 23. 00 24. 00  0  0  0  0  0  0  0  0  0  0  0  0  |        |                         |           | -           |             |               |                    |
| 22.00  |        |                         | •         | -1          |             |               | •                  |
| 24.00    C   | 22.00  |                         | 0. 00     | o           |             |               | 22. 00             |
| O   O   S, 522, 746   K - NON-BI LLABLE SUPPLIES     1.00   CENTRAL SERVI CES & SUPPLY   14.00   0   7, 721, 830   1.00     2.00   DATA PROCESSI NG   5.02   0   56   2.00     3.00   ADMI TTI NG   5.04   0   79   3.00     4.00   OTHER ADMI NI STRATI VE & 5.05   0   175, 452   4.00     GENERAL   5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     3.00   64, 595   5.00     4.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   64, 595   5.00     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0     5.00   OPERATI ON OF PLANT   7.00   0   0   0   0   0     5.00   |        |                         |           | 0           | 0           |               |                    |
| K - NON-BI LLABLE SUPPLI ES           1. 00         CENTRAL SERVI CES & SUPPLY         14. 00         0         7, 721, 830         1. 00           2. 00         DATA PROCESSI NG         5. 02         0         56         2. 00           3. 00         ADMI TTI NG         5. 04         0         79         3. 00           4. 00         OTHER ADMI NI STRATI VE & 5. 05         0         175, 452         4. 00           GENERAL GENERAL         5. 00         0 PERATI ON OF PLANT         7. 00         0         64, 595         5. 00   | 24.00  |                         | 000       |             |             |               | 24.00              |
| 1. 00     CENTRAL SERVICES & SUPPLY     14. 00     0     7, 721, 830     1. 00       2. 00     DATA PROCESSING     5. 02     0     56     2. 00       3. 00     ADMITTING     5. 04     0     79     3. 00       4. 00     OTHER ADMINISTRATIVE & 5. 05     0     175, 452     4. 00       GENERAL     5. 00     0     64, 595     5. 00   |        | V NON BILLADIE SUDDILES |           | 0           | 5, 522, 746 |               |                    |
| 2. 00     DATA PROCESSING     5. 02     0     56       3. 00     ADMITTING     5. 04     0     79       4. 00     OTHER ADMINISTRATIVE & GENERAL     5. 05     0     175, 452       5. 00     OPERATION OF PLANT     7. 00     0     64, 595     5. 00   | 1 00   |                         | 14 00     | O           | 7 721 830   |               | 1 00               |
| 3.00 ADMITTING 5.04 0 79 4.00 OTHER ADMINISTRATIVE & 5.05 0 175, 452 5.00 OPERATION OF PLANT 7.00 0 64, 595 5.00   |        |                         |           |             |             |               |                    |
| 4. 00 OTHER ADMINISTRATIVE & 5. 05 O 175, 452 4. 00 GENERAL 5. 00 OPERATION OF PLANT 7. 00 O 64, 595 5. 00   |        |                         |           |             |             |               |                    |
| GENERAL 5. 00 OPERATION OF PLANT 7. 00 0 64, 595 5. 00   |        | •                       |           | - 1         |             |               | •                  |
|  |        | GENERAL                 |           |             |             |               |                    |
| 6. 00  HOUSEKEEPING   9. 00  0  1, 803  6. 00  |        |                         |           |             |             |               | •                  |
|  | 6. 00  | HOUSEKEEPI NG           | 9. 00     | 0           | 1, 803      |               | 6.00               |

Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10 Peri od: From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/25/2023 2: 40 pm Provider CCN: 15-0161

|        |                           |              |         |              | 5/25/2023 2 | : 40 pm |
|--------|---------------------------|--------------|---------|--------------|-------------|---------|
|        |                           | Increases    |         |              |             |         |
|        | Cost Center               | Li ne #      | Sal ary | Other        |             |         |
|        | 2. 00                     | 3. 00        | 4. 00   | 5. 00        |             |         |
| 7.00   | DIETARY                   | 10.00        | 0       |              |             | 7.00    |
| 8. 00  | SOCI AL SERVI CE          | 17. 00       | 0       |              |             | 8. 00   |
| 9. 00  | RADI OI SOTOPE            | 56. 00       | 0       |              |             | 9. 00   |
| 10.00  | ELECTROCARDI OLOGY        | 69. 00       | 0       | ,            |             | 10. 00  |
| 11. 00 | ELECTROENCEPHALOGRAPHY    | 70. 00       | 0       |              |             | 11. 00  |
| 12. 00 | OTHER NON-REI MBURSABLE   | 192. 01      | 0       |              |             | 12. 00  |
| 13.00  |                           | 0.00         | 0       |              |             | 13. 00  |
| 14.00  |                           | 0.00         | 0       | - 1          |             | 14. 00  |
| 15.00  |                           | 0.00         | 0       |              |             | 15. 00  |
| 16.00  |                           | 0.00         | 0       |              |             | 16. 00  |
| 17.00  |                           | 0.00         | 0       |              |             | 17. 00  |
| 18.00  |                           | 0. 00        | 0       |              |             | 18. 00  |
| 19.00  |                           | 0. 00        | 0       |              |             | 19. 00  |
| 20.00  |                           | 0. 00        | 0       |              |             | 20.00   |
| 21.00  |                           | 0.00         | 0       | 0            |             | 21.00   |
| 22.00  |                           | 0.00         | 0       | 0            |             | 22. 00  |
|        | 0 — — — — —               |              | — — — d | 7, 970, 110  |             |         |
|        | L - BILLABLE DRUGS        |              |         |              |             |         |
| 1.00   | DRUGS CHARGED TO PATIENTS | 73. 00       | 0       | 47, 738, 131 |             | 1.00    |
| 2.00   | OTHER ADMINISTRATIVE &    | 5. 05        | 0       | 2, 224       |             | 2.00    |
|        | GENERAL                   |              |         |              |             |         |
| 3.00   | OPERATION OF PLANT        | 7. 00        | 0       | 182          |             | 3. 00   |
| 4.00   |                           | 0.00         | 0       | 0            |             | 4. 00   |
| 5.00   |                           | 0.00         | 0       | 0            |             | 5.00    |
| 6.00   |                           | 0.00         | 0       | o            |             | 6. 00   |
| 7.00   |                           | 0.00         | 0       | 0            |             | 7. 00   |
| 8.00   |                           | 0.00         | 0       |              |             | 8. 00   |
| 9. 00  |                           | 0.00         | 0       |              |             | 9. 00   |
| 10.00  |                           | 0.00         | 0       |              |             | 10.00   |
| 11. 00 |                           | 0.00         | 0       |              |             | 11.00   |
| 12. 00 |                           | 0. 00        | Ö       |              |             | 12.00   |
| 13. 00 |                           | 0. 00        | Ö       | 1            |             | 13. 00  |
| 14. 00 |                           | 0.00         | 0       |              |             | 14.00   |
| 15. 00 |                           | 0.00         | 0       | 1            |             | 15.00   |
| 16. 00 |                           | 0.00         | 0       |              |             | 16.00   |
| 17. 00 |                           | 0.00         | 0       | 1            |             | 17.00   |
| 18. 00 |                           |              | -       | 1            |             |         |
|        |                           | 0.00         | 0       |              |             | 18.00   |
| 19.00  |                           | 0.00         | 0       | - 1          |             | 19.00   |
| 20.00  |                           | 0.00         | 0       | - 1          |             | 20.00   |
| 21. 00 |                           | 0.00         | 0       |              |             | 21.00   |
|        | M NON DILLARIE DDUCC      |              | U       | 47, 740, 537 |             | _       |
| 1 00   | M - NON-BILLABLE DRUGS    | 15.00        |         | 020 410      |             | 1 00    |
| 1.00   | PHARMACY                  | 15.00        | 0       |              |             | 1.00    |
| 2.00   |                           | 0.00         | 0       |              |             | 2.00    |
| 3.00   |                           | 0.00         | 0       |              |             | 3.00    |
| 4. 00  |                           | 0.00         | 0       |              |             | 4.00    |
| 5.00   |                           | 0.00         | 0       |              |             | 5.00    |
| 6. 00  |                           | 0.00         | 0       | - 1          |             | 6. 00   |
| 7. 00  |                           | 0.00         | 0       |              |             | 7. 00   |
| 8. 00  |                           | 0. 00        | 0       | · ·          |             | 8. 00   |
| 9.00   |                           | 0.00         | 0       | _            |             | 9. 00   |
| 10.00  |                           | 0.00         | 0       | 0            |             | 10.00   |
| 11. 00 |                           | 0.00         | 0       | 0            |             | 11. 00  |
| 12.00  |                           | 0.00         | 0       | 0            |             | 12.00   |
| 13.00  |                           | 0.00         | 0       | 0            |             | 13.00   |
| 14.00  |                           | 0.00         | 0       | 0            |             | 14. 00  |
| 15.00  |                           | 0.00         | 0       | 0            |             | 15. 00  |
| 16.00  |                           | 0.00         | 0       | 0            |             | 16.00   |
| 17.00  |                           | 0.00         | 0       | o            |             | 17.00   |
|        | 0                         | <del> </del> |         | 838, 419     |             | 1       |
|        | N - IMPLANTS              | <u>'</u>     |         |              |             |         |
| 1.00   | IMPL. DEV. CHARGED TO     | 72. 00       | C       | 8, 864, 914  |             | 1.00    |
|        | PATI ENT                  |              |         |              |             |         |
| 2.00   | CENTRAL SERVICES & SUPPLY | 14.00        | O       | 35, 725      |             | 2.00    |
| 3. 00  |                           | 0.00         | 0       | 1            |             | 3.00    |
| 4. 00  |                           | 0.00         | n       | Ö            |             | 4. 00   |
| 5. 00  |                           | 0.00         | 0       |              |             | 5.00    |
| 6. 00  |                           | 0.00         | 0       | 0            |             | 6.00    |
| 7. 00  |                           | 0.00         | 0       |              |             | 7.00    |
| 8. 00  |                           | 0.00         | 0       | Ö            |             | 8.00    |
| 5. 50  | 0 — — — — —               |              | — — — 6 |              |             | 0.00    |
|        | I.                        | 1            |         | 2, 700, 007  |             | T       |

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

|        |                               |                 |                     |                   | <br>5/25/ | /2023 2: 40 pm |
|--------|-------------------------------|-----------------|---------------------|-------------------|-----------|----------------|
|        |                               | Increases       |                     |                   |           |                |
|        | Cost Center                   | Li ne #         | Sal ary             | 0ther             |           |                |
|        | 2. 00                         | 3. 00           | 4. 00               | 5. 00             |           |                |
|        | O - NORTH TO TIPTON ISR ALLOC |                 |                     |                   |           |                |
| 1.00   | TIPTON HOSPITAL               | 192. 06         | 142, 456            | 140, 287          |           | 1.00           |
| 2.00   |                               | 0. 00           | 0                   | 0                 |           | 2.00           |
| 3.00   |                               | 0.00            | 0                   | 0                 |           | 3.00           |
|        | 0                             |                 | 142, 456            | 140, 287          |           |                |
|        | P - NORTH TO WEST ISR ALLOCAT | ION             |                     |                   |           |                |
| 1.00   | WEST HOSPITAL                 | 192. 07         | 183, 771            | 86, 534           |           | 1.00           |
| 2.00   |                               | 0. 00           | 0                   | 0                 |           | 2. 00          |
| 3.00   |                               | 0. 00           | 0                   | 0                 |           | 3.00           |
|        | 0                             |                 | 183, 771            | 86, 534           |           |                |
|        | Q - NORTH TO SAXONY ISR ALLOC | CATION          |                     |                   |           |                |
| 1.00   | SAXONY HOSPITAL               | 192. 08         | 147, 048            | 120, 362          |           | 1.00           |
| 2.00   |                               | 0. 00           | 0                   | 0                 |           | 2. 00          |
| 3.00   |                               | 0. 00           | 0                   | 0                 |           | 3.00           |
|        | 0                             |                 | 147, 048            | 120, 362          |           |                |
|        | R - PHYSICIAN                 |                 |                     |                   |           |                |
| 1.00   | ADULTS & PEDIATRICS           | 30. 00          | 0                   | <u>28, 9</u> 37   |           | 1.00           |
|        | 0                             |                 | 0                   | 28, 937           |           |                |
|        | S - PHYSICIAN PRACTICE        |                 |                     |                   |           |                |
| 1.00   | PHYSICIAN PRACTICE            | 1 <u>92.</u> 05 | 67, 091             | 0                 |           | 1.00           |
|        | TOTALS                        |                 | 67, 091             | 0                 |           |                |
|        | T - CAFETERIA                 |                 |                     |                   |           |                |
| 1.00   | CAFETERI A                    | <u>11.</u> 00   | <u>1, 122, 1</u> 90 | 62 <u>2, 1</u> 90 |           | 1.00           |
|        | TOTALS                        |                 | 1, 122, 190         | 622, 190          |           |                |
|        | U - SPOT RETENTION            |                 |                     |                   |           |                |
| 1.00   | ADULTS & PEDIATRICS           | 30. 00          | 1, 014, 899         | 0                 |           | 1.00           |
| 2.00   | OPERATING ROOM                | 50. 00          | 498, 580            | 0                 |           | 2. 00          |
| 3.00   | RECOVERY ROOM                 | 51. 00          | 254, 254            | 0                 |           | 3. 00          |
| 4.00   | DELIVERY ROOM & LABOR ROOM    | 52. 00          | 464, 558            | 0                 |           | 4. 00          |
| 5.00   | RADI OLOGY-DI AGNOSTI C       | 54. 00          | 65, 874             | 0                 |           | 5. 00          |
| 6.00   | RADI OLOGY - THERAPEUTI C     | 55. 00          | 137, 927            | 0                 |           | 6. 00          |
| 7.00   | LABORATORY                    | 60. 00          | 135, 526            | 0                 |           | 7. 00          |
| 8.00   | RESPI RATORY THERAPY          | 65. 00          | 121, 209            | 0                 |           | 8. 00          |
| 9. 00  | CARDI AC CATHERI ZATI ON      | 75. 01          | 78, 630             | 0                 |           | 9. 00          |
|        | LABORATORY                    |                 |                     |                   |           |                |
| 10. 00 | EMERGENCY                     | 91.00           | 204, 825            | 0                 |           | 10.00          |
|        | TOTALS                        |                 | 2, 976, 282         | 0                 |           |                |
| 500.00 | Grand Total: Increases        |                 | 6, 268, 492         | 107, 534, 017     |           | 500.00         |

Provider CCN: 15-0161

Peri od: Worksheet A-0
From 01/01/2022
To 12/31/2022 Date/Time Prepared: 5/25/2023 2:40 pm

|        |                                  |           |          |              |                | 5/25/2023 2: | 40 pm  |
|--------|----------------------------------|-----------|----------|--------------|----------------|--------------|--------|
|        |                                  | Decreases |          |              |                |              |        |
|        | Cost Center                      | Li ne #   | Sal ary  | Other        | Wkst. A-7 Ref. |              |        |
|        | 6.00                             | 7. 00     | 8. 00    | 9. 00        | 10. 00         |              |        |
| 1 00   | A - LEASES                       | F 0F      | ما       | 2 (20 045    | 10             |              | 1 00   |
| 1. 00  | OTHER ADMINISTRATIVE &           | 5. 05     | 0        | 2, 628, 845  | 10             |              | 1.00   |
| 2. 00  | GENERAL<br>MAINTENANCE & REPAIRS | 6. 00     | 0        | 172, 143     | 10             |              | 2.00   |
| 3. 00  | CENTRAL SERVICES & SUPPLY        | 14. 00    | 0        | 172, 143     |                |              | 3. 00  |
| 4. 00  | ADULTS & PEDIATRICS              | 30.00     | 0        | 14, 611      | 1              |              | 4. 00  |
| 5. 00  | OPERATING ROOM                   | 50.00     | 0        | 65, 296      |                |              | 5. 00  |
| 6. 00  | RADI OLOGY-DI AGNOSTI C          | 54. 00    | 0        | 71, 154      |                |              | 6.00   |
| 0.00   | 0                                |           |          | 2, 952, 314  |                |              | 0.00   |
|        | B - DEPRECIATION                 |           | <u> </u> | 2, 732, 314  |                |              |        |
| 1. 00  | EMPLOYEE BENEFITS DEPARTMENT     | 4. 00     | 0        | 1, 299       | 9              |              | 1.00   |
| 2. 00  | OTHER ADMINISTRATIVE &           | 5. 05     | ő        | 6, 384, 745  |                |              | 2.00   |
| 2.00   | GENERAL                          | 3.03      | ď        | 0, 304, 743  |                |              | 2.00   |
| 3. 00  | MAINTENANCE & REPAIRS            | 6. 00     | O        | 219, 777     | 0              |              | 3.00   |
| 4. 00  | OPERATION OF PLANT               | 7. 00     | o        | 11, 236      |                |              | 4.00   |
| 5. 00  | DI ETARY                         | 10.00     | o        | 44, 512      | 1              |              | 5. 00  |
| 6. 00  | NURSING ADMINISTRATION           | 13. 00    | o        | 1, 210, 726  | I I            |              | 6.00   |
| 7. 00  | PHARMACY                         | 15. 00    | 0        | 326, 385     |                |              | 7. 00  |
| 8. 00  | SOCI AL SERVI CE                 | 17. 00    | o        | 17, 260      |                |              | 8.00   |
| 9. 00  | ADULTS & PEDIATRICS              | 30.00     | o        | 360, 170     |                |              | 9.00   |
| 10.00  | PREMATURE INTENSIVE CARE         | 34. 02    | o        | 79, 449      |                |              | 10.00  |
|        | UNI T                            |           |          | ,            |                |              |        |
| 11. 00 | OPERATI NG ROOM                  | 50. 00    | O        | 3, 124, 453  | 0              |              | 11.00  |
| 12. 00 | RECOVERY ROOM                    | 51.00     | O        | 31, 860      | l t            |              | 12.00  |
| 13.00  | DELIVERY ROOM & LABOR ROOM       | 52.00     | 0        | 140, 133     | l t            |              | 13.00  |
| 14.00  | RADI OLOGY-DI AGNOSTI C          | 54.00     | 0        | 2, 865, 490  |                |              | 14.00  |
| 15.00  | RADI OLOGY - THERAPEUTI C        | 55. 00    | 0        | 2, 181, 226  | 1              |              | 15.00  |
| 16.00  | RADI OI SOTOPE                   | 56.00     | o        | 63, 376      | 1              |              | 16.00  |
| 17.00  | RESPI RATORY THERAPY             | 65. 00    | O        | 87, 000      | 1              |              | 17. 00 |
| 18.00  | PHYSI CAL THERAPY                | 66. 00    | O        | 62, 870      |                |              | 18.00  |
| 19.00  | SPEECH PATHOLOGY                 | 68. 00    | O        | 16, 156      |                |              | 19.00  |
| 20.00  | ELECTROCARDI OLOGY               | 69. 00    | 0        | 103, 841     |                |              | 20.00  |
| 21.00  | ELECTROENCEPHALOGRAPHY           | 70. 00    | 0        | 46, 325      |                |              | 21.00  |
| 22.00  | CARDI AC CATHERI ZATI ON         | 75. 01    | О        | 987, 122     |                |              | 22.00  |
|        | LABORATORY                       |           |          |              |                |              |        |
| 23.00  | EMERGENCY                        | 91. 00    | O        | 198, 818     | 0              |              | 23.00  |
| 24.00  | OTHER NON-REIMBURSABLE           | 192. 01   | 0        | 288, 922     | 0              |              | 24.00  |
| 25.00  | PHYSICIANS' PRIVATE OFFICES      | 192. 04   | O        | 47, 580      | 0              |              | 25. 00 |
| 26.00  | PHYSICIAN PRACTICE               | 192. 05   | O        | 33, 316      | 0              |              | 26.00  |
|        | 0                                |           | 0        | 18, 934, 047 |                |              |        |
|        | C - EMPLOYEE BENEFITS            |           |          |              |                |              |        |
| 1. 00  | ADMITTI NG                       | 5. 04     | 0        | 175, 053     | 1              |              | 1.00   |
| 2.00   | OTHER ADMINISTRATIVE &           | 5. 05     | 0        | 636, 964     | 0              |              | 2.00   |
|        | GENERAL                          |           |          |              |                |              |        |
| 3. 00  | MAINTENANCE & REPAIRS            | 6. 00     | 0        | 272, 372     | 1              |              | 3. 00  |
| 4. 00  | OPERATION OF PLANT               | 7. 00     | 0        | 256, 322     | 1              |              | 4. 00  |
| 5. 00  | HOUSEKEEPI NG                    | 9. 00     | 0        | 496, 791     | 1              |              | 5. 00  |
| 6. 00  | DI ETARY                         | 10. 00    | 0        | 475, 400     | 0              |              | 6. 00  |
| 7. 00  | CAFETERI A                       | 11. 00    | 0        | 19, 832      |                |              | 7. 00  |
| 8. 00  | NURSING ADMINISTRATION           | 13. 00    | 0        | 516, 134     |                |              | 8. 00  |
| 9. 00  | PHARMACY                         | 15. 00    | 0        | 593, 159     |                |              | 9. 00  |
| 10.00  | SOCI AL SERVI CE                 | 17. 00    | 0        | 229, 871     | 1              |              | 10.00  |
| 11.00  | PATI ENT TRANSPORTATI ON         | 18. 00    | 0        | 47, 984      |                |              | 11.00  |
| 12. 00 | ADULTS & PEDIATRICS              | 30. 00    | 0        | 2, 753, 520  | l t            |              | 12.00  |
| 13. 00 | PREMATURE INTENSIVE CARE         | 34. 02    | 0        | 499, 227     | 0              |              | 13. 00 |
| 14 00  | UNIT                             | 50.00     |          | 4 444 401    |                |              | 14.00  |
| 14.00  | OPERATING ROOM                   | 50.00     | 0        | 1, 114, 136  | l t            |              | 14.00  |
| 15.00  | RECOVERY ROOM                    | 51.00     | 0        | 456, 351     | l t            |              | 15.00  |
| 16.00  | DELIVERY ROOM & LABOR ROOM       | 52.00     | 0        | 760, 309     |                |              | 16.00  |
| 17.00  | RADI OLOGY - DI AGNOSTI C        | 54.00     | 0        | 800, 595     | l t            |              | 17.00  |
| 18.00  | RADI OLOGY - THERAPEUTI C        | 55. 00    | 0        | 684, 752     | 1              |              | 18.00  |
| 19. 00 | RADI OI SOTOPE                   | 56.00     | 0        | 49, 880      |                |              | 19.00  |
| 20.00  | LABORATORY                       | 60.00     | 0        | 196, 203     | 1              |              | 20.00  |
| 21. 00 | RESPIRATORY THERAPY              | 65. 00    | 0        | 440, 258     | 1              |              | 21.00  |
| 22. 00 | PHYSI CAL THERAPY                | 66.00     | 0        | 361, 892     | 1              |              | 22.00  |
| 23. 00 | OCCUPATIONAL THERAPY             | 67. 00    | 0        | 82, 466      | 1              |              | 23.00  |
| 24. 00 | SPEECH PATHOLOGY                 | 68. 00    | 0        | 89, 139      |                |              | 24.00  |
| 25. 00 | ELECTROCARDI OLOGY               | 69.00     | 0        | 69, 431      |                |              | 25. 00 |
| 26. 00 | ELECTROENCEPHALOGRAPHY           | 70.00     | 0        | 27, 038      |                |              | 26.00  |
| 27. 00 | CARDI AC CATHERI ZATI ON         | 75. 01    | 0        | 175, 853     | 0              |              | 27. 00 |
| 20. 22 | LABORATORY                       | 04.60     |          | E4E 300      |                |              | 20.00  |
| 28. 00 | EMERGENCY                        | 91.00     | 0        | 545, 798     |                |              | 28.00  |
| 29. 00 | OTHER NON-REI MBURSABLE          | 192. 01   | 0        | 11, 854      |                |              | 29.00  |
| 30. 00 | CHILDBIRTH EDUCATION             | 192. 02   | 0        | 4, 262       | 0              |              | 30.00  |
|        |                                  |           |          | _            |                |              |        |

RECLASSI FI CATI ONS

Provider CCN: 15-0161

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

5/25/2023 2:40 pm Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 12, 842, 846 - LABOR AND DELIVERY 1.00 DELIVERY ROOM & LABOR ROOM 52.00 501, 804 0 1.00 181.737 2.00 0.00 0 2.00 501,804 181, 737 - MARKETI NG 1.00 OTHER ADMINISTRATIVE & 5. 05 671 0 1.00 GENERAL 2.00 NURSING ADMINISTRATION 13.00 0 64, 957 0 2.00 3.00 ADULTS & PEDIATRICS 30.00 0 0 33 3.00 4.00 RADIOLOGY - THERAPEUTIC 55.00 218 0 4.00 0 65.879 G - NURSERY 1.00 ADULTS & PEDIATRICS 30.00 1, 127, 850 210, 588 0 1.00 1, 127, 850 210, 588 H - FMLA 1.00 ADMITTI NG 5. 04 1, 153 0 1.00 MAINTENANCE & REPAIRS 2.00 6.00 14, 701 0 0 2.00 OPERATION OF PLANT 7.00 1,606 0 3.00 0 3.00 9.00 0 4.00 HOUSEKEEPI NG 8, 763 0 4 00 5.00 DI ETARY 10.00 2,098 0 0 5.00 0 6.00 NURSING ADMINISTRATION 13.00 21, 576 0 6.00 0 PHARMACY 7.00 15.00 41, 499 0 7.00 8.00 SOCIAL SERVICE 17.00 7,832 0 8.00 9.00 ADULTS & PEDIATRICS 30.00 89, 917 0 0 9.00 PREMATURE INTENSIVE CARE 0 10.00 34.02 1, 022 0 10.00 LINI T OPERATING ROOM 0 11.00 50.00 35, 571 0 11.00 12.00 RECOVERY ROOM 51.00 17, 482 0 0 12.00 0 13.00 DELIVERY ROOM & LABOR ROOM 52.00 30, 101 0 13.00 RADI OLOGY-DI AGNOSTI C 0 14.00 54.00 10,724 0 14.00 15.00 RADIOLOGY - THERAPEUTIC 55.00 20,740 0 0 15.00 0 16.00 RADI OI SOTOPE 56.00 4,082 0 16.00 0 17 00 I ABORATORY 60 00 2 173 O 17 00 18.00 RESPIRATORY THERAPY 65.00 11,748 0 18.00 19.00 PHYSICAL THERAPY 66.00 18, 619 0 0 19.00 20.00 OCCUPATIONAL THERAPY 67.00 470 0 0 20.00 SPEECH PATHOLOGY 68.00 0 21.00 21 00 840 0 22.00 ELECTROENCEPHALOGRAPHY 70.00 4, 224 0 0 22.00 28, 904 EMERGENCY 23.00 91.00 0 23.00 375, 845 0 J - BILLABLE SUPPLIES 1.00 EMPLOYEE BENEFITS DEPARTMENT 4. 00 93 0 1.00 2.00 ADMITTING 5.04 0 0 2.00 OTHER ADMINISTRATIVE & 0 0 3.00 5.05 38 3.00 GENERAL HOUSEKEEPI NG 0 4.00 9.00 0 11 4.00 5.00 CAFETERLA 11.00 0 0 5.00 6 0 6.00 NURSING ADMINISTRATION 13.00 o 6.00 0 CENTRAL SERVICES & SUPPLY 0 34,006 7.00 14.00 7.00 8.00 PHARMACY 15.00 0 86 0 8.00 ADULTS & PEDIATRICS o 0 9.00 9.00 30.00 153, 075 PREMATURE INTENSIVE CARE ol 0 10.00 10.00 34.02 7.000 LINI T 11.00 OPERATING ROOM 50.00 0 3,880,298 0 11.00 RECOVERY ROOM 3, 390 0 12.00 51.00 12.00 0 13.00 DELIVERY ROOM & LABOR ROOM 52.00 0 173,007 13.00 0 RADI OLOGY-DI AGNOSTI C 54.00 0 14 00 92.114 14 00 0 15.00 RADIOLOGY - THERAPEUTIC 55.00 0 25, 192 15.00 LABORATORY o 529 0 16.00 60.00 16.00 0 RESPIRATORY THERAPY 0 17.00 65.00 815 17.00 PHYSICAL THERAPY 0 394 18.00 66.00 18.00 19.00 ELECTROCARDI OLOGY 69.00 0 339 0 19.00 20.00 ELECTROENCEPHALOGRAPHY 70.00 0 471 0 20.00 0 CARDIAC CATHERIZATION 0 1, 132, 379 21.00 75.01 21.00 LABORATORY 22.00 91.00 0 18,808 0 22.00 EMERGENCY PHYSICIANS' PRIVATE OFFICES 23.00 192.04 0 654 0 23.00 PHYSICIAN PRACTICE 24.00 192.05 35 0 24.00 0 5, 522, 746 NON-BILLABLE SUPPLIES 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 0 818 0 1.00 0 MAINTENANCE & REPAIRS 6.00 0 2.00 119, 933 2.00 CAFETERI A 3.00 11.00 10 0 3.00

Provi der CCN: 15-0161

Peri od: From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/25/2023 2: 40 pm

|        |   | Doorsoos           |                |   |                         | 5/25/2023 2:                            | 40 pili |
|--------|---|--------------------|----------------|---|-------------------------|---|---------|
|        | Coot Conton                                     | Decreases          | Calami         | O+box                                   | Wko+ A 7 Dof            | 1                                       |         |
|        | Cost Center<br>6.00                             | Li ne #<br>7.00    | Sal ary        | 0ther<br>9.00                           | Wkst. A-7 Ref.<br>10.00 |   |         |
| 4. 00  | NURSI NG ADMI NI STRATI ON                      | 13. 00             | 8. 00          | 9.00                                    | 10.00                   |   | 4.00    |
| 5. 00  | PHARMACY  | 15. 00             | 0              | 70, 226                                 | 0                       |   | 5.00    |
| 6. 00  | ADULTS & PEDIATRICS                             | 30.00              | 0              | 669, 512                                | 0                       | l e e e e e e e e e e e e e e e e e e e | 6.00    |
| 7. 00  | PREMATURE INTENSIVE CARE                        | 34. 02             | 0              | 61, 077                                 | 0                       | l                                       | 7.00    |
| 7.00   | UNIT  | 34. 02             | C              | 01,077                                  | O                       |   | 7.00    |
| 8. 00  | OPERATING ROOM                                  | 50. 00             | 0              | 5, 409, 596                             | 0                       |   | 8.00    |
| 9. 00  | RECOVERY ROOM                                   | 51.00              | 0              | 97, 425                                 | 0                       |   | 9. 00   |
| 10.00  | DELIVERY ROOM & LABOR ROOM                      | 52.00              | 0              | 245, 055                                | 0                       |   | 10.00   |
| 11. 00 | RADI OLOGY-DI AGNOSTI C                         | 54.00              | 0              |   | 0                       |   | 11.00   |
| 12. 00 | RADI OLOGY - THERAPEUTI C                       | 55. 00             | 0              | 96, 700                                 | 0                       |   | 12.00   |
| 13. 00 | LABORATORY                                      | 60.00              | 0              | 9, 975                                  | 0                       |   | 13.00   |
| 14. 00 | RESPIRATORY THERAPY                             | 65. 00             | 0              | 273, 950                                |                         |   | 14.00   |
| 15. 00 | PHYSI CAL THERAPY                               | 66. 00             | 0              | 10, 547                                 | 0                       | l                                       | 15. 00  |
| 16. 00 | OCCUPATI ONAL THERAPY                           | 67. 00             | 0              | 5, 800                                  | 0                       |   | 16.00   |
| 17. 00 | SPEECH PATHOLOGY                                | 68. 00             | 0              | 1, 152                                  | 0                       |   | 17. 00  |
| 18. 00 | CARDI AC CATHERI ZATI ON                        | 75. 01             | 0              | 411, 677                                | 0                       |   | 18.00   |
| 10.00  | LABORATORY                                      | 75.01              | U              | 411,077                                 | U                       |   | 16.00   |
| 19. 00 | EMERGENCY                                       | 91. 00             | O              | 153, 833                                | 0                       |   | 19.00   |
| 20.00  | CHILDBIRTH EDUCATION                            | 192. 02            | 0              | 268                                     | 0                       | l I                                     | 20.00   |
|        | PHYSICIANS' PRIVATE OFFICES                     | •                  | 0              | i e                                     | 0                       |   | 1       |
| 21. 00 | 1   | 192. 04<br>192. 05 | 0              | .,                                      | 0                       |   | 21.00   |
| 22. 00 | PHYSICIAN PRACTICE                              | 192.05             | 0              | 775                                     |                         |   | 22. 00  |
|        | U DILLADIE DDUCC                                |                    | U              | 7, 970, 110                             |                         |   | -       |
| 1. 00  | L - BILLABLE DRUGS EMPLOYEE BENEFITS DEPARTMENT | 4. 00              | C              | 48, 783                                 | 0                       |   | 1.00    |
|        | NURSING ADMINISTRATION                          | •                  | 0              |   | 0                       |   | 1       |
| 2.00   | 1   | 13.00              |                | _                                       |                         |   | 2.00    |
| 3.00   | CENTRAL SERVICES & SUPPLY                       | 14.00              | 0              | 1                                       | 0                       |   | 3.00    |
| 4.00   | PHARMACY  | 15. 00             | 0              |   | 0                       |   | 4.00    |
| 5. 00  | SOCIAL SERVICE                                  | 17. 00             | 0              | 7, 153                                  | 0                       |   | 5.00    |
| 6. 00  | ADULTS & PEDIATRICS                             | 30. 00             | O              | 103, 840                                | 0                       | l e e e e e e e e e e e e e e e e e e e | 6. 00   |
| 7. 00  | PREMATURE INTENSIVE CARE                        | 34. 02             | 0              | 2, 634                                  | 0                       |   | 7. 00   |
|        | UNI T   |                    |                |   |                         |   |         |
| 8. 00  | OPERATING ROOM                                  | 50. 00             | 0              |   | 0                       |   | 8. 00   |
| 9.00   | RECOVERY ROOM                                   | 51. 00             | 0              | 24, 419                                 | 0                       | l .                                     | 9. 00   |
| 10.00  | DELIVERY ROOM & LABOR ROOM                      | 52. 00             | 0              | 24, 948                                 | 0                       |   | 10.00   |
| 11.00  | RADI OLOGY-DI AGNOSTI C                         | 54. 00             | 0              | 423, 751                                | 0                       |   | 11.00   |
| 12.00  | RADI OLOGY - THERAPEUTI C                       | 55. 00             | 0              | 53, 861                                 | 0                       |   | 12.00   |
| 13.00  | RADI OI SOTOPE                                  | 56.00              | 0              | 240, 347                                | 0                       |   | 13.00   |
| 14.00  | LABORATORY                                      | 60.00              | 0              | 105                                     | 0                       |   | 14.00   |
| 15.00  | RESPI RATORY THERAPY                            | 65. 00             | 0              | 18, 047                                 | 0                       |   | 15. 00  |
| 16.00  | PHYSI CAL THERAPY                               | 66. 00             | 0              | 5                                       | 0                       |   | 16.00   |
| 17.00  | ELECTROCARDI OLOGY                              | 69. 00             | 0              | 24, 667                                 | 0                       |   | 17. 00  |
| 18. 00 | CARDI AC CATHERI ZATI ON                        | 75. 01             | 0              | 62, 790                                 | 0                       |   | 18.00   |
|        | LABORATORY                                      |                    |                |   |                         |   |         |
| 19.00  | EMERGENCY                                       | 91.00              | 0              | 32, 326                                 | 0                       |   | 19.00   |
| 20.00  | PHYSICIANS' PRIVATE OFFICES                     | 192. 04            | 0              | 1, 489                                  | 0                       |   | 20.00   |
| 21. 00 | PHYSICIAN PRACTICE                              | 192. 05            | 0              | 1, 648                                  | 0                       |   | 21.00   |
| 200    | 0   |                    | <u> </u>       |   | — — — <del>-</del>      |   | 200     |
|        | M - NON-BILLABLE DRUGS                          |                    |                | , | 1                       |   |         |
| 1.00   | OTHER ADMINISTRATIVE &                          | 5. 05              | C              | 182                                     | 0                       |   | 1.00    |
|        | GENERAL   |                    |                |   |                         |   |         |
| 2.00   | OPERATION OF PLANT                              | 7.00               | 0              | 78                                      | 0                       |   | 2.00    |
| 3.00   | NURSING ADMINISTRATION                          | 13. 00             | 0              | 72                                      | 0                       |   | 3.00    |
| 4.00   | CENTRAL SERVICES & SUPPLY                       | 14. 00             | 0              | 10, 868                                 | 0                       |   | 4.00    |
| 5.00   | ADULTS & PEDIATRICS                             | 30.00              | 0              | 164, 420                                | 0                       |   | 5.00    |
| 6.00   | PREMATURE INTENSIVE CARE                        | 34. 02             | 0              | 16, 256                                 | 0                       |   | 6.00    |
|        | UNIT  | 5 52               | Č              | ,5,250                                  |                         |   |         |
| 7.00   | OPERATI NG ROOM                                 | 50.00              | 0              | 81, 571                                 | 0                       |   | 7. 00   |
| 8. 00  | RECOVERY ROOM                                   | 51. 00             | n              | 98, 436                                 | o<br>O                  | l l                                     | 8.00    |
| 9. 00  | DELIVERY ROOM & LABOR ROOM                      | 52. 00             | 0              | 66, 397                                 | 0                       |   | 9. 00   |
| 10.00  | RADI OLOGY-DI AGNOSTI C                         | 54. 00             | 0              | 90, 440                                 | o<br>O                  | l                                       | 10.00   |
| 11. 00 | RADI OLOGY - THERAPEUTI C                       | 55. 00             | 0              | 72, 920                                 | 0                       | l I                                     | 11.00   |
| 12. 00 | RADI OI SOTOPE                                  | 56.00              | 0              | 63                                      | 0                       | l l                                     | 12.00   |
| 13. 00 | LABORATORY                                      | 60.00              | 0              | 317                                     | 0                       | l l                                     | 13.00   |
|        | RESPI RATORY THERAPY                            | •                  | 0              | 421                                     | 0                       | l .                                     | 14.00   |
| 14.00  | 1   | 65. 00<br>75. 01   | 0              | i e                                     |                         |   | 1       |
| 15. 00 | CARDI AC CATHERI ZATI ON                        | 75. 01             | U              | 49, 237                                 |                         |   | 15. 00  |
| 16 00  | LABORATORY                                      | 01 00              | 0              | 174 001                                 | _                       |   | 14 00   |
| 16.00  | EMERGENCY                                       | 91.00              | 0              |   | 0                       | l .                                     | 16.00   |
| 17. 00 | PHYSICIANS' PRIVATE OFFICES                     | 1 <u>92.</u> 04    | — — — <u> </u> | 10, 740                                 | 0                       |   | 17. 00  |
|        | U LMDLANTS                                      |                    | O              | 838, 419                                |                         |   | 4       |
| 1 00   | N - IMPLANTS                                    | 20.00              |                | 200                                     |                         |   | 1 00    |
| 1.00   | ADULTS & PEDIATRICS                             | 30.00              | 0              |   | 0                       | l e                                     | 1.00    |
| 2.00   | OPERATING ROOM                                  | 50.00              | 0              |   | 0                       | l e e e e e e e e e e e e e e e e e e e | 2.00    |
| 3.00   | RADI OLOGY - DI AGNOSTI C                       | 54.00              | 0              |   | 0                       | l .                                     | 3.00    |
| 4. 00  | RADI OLOGY - THERAPEUTI C                       | 55. 00             | O              | 222                                     | 0                       |   | 4.00    |
|        |   |                    |                |   |                         |   |         |

Health Financial Systems RECLASSIFICATIONS | Peri od: | Worksheet A-6 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provider CCN: 15-0161

|        |                               |                 |                  |                  |                | te/lime Prepared:<br>'25/2023 2:40 pm |
|--------|-------------------------------|-----------------|------------------|------------------|----------------|---------------------------------------|
|        |                               | Decreases       |                  |                  |                | <br>                                  |
|        | Cost Center                   | Li ne #         | Sal ary          | 0ther            | Wkst. A-7 Ref. |                                       |
|        | 6. 00                         | 7. 00           | 8. 00            | 9. 00            | 10.00          |                                       |
| 5.00   | RESPI RATORY THERAPY          | 65.00           | 0                | 60               | 0              | 5. 00                                 |
| 6.00   | SPEECH PATHOLOGY              | 68. 00          | 0                | 42, 419          | 0              | 6.00                                  |
| 7.00   | CARDIAC CATHERIZATION         | 75. 01          | 0                | 716, 923         | 0              | 7. 00                                 |
|        | LABORATORY                    |                 |                  |                  |                |                                       |
| 8.00   | EMERGENCY                     | 91.00           | 0_               | <u> </u>         |                | 8. 00                                 |
|        | 0                             |                 | 0                | 8, 900, 639      |                |                                       |
|        | O - NORTH TO TIPTON ISR ALLO  |                 |                  |                  |                |                                       |
| 1.00   | OTHER ADMINISTRATIVE &        | 5. 05           | 83, 245          | 72, 819          | 0              | 1.00                                  |
|        | GENERAL                       |                 |                  |                  |                |                                       |
| 2.00   | OPERATION OF PLANT            | 7. 00           | 27, 943          | 60, 968          |                | 2.00                                  |
| 3.00   | RADI OLOGY-DI AGNOSTI C       | 54.00           | 3 <u>1, 2</u> 68 | <u>6, 5</u> 00   |                | 3.00                                  |
|        | 0                             |                 | 142, 456         | 140, 287         |                |                                       |
|        | P - NORTH TO WEST ISR ALLOCAT |                 |                  |                  |                |                                       |
| 1.00   | OTHER ADMINISTRATIVE &        | 5. 05           | 90, 071          | 31, 381          | 0              | 1.00                                  |
|        | GENERAL                       |                 |                  |                  |                |                                       |
| 2.00   | OPERATION OF PLANT            | 7.00            | 29, 831          | 15, 509          | _              | 2.00                                  |
| 3.00   | RADI OLOGY-DI AGNOSTI C       | 5400            | 6 <u>3, 8</u> 69 | 3 <u>9, 6</u> 44 |                | 3.00                                  |
|        | 0                             |                 | 183, 771         | 86, 534          |                |                                       |
|        | Q - NORTH TO SAXONY ISR ALLO  |                 |                  |                  |                |                                       |
| 1.00   | OTHER ADMINISTRATIVE &        | 5. 05           | 118, 254         | 103, 443         | 0              | 1.00                                  |
|        | GENERAL                       |                 |                  |                  |                |                                       |
| 2.00   | OPERATION OF PLANT            | 7. 00           | 9, 465           | 4, 921           | 0              | 2.00                                  |
| 3. 00  | RADI OLOGY-DI AGNOSTI C       | 54.00           | 19, 329          | <u> </u>         |                | 3.00                                  |
|        | 0                             |                 | 147, 048         | 120, 362         |                |                                       |
| 4 00   | R - PHYSICIAN                 | F 05            |                  | 00.007           |                | 1.00                                  |
| 1. 00  | OTHER ADMINISTRATIVE &        | 5. 05           | 0                | 28, 937          | 0              | 1.00                                  |
|        | GENERAL                       | +               |                  |                  |                |                                       |
|        | S - PHYSICIAN PRACTICE        |                 | U                | 28, 937          |                |                                       |
| 1. 00  | PHYSICIAN PRACTICE            | 192. 05         | 0                | 67, 091          | 0              | 1.00                                  |
| 1.00   | TOTALS                        | 192.03          |                  | 67, 091          |                | 1.00                                  |
|        | T - CAFETERIA                 |                 | U_               | 07,091           |                |                                       |
| 1. 00  | DI ETARY                      | 10.00           | 1, 122, 190      | 622, 190         | 0              | 1.00                                  |
| 1.00   | TOTALS — — — —                |                 | 1, 122, 190      | 622, 190         |                | 1.00                                  |
|        | U - SPOT RETENTION            |                 | 1, 122, 190      | 022, 190         |                |                                       |
| 1. 00  | OTHER ADMINISTRATIVE &        | 5. 05           | 2, 976, 282      | 0                | O              | 1, 00                                 |
| 1.00   | GENERAL                       | 3.03            | 2, 770, 202      | O                | ٥              | 1.00                                  |
| 2.00   | GENERAL                       | 0.00            | 0                | 0                | o              | 2.00                                  |
| 3. 00  |                               | 0.00            | 0                | 0                | -              | 3.00                                  |
| 4. 00  |                               | 0.00            | 0                | 0                |                | 4.00                                  |
| 5. 00  |                               | 0.00            | 0                | 0                |                | 5. 00                                 |
| 6. 00  |                               | 0.00            | o 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                | 0                | -              | 9.00                                  |
| 10.00  |                               | 0.00            | 0                | 0                |                | 10.00                                 |
| 10.00  | TOTALS — — — —                | — — <del></del> | 2, 976, 282      |                  | $ 4$           | 10.00                                 |
|        | HUIALS                        |                 |                  |                  |                |                                       |
| 500.00 | Grand Total: Decreases        |                 | 6, 577, 246      | 107, 225, 263    |                | 500.00                                |

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

|   |               |              | T               | o 12/31/2022 | Date/Time Pre<br>5/25/2023 2:4 | pared:         |
|---|---------------|--------------|-----------------|--------------|--------------------------------|----------------|
|   |               |              | Acqui si ti ons |              | 3/23/2023 2.4                  | O pili         |
|   | Begi nni ng   | Purchases    | Donati on       | Total        | Disposals and                  |                |
|   | Bal ances     |              |                 |              | Retirements                    |                |
|   | 1. 00         | 2.00         | 3. 00           | 4. 00        | 5. 00                          |                |
| PART I - ANALYSIS OF CHANGES IN CAPITAL AS                  | SET BALANCES  |              |                 |              |                                |                |
| 1. 00 Land  | 0             | 0            | 0               | 0            | 0                              | 1.00           |
| 2.00 Land Improvements                                      | 12, 041, 302  | 0            | 0               | 0            | 0                              | 2.00           |
| 3.00 Buildings and Fixtures                                 | 196, 283, 882 | 0            | 0               | 0            | 0                              | 3.00           |
| 4.00 Building Improvements                                  | 13, 031, 823  | 2, 899, 389  | 0               | 2, 899, 389  | 0                              | 4.00           |
| 5.00 Fixed Equipment  | 0             | 0            | 0               | 0            | 0                              | 5.00           |
| 6.00 Movable Equipment                                      | 112, 771, 043 | 6, 553, 204  | 0               | 6, 553, 204  | 1, 936, 875                    |                |
| 7.00 HIT designated Assets                                  | 0             | 0            | 0               | 0            | 0                              | 7.00           |
| 8.00   Subtotal (sum of lines 1-7)                          | 334, 128, 050 | 9, 452, 593  | 0               | 9, 452, 593  | 1, 936, 875                    |                |
| 9.00 Reconciling Items                                      | 0             | 0            | 0               | 0            | 0                              | ,              |
| 10.00 Total (line 8 minus line 9)                           | 334, 128, 050 |              | 0               | 9, 452, 593  | 1, 936, 875                    | 10.00          |
|   | Endi ng       | Fully        |                 |              |                                |                |
|   | Bal ance      | Depreci ated |                 |              |                                |                |
|   |               | Assets       |                 |              |                                |                |
| DART I ANALYSIS OF SUMMORS IN SARITAL AS                    | 6.00          | 7. 00        |                 |              |                                |                |
| PART I - ANALYSIS OF CHANGES IN CAPITAL AS                  | SET BALANCES  |              |                 |              |                                | 1 00           |
| 1. 00 Land  | 0             | 0            |                 |              |                                | 1.00           |
| 2.00 Land Improvements                                      | 12, 041, 302  | 0            |                 |              |                                | 2.00           |
| 3.00 Buildings and Fixtures                                 | 196, 283, 882 | 0            |                 |              |                                | 3.00           |
| 4.00 Building Improvements                                  | 15, 931, 212  | 0            |                 |              |                                | 4.00           |
| 5. 00 Fi xed Equi pment                                     | 117 207 272   | 0            |                 |              |                                | 5.00           |
| 6.00 Movable Equipment                                      | 117, 387, 372 | 0            |                 |              |                                | 6.00           |
| 7.00 HIT designated Assets                                  | 0 0           | 0            |                 |              |                                | 7.00           |
| 8.00   Subtotal (sum of lines 1-7) 9.00   Reconciling Items | 341, 643, 768 | 0            |                 |              |                                | 8. 00<br>9. 00 |
|   | 241 442 740   | 0            |                 |              |                                | 10.00          |
| 10.00 Total (line 8 minus line 9)                           | 341, 643, 768 | ų vį         |                 |              |                                | 10.00          |

| Heal th | Financial Systems                            | IU HEALTH NOR   | TH HOSPITAL   |       |             | In Lie                     | u of Form CMS-2             | 2552-10        |
|---------|--|-----------------|---------------|-------|-------------|----------------------------|-----------------------------|----------------|
|         | CILIATION OF CAPITAL COSTS CENTERS           |                 | Provi der     | CCN:  | F           | Period:<br>From 01/01/2022 | Worksheet A-7<br>Part II    |                |
|         |  |                 |               |       |             | To 12/31/2022              | Date/Time Pre 5/25/2023 2:4 | parea:<br>O pm |
|         |  |                 |               | SUMMA | ARY OF CAPI | TAL                        |                             |                |
|         | Cost Center Description                      | Depreciation    | Lease         |       | Interest    | Insurance                  | Taxes (see                  |                |
|         |  |                 |               |       |             | (see<br>instructions)      | instructions)               |                |
|         |  | 9. 00           | 10. 00        |       | 11.00       | 12.00                      | 13.00                       |                |
|         | PART II - RECONCILIATION OF AMOUNTS FROM WOR | KSHEET A, COLUN | MN 2, LINES 1 | 1 and | 2           |                            |                             |                |
| 1.00    | NEW CAP REL COSTS-BLDG & FIXT                | 0               |               | 0     | (           | 0                          | 0                           | 1.00           |
| 1. 01   | NEW CAP REL COSTS-INTEREST                   | 0               |               | 0     | (           | 0                          | 0                           | 1. 01          |
| 1. 02   | MOB LEASED SPACE                             | 0               |               | 0     | (           | 0                          | 0                           | 1.02           |
| 2.00    | NEW CAP REL COSTS-MVBLE EQUIP                | 0               |               | 0     | (           | 0                          | 0                           | 2.00           |
| 3.00    | Total (sum of lines 1-2)                     | 0               |               | 0     | (           | 0                          | 0                           | 3.00           |
|         |  | SUMMARY O       | F CAPITAL     |       |             |                            |                             |                |

|       | Cost Center Description                      | Other           | Total (1)       |       |      |
|-------|--|-----------------|-----------------|-------|------|
|       |  | Capi tal -Relat | (sum of cols.   |       |      |
|       |  | ed Costs (see   | 9 through 14)   |       |      |
|       |  | instructions)   |                 |       |      |
|       |  | 14. 00          | 15. 00          |       |      |
|       | PART II - RECONCILIATION OF AMOUNTS FROM WOR | KSHEET A, COLU  | MN 2, LINES 1 a | and 2 |      |
| 1.00  | NEW CAP REL COSTS-BLDG & FIXT                | 0               | 0               |       | 1.00 |
| 1. 01 | NEW CAP REL COSTS-INTEREST                   | 0               | 0               |       | 1.01 |
| 1. 02 | MOB LEASED SPACE                             | 0               | 0               |       | 1.02 |
| 2.00  | NEW CAP REL COSTS-MVBLE EQUIP                | 0               | 0               |       | 2.00 |
| 3.00  | Total (sum of lines 1-2)                     | 0               | 0               |       | 3.00 |
|       |  |                 |                 |       |      |

| Heal th        | n Financial Systems                            | IU HEALTH NOR       | TH HOSPITAL      |                        | In Lie                                      | u of Form CMS-2   | 2552-10        |
|----------------|--|---------------------|------------------|------------------------|---|---|----------------|
| RECON          | CILIATION OF CAPITAL COSTS CENTERS             |                     | Provi der C      |                        | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet A-7<br>Part III<br>Date/Time Pre<br>5/25/2023 2:4 | pared:         |
|                |  | COME                | PUTATION OF RA   | TI OS                  | ALLOCATION OF                               | OTHER CAPITAL   |                |
|                | Cost Center Description                        | Gross Assets        | Capi tal i zed   | Gross Assets           | Ratio (see                                  | Insurance   |                |
|                |  |                     | Leases           | for Ratio<br>(col. 1 - | instructions)                               |   |                |
|                |  | 1.00                | 2.00             | col . 2)               | 4.00  | F 00  |                |
|                | PART III - RECONCILIATION OF CAPITAL COSTS C   | 1.00                | 2.00             | 3. 00                  | 4. 00                                       | 5. 00   |                |
| 1.00           | NEW CAP REL COSTS-BLDG & FIXT                  | 224, 256, 396       | 0                | 224, 256, 39           | 0. 656404                                   | 0   | 1.00           |
| 1. 01          | NEW CAP REL COSTS-INTEREST                     | 0                   | 0                |                        | 0. 000000                                   | 0   | 1. 01          |
| 1.02           | MOB LEASED SPACE                               | 0                   | 0                |                        | 0. 000000                                   | 0   | 1.02           |
| 2.00           | NEW CAP REL COSTS-MVBLE EQUIP                  | 117, 387, 372       | 0                | 117, 387, 37           | 0. 343596                                   | 0   | 2.00           |
| 3.00           | Total (sum of lines 1-2)                       | 341, 643, 768       |                  | 341, 643, 76           |   |   | 3.00           |
|                |  | ALLOCA <sup>-</sup> | TION OF OTHER (  | CAPI TAL               | SUMMARY O                                   | F CAPITAL   |                |
|                | Cost Center Description                        | Taxes               | Other            | Total (sum of          | Depreciation                                | Lease   |                |
|                | cost center beserver on                        | Taxes               | Capi tal -Rel at |                        | bepreer at ron                              | Louse   |                |
|                |  |                     | ed Costs         | through 7)             |   |   |                |
|                |  | 6. 00               | 7. 00            | 8. 00                  | 9. 00                                       | 10.00   |                |
| -              | PART III - RECONCILIATION OF CAPITAL COSTS C   | ENTERS              |                  |                        |   |   |                |
| 1.00           | NEW CAP REL COSTS-BLDG & FLXT                  | 0                   | 0                |                        | 7, 539, 476                                 | 2, 456, 681   | 1.00           |
| 1. 01          | NEW CAP REL COSTS-INTEREST                     | 0                   | 0                | 1                      | 14, 859, 190                                | 0   | 1. 01          |
| 1. 02          | MOB LEASED SPACE                               | 0                   | 0                | 1                      | 0   | 415, 461  | 1. 02          |
| 2. 00          | NEW CAP REL COSTS-MVBLE EQUIP                  | 0                   | 0                | 1                      | 11, 663, 129                                |   | 2.00           |
| 3. 00          | Total (sum of lines 1-2)                       | 0                   | L .              |                        | 34, 061, 795                                | 2, 945, 166   | 3. 00          |
|                |  |                     | St               | JMMARY OF CAPI         | IAL   |   |                |
|                | Cost Center Description                        | Interest            | Insurance        | Taxes (see             | Other                                       | Total (2)   |                |
|                | ·  |                     | (see             | instructions)          | Capi tal -Rel at                            | (sum of cols.   |                |
|                |  |                     | instructions)    |                        | ed Costs (see                               | 9 through 14)   |                |
|                |  |                     |                  |                        | instructions)                               |   |                |
|                |  | 11. 00              | 12. 00           | 13.00                  | 14. 00                                      | 15. 00  |                |
|                | PART III - RECONCILIATION OF CAPITAL COSTS C   |                     |                  | T                      |   |   |                |
| 1.00           | NEW CAP REL COSTS-BLDG & FIXT                  | 0                   | -                |                        | 0   | 9, 996, 157   | 1.00           |
| 1. 01          | NEW CAP REL COSTS-INTEREST                     | 0                   | _                |                        | 0   | 14, 859, 190  | 1.01           |
| 1. 02<br>2. 00 | MOB LEASED SPACE NEW CAP REL COSTS-MVBLE EQUIP | 0                   | 0                | •                      | 0   | 415, 461  | 1. 02          |
| 2. 00<br>3. 00 | Total (sum of lines 1-2)                       | 0                   | _                |                        | 0 0   | 11, 736, 153<br>37, 006, 961                                | 2. 00<br>3. 00 |
| 3.00           | Total (Sum Of TITIES 1-2)                      | 1                   | ٠ ٠              | 1                      | 0   | 37,000,901  | 3.00           |

|                  | FINANCIAI SYSTEMS   |                    | TU HEALTH NOR      |   |   | u or Form CWS-2                           |        |
|------------------|---|--------------------|--------------------|---|---|---|--------|
| ADJUST           | MENTS TO EXPENSES   |                    |                    | Provi der CCN: 15-0161                                  | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet A-8 Date/Time Pre 5/25/2023 2:4 | pared: |
|                  |   |                    | -                  | Expense Classification o<br>To/From Which the Amount is |   |   |        |
|                  |   |                    |                    |   |   |   |        |
|                  | Cost Center Description   | Basi s/Code<br>(2) | Amount             | Cost Center   | Li ne #                                     | Wkst. A-7<br>Ref.                         |        |
|                  |   | 1. 00              | 2. 00              | 3. 00   | 4. 00                                       | 5. 00                                     |        |
| 1. 00            | Investment income - NEW CAP<br>REL COSTS-BLDG & FIXT (chapter<br>2)                             |                    |                    | NEW CAP REL COSTS-BLDG &<br>FLXT                        | 1.00  | 0   | 1.00   |
| 1. 01<br>1. 02   | Investment income - NEW CAP<br>REL COSTS-INTEREST (chapter 2)<br>Investment income - MOB LEASED |                    |                    | NEW CAP REL COSTS-INTEREST                              | 1.01  | 0   |        |
| 2. 00            | SPACE (chapter 2) Investment income - NEW CAP   |                    |                    | MOB LEASED SPACE NEW CAP REL COSTS-MVBLE                | 1. 02<br>2. 00                              | 0   |        |
|                  | REL COSTS-MVBLE EQUIP (chapter 2)   |                    | E                  | EQUI P  |   | _   |        |
| 3. 00<br>4. 00   | Investment income - other (chapter 2) Trade, quantity, and time                                 |                    | 0                  |   | 0. 00                                       | 0   |        |
| 5. 00            | discounts (chapter 8) Refunds and rebates of  |                    | 0                  |   | 0.00  | 0   |        |
| 6. 00            | expenses (chapter 8) Rental of provider space by  |                    | 0                  |   | 0. 00                                       | 0   | 6. 00  |
| 7. 00            | suppliers (chapter 8) Telephone services (pay stations excluded) (chapter                       |                    | O                  |   | 0. 00                                       | 0   | 7. 00  |
| 8. 00            | 21) Tel evi si on and radi o servi ce (chapter 21)  |                    | 0                  |   | 0. 00                                       | 0   | 8. 00  |
| 9. 00<br>10. 00  | Parking lot (chapter 21) Provi der-based physician  | A-8-2              | 0<br>-10, 340, 973 |   | 0. 00                                       | 0   |        |
| 11. 00           | adjustment Sale of scrap, waste, etc.   |                    | О                  |   | 0. 00                                       | 0   | 11.00  |
| 12. 00           | (chapter 23) Related organization transactions (chapter 10)                                     | A-8-1              | 34, 188, 490       |   |   | 0   | 12.00  |
| 13.00            | Laundry and linen service   |                    | 0                  |   | 0.00  | 0   | 13.00  |
| 14. 00<br>15. 00 | Cafeteria-employees and guests<br>Rental of quarters to employee                                |                    | -11, 963 (         | CAFETERI A  | 11. 00<br>0. 00                             | 0   |        |
| 16. 00           | and others Sale of medical and surgical   |                    | 0                  |   | 0. 00                                       | 0   |        |
| 17 00            | supplies to other than patients Sale of drugs to other than                                     |                    | o                  |   | 0. 00                                       | 0   | 17. 00 |
|                  | patients<br>Sale of medical records and   |                    | 0                  |   | 0. 00                                       | 0   |        |
| 19. 00           | abstracts Nursing and allied health education (tuition, fees,                                   |                    | 0                  |   | 0. 00                                       | 0   | 19. 00 |
|                  | books, etc.)  |                    |                    |   |   |   |        |
|                  | Vending machines Income from imposition of interest, finance or penalty                         |                    | 0                  |   | 0. 00<br>0. 00                              | 0   |        |
| 22. 00           | charges (chapter 21) Interest expense on Medicare overpayments and borrowings to                |                    | 0                  |   | 0.00  | 0   | 22. 00 |
| 23. 00           | repay Medicare overpayments<br>Adjustment for respiratory<br>therapy costs in excess of         | A-8-3              | OF                 | RESPI RATORY THERAPY                                    | 65. 00                                      |   | 23. 00 |
| 24. 00           | limitation (chapter 14) Adjustment for physical therapy costs in excess of                      | A-8-3              | OF                 | PHYSI CAL THERAPY                                       | 66. 00                                      |   | 24. 00 |
| 25. 00           | limitation (chapter 14) Utilization review - physicians' compensation                           |                    | 0                  | *** Cost Center Deleted ***                             | 114.00                                      |   | 25. 00 |
| 26. 00           | (chapter 21)<br>Depreciation - NEW CAP REL  |                    |                    | NEW CAP REL COSTS-BLDG &                                | 1. 00                                       | 0   | 26. 00 |
| 26. 01           | COSTS-BLDG & FLXT Depreciation - NEW CAP REL  |                    |                    | FIXT<br>NEW CAP REL COSTS-INTEREST                      | 1. 01                                       | 0   | 26. 01 |
| 26. 02           | COSTS-INTEREST Depreciation - MOB LEASED SPACE  |                    | 0                  | MOB LEASED SPACE  | 1. 02                                       | 0   | 26. 02 |
|                  | , · · · <del>-</del>  |                    | ı I                |   | ·   |   | •      |

Health Financial Systems
ADJUSTMENTS TO EXPENSES Provider CCN: 15-0161 Peri od: Worksheet A-8 From 01/01/2022 To 12/31/2022 Date/Time Prepared:

|        |                                 |                |                |                              | o 12/31/2022   | Date/Time Pre 5/25/2023 2:4 |          |
|--------|---------------------------------|----------------|----------------|------------------------------|----------------|-----------------------------|----------|
|        |                                 |                |                | Expense Classification on    | Worksheet A    | 372372023 2.4               | O piii   |
|        |                                 |                |                | To/From Which the Amount is  |                |                             |          |
|        |                                 |                |                |                              | ,,             |                             |          |
|        |                                 |                |                |                              |                |                             |          |
|        |                                 |                |                |                              |                |                             |          |
|        |                                 |                |                |                              |                |                             |          |
|        |                                 |                |                |                              |                |                             |          |
|        |                                 |                |                |                              |                |                             |          |
|        | Cost Center Description         | Basis/Code     | Amount         | Cost Center                  | Li ne #        | Wkst. A-7                   |          |
|        | •                               | (2)            |                |                              |                | Ref.                        |          |
|        |                                 | 1. 00          | 2. 00          | 3.00                         | 4.00           | 5. 00                       |          |
| 27. 00 | Depreciation - NEW CAP REL      |                | 0              | NEW CAP REL COSTS-MVBLE      | 2.00           | 0                           | 27. 00   |
|        | COSTS-MVBLE EQUIP               |                |                | EQUI P                       |                |                             |          |
| 28.00  | Non-physician Anesthetist       |                | 0              | *** Cost Center Deleted ***  | 19. 00         |                             | 28. 00   |
| 29.00  | Physicians' assistant           |                | 0              |                              | 0.00           | 0                           | 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  | MISCELLANEOUS INCOME            | В              | -8, 939        | DATA PROCESSING              | 5. 02          | 0                           | 33.00    |
| 33. 01 | MISCELLANEOUS INCOME            | В              |                | OTHER ADMINISTRATIVE &       | 5. 05          | 0                           | 33. 01   |
|        |                                 |                | ., ,           | GENERAL                      |                |                             |          |
| 33. 02 | MISCELLANEOUS INCOME            | В              | -540, 155      | MAINTENANCE & REPAIRS        | 6.00           | 0                           | 33. 02   |
| 33. 03 | MI SCELLANEOUS I NCOME          | В              |                | OPERATION OF PLANT           | 7. 00          | 0                           | 33. 03   |
| 33. 04 | MI SCELLANEOUS I NCOME          | В              |                | NURSING ADMINISTRATION       | 13. 00         | 0                           | 33. 04   |
| 33. 05 | MI SCELLANEOUS I NCOME          | В              |                | PHARMACY                     | 15. 00         | 0                           | 33. 05   |
| 33. 06 | MI SCELLANEOUS I NCOME          | В              |                | OPERATING ROOM               | 50.00          | 0                           | 33.06    |
| 33. 07 | MI SCELLANEOUS I NCOME          | В              |                | SPEECH PATHOLOGY             | 68. 00         | 0                           | 33. 07   |
| 33. 08 | IC LEASE INCOME                 | В              |                | NEW CAP REL COSTS-BLDG &     | 1.00           | 10                          |          |
| 33.00  | TO EEASE THOOME                 | Ь              |                | FLXT                         | 1.00           | 10                          | 33.00    |
| 33. 09 | INTERCOMPANY                    | В              | -17 872        | ADMITTING                    | 5. 04          | 0                           | 33. 09   |
| 33. 10 | I NTERCOMPANY                   | В              |                | OTHER ADMINISTRATIVE &       | 5. 05          | 0                           | 33. 10   |
| 55. 10 | THE EKOOMI AIVI                 | Ь              | 030, 037       | GENERAL                      | 3.03           | O                           | 33. 10   |
| 33. 11 | INTERCOMPANY                    | В              | -117 277       | MAINTENANCE & REPAIRS        | 6. 00          | 0                           | 33. 11   |
| 33. 12 | I NTERCOMPANY                   | В              |                | PATIENT TRANSPORTATION       | 18. 00         | 0                           | 33. 12   |
| 33. 13 | I NTERCOMPANY                   | В              |                | NURSING ADMINISTRATION       | 13. 00         | 0                           | 33. 13   |
| 33. 14 | I NTERCOMPANY                   | В              |                | OPERATING ROOM               | 50.00          | 0                           | 33. 14   |
| 33. 15 | I NTERCOMPANY                   | В              |                | RADI OLOGY-DI AGNOSTI C      | 54. 00         | 0                           | 33. 15   |
| 33. 16 | I NTERCOMPANY                   | В              |                | SOCIAL SERVICE               | 17. 00         | 0                           | 33. 16   |
| 33. 17 | I NTERCOMPANY                   | В              |                | LABORATORY                   | 60.00          | 0                           | 33. 17   |
| 33. 18 | EMPLOYEE BENEFITS               | A              |                | EMPLOYEE BENEFITS DEPARTMENT |                | 0                           | 33. 18   |
| 33. 19 | EMPLOYEE BENEFITS               | A              |                | CENTRAL SERVICES & SUPPLY    | 14. 00         | 0                           | 33. 19   |
| 33. 20 | EMPLOYEE BENEFITS               | A              |                | PHYSICIAN PRACTICE           | 192. 05        | 0                           | 33. 20   |
| 33. 21 | MEDICALD HOSPITAL ASSESSMENT    | A              |                | OTHER ADMINISTRATIVE &       | 5. 05          | 0                           | 33. 21   |
| 33. 21 | FEE                             | ^              | -13, 130, 713  | GENERAL                      | 3.03           | O                           | 33.21    |
| 33. 22 | TELEPHONE EQUI PMENT            | А              | _              | ADULTS & PEDIATRICS          | 30.00          | 0                           | 33. 22   |
| 33. 23 | TELEPHONE EQUI PMENT            | A              |                | LABORATORY                   | 60.00          | 0                           | ı        |
| 33. 23 | UNWONTED SITUATIONS             | A              |                | ADULTS & PEDIATRICS          | 30.00          | 0                           | 33. 23   |
| 33. 25 | UNWONTED SITUATIONS             |                |                | OPERATING ROOM               | I              | 0                           | 33. 25   |
|        | MI I                            | A              |                | 1                            | 50.00          | -                           |          |
| 33. 26 | UNWONTED SITUATIONS             | А              | -1, 552        | CARDI AC CATHERI ZATI ON     | 75. 01         | 0                           | 33. 26   |
| 33. 27 | UNWONTED SITUATIONS             | ٨              | 1 700          | LABORATORY<br>EMERGENCY      | 91. 00         | 0                           | 33. 27   |
| 33. 27 | CARMEL REHAB START-UP           | A<br>A         |                | PHYSI CAL THERAPY            | 91.00<br>66.00 | 0                           | 33. 27   |
|        |                                 |                |                |                              |                | -                           | ı        |
| 33. 29 | CANCER CENTER PLANNING          | А              | 618, 933       | OTHER ADMINISTRATIVE &       | 5. 05          | 0                           | 33. 29   |
| 22 20  | START-UP                        |                | 750            | GENERAL                      | E 0F           | 0                           | 22 20    |
| 33. 30 | CONTRI BUTI ON EXPENSE          | А              | /50            | OTHER ADMINISTRATIVE &       | 5. 05          | Ü                           | 33. 30   |
| 22 24  | CONTRI BUTLON EVERNO            | ^              | _              | GENERAL                      | 15 00          | ^                           | 22 21    |
| 33. 31 | CONTRIBUTION EXPENSE            | A              |                | PHARMACY                     | 15. 00         | 0                           | 33. 31   |
| 33. 32 | CONTRI BUTI ON EXPENSE          | A              |                | RADI OLOGY-DI AGNOSTI C      | 54.00          | 0                           | 33. 32   |
| 33. 33 | CONTRIBUTION EXPENSE            | А              |                | PHYSI CAL THERAPY            | 66. 00         | 0                           | 33. 33   |
| 50. 00 | TOTAL (sum of lines 1 thru 49)  |                | -9, 599, 837   |                              |                |                             | 50.00    |
|        | (Transfer to Worksheet A,       |                |                |                              |                |                             |          |
|        | column 6, line 200.)            |                |                | <u> </u>                     |                |                             | <u> </u> |
| (1) De | scription - all chapter referen | ces in this co | lumn pertain t | o CMS Pub. 15-1.             |                |                             |          |

<sup>(1)</sup> Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

<sup>(3)</sup> 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: 15-0161

Worksheet A-8-1

From 01/01/2022 OFFICE COSTS 12/31/2022 Date/Time Prepared: 5/25/2023 2:40 pm Li ne No. Cost Center Expense Items Amount of Amount Allowable Cost Included in Wks. A, column 1.00 2.00 3.00 4 00 5.00 COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: 1.00 NEW CAP REL COSTS-BLDG & FIX HOME OFFICE ALLOCATION 1.00 1, 152, 448 1, 926, 450 1.00 1. 01 NEW CAP REL COSTS-INTEREST HOME OFFICE ALLOCATION 2.00 14, 859, 190 2.00 2.00 NEW CAP REL COSTS-MVBLE EQUI HOME OFFICE ALLOCATION 3.00 1,042,560 3.00 4. 00 EMPLOYEE BENEFITS DEPARTMENT HOME OFFICE ALLOCATION 12, 611, 429 3.02 162, 691 3.02 5. 02 DATA PROCESSING 9, 619, 849 HOME OFFICE ALLOCATION 4.00 4.00 0 5.03 PURCHASING RECEIVING AND STO HOME OFFICE ALLOCATION 4.01 2, 070, 742 0 4.01 4.02 5. 04 ADMITTING HOME OFFICE ALLOCATION 1, 795, 407 4.02 4.03 5. 05 OTHER ADMINISTRATIVE & GENER HOME OFFICE ALLOCATION 24, 505, 148 31, 240, 034 4.03 4.05 6.00 MAINTENANCE & REPAIRS LNTERCOMPANY 172, 143 4 05 4.06 13.00 NURSING ADMINISTRATION I NTERCOMPANY 108, 807 75, 772 4.06 4.07 17. 00 SOCIAL SERVICE I NTERCOMPANY 186, 211 186, 211 4.07 4.08 30. 00 ADULTS & PEDIATRICS I NTERCOMPANY 6, 375, 959 6, 375, 959 4.08 34. 02 PREMATURE INTENSIVE CARE UNI INTERCOMPANY 4.09 662, 092 662, 092 4.09 4.10 50. 00 OPERATING ROOM I NTERCOMPANY 809, 558 809, 558 4.10 52. 00 DELIVERY ROOM & LABOR ROOM 4.11 NTERCOMPANY 1, 778, 013 1, 778, 013 4.11 54. 00 RADI OLOGY-DI AGNOSTI C I NTERCOMPANY 4 12 161, 479 161 479 4 12 4.13 55. 00 RADI OLOGY - THERAPEUTI C I NTERCOMPANY 1, 236, 200 1, 236, 200 4.13 4.14 60. 00 LABORATORY NTERCOMPANY 10, 122, 517 10, 122, 517 4.15 66. 00 PHYSI CAL THERAPY I NTERCOMPANY 8,092 8, 092 4.15 69. 00 ELECTROCARDI OLOGY INTERCOMPANY 196, 085 196, 085 4 16 4 16 4.18 70. 00 ELECTROENCEPHALOGRAPHY I NTERCOMPANY 180,000 180,000 4.18 75. 01 CARDI AC CATHERI ZATI ON LABORA I NTERCOMPANY 204, 635 4.19 204, 635 4.19 4.20 91. 00 EMERGENCY I NTERCOMPANY 1, 402, 374 1, 402, 374 4.20 192. 01 OTHER NON-REIMBURSABLE INTERCOMPANY 9, 597 9.597 4.21 4.21 4. 22 192. 02 CHILDBIRTH EDUCATION I NTERCOMPANY 27, 400 27, 400 4.22 192.05 PHYSICIAN PRACTICE NTERCOMPANY 4.23 5,813 5, 813 4.23 4.24 0.00 4.24 TOTALS (sum of lines 1-4). 56, 943, 115 5.00 91, 131, 605 5.00 Transfer column 6, line 5 to Worksheet A-8, column 2,

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 |  |
|-------------------------------|-------------------------------|---------------|------------------------------|----------------|--|
|                               |                               |               | Moratou organi zatron(s) ana | or mome orrice |  |
|                               |                               |               |                              |                |  |
|                               |                               |               |                              |                |  |
|                               |                               |               |                              |                |  |
| 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 | TED ORGANIZATION(S) AND/OR HO | OME 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                       | 0.00 IU HEALTH 10 | O. 00 | 6.00   |
|--------|-------------------------|-------------------|-------|--------|
| 7.00   |                         | 0.00              | O. C  | 7.00   |
| 8.00   |                         | 0.00              | O. C  | 8. 00  |
| 9. 00  |                         | 0.00              | O. C  | 9. 00  |
| 10.00  |                         | 0.00              | O. C  | 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.
- Corporation, partnership, or other organization has financial interest in provider.
- 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.
- Individual is director, officer, administrator, or key person of provider and related organization.
- Director, officer, administrator, or key person of related organization or relative of such person has financial interest in

line 12

|       |                |                  |                     |            |              |              | 10 12/31/2022      | Date/IIme Pr<br>  5/25/2023 2:- |         |
|-------|----------------|------------------|---------------------|------------|--------------|--------------|--------------------|---------------------------------|---------|
|       | Net            | Wkst. A-7 Ref.   |                     |            |              |              |                    | 372372023 2.                    | TO PIII |
|       | Adjustments    |                  |                     |            |              |              |                    |                                 |         |
|       | (col. 4 minus  |                  |                     |            |              |              |                    |                                 |         |
|       | col. 5)*       |                  |                     |            |              |              |                    |                                 |         |
|       | 6.00           | 7. 00            |                     |            |              |              |                    |                                 |         |
|       | A. COSTS INCUR | RED AND ADJUSTME | NTS REQUIRED AS A R | ESULT OF T | RANSACTI ONS | WITH RELATED | ORGANI ZATI ONS OR | CLAIMED HOME                    |         |
|       | OFFICE COSTS:  |                  |                     |            |              |              |                    |                                 |         |
| 1.00  | -774, 002      | 9                |                     |            |              |              |                    |                                 | 1.00    |
| 2.00  | 14, 859, 190   | 9                |                     |            |              |              |                    |                                 | 2.00    |
| 3.00  | 1, 042, 560    | 9                |                     |            |              |              |                    |                                 | 3.00    |
| 3.02  | 12, 448, 738   | O                |                     |            |              |              |                    |                                 | 3. 02   |
| 4.00  | 9, 619, 849    | o                |                     |            |              |              |                    |                                 | 4.00    |
| 4.01  | 2, 070, 742    |                  |                     |            |              |              |                    |                                 | 4. 01   |
| 4.02  | 1, 795, 407    | o                |                     |            |              |              |                    |                                 | 4. 02   |
| 4.03  | -6, 734, 886   | o                |                     |            |              |              |                    |                                 | 4. 03   |
| 4.05  | -172, 143      | o                |                     |            |              |              |                    |                                 | 4.05    |
| 4.06  | 33, 035        | o                |                     |            |              |              |                    |                                 | 4.06    |
| 4.07  | 0              | o                |                     |            |              |              |                    |                                 | 4.07    |
| 4.08  | 0              | o                |                     |            |              |              |                    |                                 | 4.08    |
| 4.09  | 0              | o                |                     |            |              |              |                    |                                 | 4.09    |
| 4. 10 | 0              | o                |                     |            |              |              |                    |                                 | 4. 10   |
| 4. 11 | 0              | o                |                     |            |              |              |                    |                                 | 4. 11   |
| 4. 12 | 0              | o                |                     |            |              |              |                    |                                 | 4. 12   |
| 4. 13 | 0              | o                |                     |            |              |              |                    |                                 | 4. 13   |
| 4.14  | 0              | o                |                     |            |              |              |                    |                                 | 4.14    |
| 4. 15 | 0              | o                |                     |            |              |              |                    |                                 | 4. 15   |
| 4. 16 | 0              | o                |                     |            |              |              |                    |                                 | 4. 16   |
| 4. 18 | 0              | o                |                     |            |              |              |                    |                                 | 4. 18   |
| 4. 19 | 0              | o                |                     |            |              |              |                    |                                 | 4. 19   |
| 4. 20 | 0              | O                |                     |            |              |              |                    |                                 | 4. 20   |
| 4. 21 | 0              | O                |                     |            |              |              |                    |                                 | 4. 21   |
| 4. 22 | 0              | 0                |                     |            |              |              |                    |                                 | 4. 22   |
| 4. 23 | 0              | 0                |                     |            |              |              |                    |                                 | 4. 23   |
| 4.24  | 0              | o                |                     |            |              |              |                    |                                 | 4. 24   |
| 5.00  | 34, 188, 490   |                  |                     |            |              |              |                    |                                 | 5.00    |
| * TL- |                | 1 4 (            |                     | ` <u> </u> | 6 1.1        |              |                    |                                 |         |

\* 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)<br>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.

| 6. 00                      | HEALTHCARE | 6.00   |
|----------------------------|------------|--------|
| 7.00                       |            | 7.00   |
| 8.00                       |            | 8.00   |
| 9.00                       |            | 9.00   |
| 9. 00<br>10. 00<br>100. 00 |            | 10.00  |
| 100.00                     |            | 100.00 |

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

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT

Peri od: Worksheet A-8-2 From 01/01/2022 To 12/31/2022 Date/Time Prepared:

|                |                 |   |                          |                        | -               | Γο 12/31/2022        | Date/Time Pre 5/25/2023 2:4 |                |
|----------------|-----------------|---|--------------------------|------------------------|-----------------|----------------------|-----------------------------|----------------|
|                | Wkst. A Line #  | Cost Center/Physician                                 | Total                    | Professi onal          | Provi der       | RCE Amount           | Physi ci an/Prov            | то ріп         |
|                |                 | l denti fi er   | Remuneration             | Component              | Component       |                      | ider Component<br>Hours     |                |
|                | 1. 00           | 2. 00   | 3. 00                    | 4. 00                  | 5. 00           | 6. 00                | 7. 00                       |                |
| 1. 00          | 5. 05           | OTHER ADMINISTRATIVE &                                | 485, 530                 | 485, 530               | 0               | 0                    | 0                           | 1.00           |
| 0.00           | 40.00           | GENERAL   | 07.00/                   | 07.004                 |                 |                      |                             | 0.00           |
| 2. 00<br>3. 00 |                 | NURSING ADMINISTRATION<br>ADULTS & PEDIATRICS         | 37, 396<br>6, 322, 575   |                        |                 | 0                    | 0                           | 2. 00<br>3. 00 |
| 4. 00          |                 | PREMATURE INTENSIVE CARE                              | 642, 525                 |                        |                 | ۱                    | 0                           | 4. 00          |
| 4.00           | 34.02           | UNIT  | 042, 323                 | 042, 323               |                 | Ĭ                    | J                           | 4.00           |
| 5. 00          | 50. 00          | OPERATING ROOM  | 639, 677                 | 639, 677               | 0               | o                    | 0                           | 5.00           |
| 6.00           |                 | DELIVERY ROOM & LABOR ROOM                            | 1, 569, 226              |                        | 1, 568, 790     | 237, 100             | 10, 459                     | 6.00           |
| 7. 00          |                 | RADI OLOGY - THERAPEUTI C                             | 308, 573                 |                        |                 | 0                    | 0                           | 7.00           |
| 8. 00          |                 | ELECTROCARDI OLOGY                                    | 192, 279                 | •                      |                 | 0                    | 0                           | 8. 00          |
| 9. 00          | 75. 01          | CARDI AC CATHERI ZATI ON<br>LABORATORY                | 73, 716                  | 73, 716                | 0               | 0                    | 0                           | 9. 00          |
| 10. 00         | 91 00           | EMERGENCY   | 1, 261, 701              | 1, 261, 701            | 0               | 0                    | 0                           | 10. 00         |
| 200.00         | 71.00           | EMERGENOT   | 11, 533, 198             |                        |                 | Ĭ                    |                             | 200. 00        |
|                | Wkst. A Line #  | Cost Center/Physician                                 | Unadjusted RCE           |                        | Cost of         |                      | Physician Cost              |                |
|                |                 | l denti fi er   | Limit                    | Unadjusted RCE         |                 |                      | of Mal practi ce            |                |
|                |                 |   |                          | Li mi t                | Conti nui ng    | Share of col.        | Insurance                   |                |
|                | 1, 00           | 2.00  | 8. 00                    | 9.00                   | Education       | 12                   | 14. 00                      |                |
| 1. 00          |                 | 2. 00<br>OTHER ADMINISTRATIVE &                       | 8.00                     |                        | 12.00           | 13. 00               | 14.00                       | 1. 00          |
| 1.00           | 0.00            | GENERAL   |                          |                        |                 | Ĭ                    | J                           | 1.00           |
| 2.00           | 13. 00          | NURSING ADMINISTRATION                                | 0                        | 0                      | 0               | o                    | 0                           | 2.00           |
| 3. 00          |                 | ADULTS & PEDIATRICS                                   | 0                        | 1                      | _               |                      | 0                           | 3.00           |
| 4. 00          | 34. 02          | PREMATURE INTENSIVE CARE                              | 0                        | 0                      | 0               | 0                    | 0                           | 4.00           |
| 5. 00          | 50.00           | UNIT<br>OPERATING ROOM                                |                          | 0                      | 0               | 0                    | 0                           | 5. 00          |
| 6. 00          |                 | DELIVERY ROOM & LABOR ROOM                            | 1, 192, 225              | 1                      | _               |                      | 0                           | 6. 00          |
| 7. 00          |                 | RADI OLOGY - THERAPEUTI C                             | 0                        | 0,,011                 |                 | l ől                 | 0                           | 7. 00          |
| 8. 00          | 69. 00          | ELECTROCARDI OLOGY                                    | 0                        | 0                      | 0               | o                    | 0                           | 8.00           |
| 9. 00          | 75. 01          | CARDIAC CATHERIZATION                                 | 0                        | 0                      | 0               | o                    | 0                           | 9.00           |
|                |                 | LABORATORY  |                          | _                      | _               | _                    | _                           |                |
| 10.00          | 91. 00          | EMERGENCY   | 1 102 225                | 0<br>F0 (11            | 0               | ·                    | 0                           | 10.00          |
| 200.00         | Wkst. A Line #  | Cost Center/Physician                                 | 1, 192, 225<br>Provi der | 59,611<br>Adjusted RCE | RCE             | Adjustment           | U                           | 200. 00        |
|                | WKSt. A LITTE # | I denti fi er   | Component                | Li mi t                | Di sal I owance | Auj us tillerit      |                             |                |
|                |                 |   | Share of col.            |                        |                 |                      |                             |                |
|                |                 |   | 14                       |                        |                 |                      |                             |                |
| 4.00           | 1. 00           | 2.00  | 15. 00                   | 16. 00                 | 17. 00          | 18. 00               |                             | 1 00           |
| 1. 00          | 5. 05           | OTHER ADMINISTRATIVE & GENERAL                        | 0                        | 0                      | 0               | 485, 530             |                             | 1. 00          |
| 2. 00          | 13. 00          | NURSING ADMINISTRATION                                | 0                        | 0                      | 0               | 37, 396              |                             | 2.00           |
| 3. 00          |                 | ADULTS & PEDIATRICS                                   | 0                        |                        |                 |                      |                             | 3.00           |
| 4.00           | 34. 02          | PREMATURE INTENSIVE CARE                              | 0                        | 0                      | 0               | 642, 525             |                             | 4.00           |
|                |                 | UNI T   |                          |                        |                 |                      |                             |                |
| 5.00           |                 | OPERATING ROOM  | 0                        | 1                      | 0               |                      |                             | 5.00           |
| 6.00           |                 | DELIVERY ROOM & LABOR ROOM<br>RADIOLOGY - THERAPEUTIC | 0                        | 1, 192, 225            | · ·             |                      |                             | 6. 00<br>7. 00 |
| 7. 00<br>8. 00 |                 | ELECTROCARDI OLOGY                                    |                          | 0                      | 0               | 308, 573<br>192, 279 |                             | 7. 00<br>8. 00 |
| 9. 00          |                 | CARDI AC CATHERI ZATI ON                              | 1                        | 0                      |                 | 73, 716              |                             | 9. 00          |
| 30             | , 5. 01         | LABORATORY  |                          |                        |                 | ,3,,,10              |                             |                |
| 10. 00         | 91. 00          | EMERGENCY   | 0                        | 0                      | 0               | ., = ,               |                             | 10.00          |
| 200. 00        |                 |   | 0                        | 1, 192, 225            | 376, 565        | 10, 340, 973         |                             | 200. 00        |

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

|   |                            |                      | Ic            | ) 12/31/2022       | Date/lime Pre<br>  5/25/2023 2:4 |                    |
|---|----------------------------|----------------------|---------------|--------------------|----------------------------------|--------------------|
|   |                            |                      | CAPITAL REL   | ATED COSTS         |                                  |                    |
| Cost Center Description   | Net Expenses               | NEW BLDG &           | NEW INTEREST  | MOB LEASED         | NEW MVBLE                        |                    |
| oost oontor bescription   | for Cost                   | FLXT                 | INCH THIEREST | SPACE              | EQUI P                           |                    |
|   | Allocation                 |                      |               |                    |                                  |                    |
|   | (from Wkst A               |                      |               |                    |                                  |                    |
|   | col. 7)<br>0               | 1.00                 | 1.01          | 1. 02              | 2. 00                            |                    |
| GENERAL SERVICE COST CENTERS  | 0                          | 1.00                 | 1.01          | 1.02               | 2.00                             |                    |
| 1. 00 00100 NEW CAP REL COSTS-BLDG & FLXT   | 9, 996, 157                | 9, 996, 157          |               |                    |                                  | 1.00               |
| 1.01   00101 NEW CAP REL COSTS-INTEREST   | 14, 859, 190               | 0                    | 14, 859, 190  |                    |                                  | 1. 01              |
| 1. 02   00102   MOB LEASED SPACE  | 415, 461                   | 0                    | 0             | 415, 461           |                                  | 1.02               |
| 2. 00   00200   NEW CAP REL COSTS-MVBLE EQUIP   | 11, 736, 153               | 27 210               | 40 447        | 4 400              | 11, 736, 153                     | 2.00               |
| 4. 00   00400   EMPLOYEE BENEFITS DEPARTMENT 5. 01   00540   NONPATIENT TELEPHONES          | 13, 093, 766<br>0          | 27, 210              | 40, 447       | 6, 488             | 923<br>0                         | 4. 00<br>5. 01     |
| 5. 02 00550 DATA PROCESSING   | 9, 687, 870                | 155, 260             | 230, 792      | 3, 805             | 0                                | 5. 02              |
| 5. 03 00560 PURCHASING RECEIVING AND STORES   | 2, 070, 742                | 0                    | 0             | 0                  | 0                                | 5. 03              |
| 5. 04   00570   ADMI TTI NG   | 2, 410, 839                | 31, 296              |               | 0                  | 0                                | 5. 04              |
| 5. 05   00590   OTHER ADMINISTRATIVE & GENERAL  | 25, 206, 733               | 306, 007             |               | 124, 204           | 2, 758, 305                      | 5. 05              |
| 6.00   00600   MAINTENANCE & REPAIRS 7.00   00700   OPERATION OF PLANT                      | 6, 766, 495<br>4, 937, 675 | 1, 458, 206          | 2, 167, 609   | 9, 166<br>2, 410   | 152, 597<br>7, 981               | 6. 00<br>7. 00     |
| 8. 00   00800 LAUNDRY & LI NEN SERVI CE   | 243, 731                   | 0                    | Ö             | 2, 410             | 7, 701                           | 8.00               |
| 9. 00   00900   HOUSEKEEPI NG   | 3, 011, 397                | 120, 885             | 179, 694      | 2, 321             | 0                                | 9. 00              |
| 10. 00 01000 DI ETARY   | 1, 313, 150                | 51, 282              |               | 0                  | 17, 785                          | 10.00              |
| 11. 00   01100   CAFETERI A   | 1, 759, 131                | 307, 498             |               | 0                  | 13, 832                          | 11.00              |
| 13. 00   01300   NURSING ADMINISTRATION<br>14. 00   01400   CENTRAL SERVICES & SUPPLY       | 5, 752, 701<br>7, 464, 844 | 156, 015<br>328, 588 |               | 0                  | 872, 261<br>0                    | 13. 00<br>14. 00   |
| 15. 00   01500   PHARMACY   | 4, 838, 300                | 156, 344             |               | 0                  | 231, 841                         | 15.00              |
| 16. 00 01600 MEDICAL RECORDS & LIBRARY  | 0                          | 0                    | 0             | Ö                  | 0                                | 16.00              |
| 17. 00 01700 SOCIAL SERVICE   | 1, 868, 787                | 194, 535             | 289, 174      | 0                  | 0                                | 17. 00             |
| 18. 00 01850 PATIENT TRANSPORTATION   | 247, 541                   | 0                    | 0             | 0                  | 0                                | 18. 00             |
| I NPATI ENT ROUTI NE SERVI CE COST CENTERS  30. 00 03000 ADULTS & PEDI ATRI CS              | 32, 932, 723               | 1, 884, 266          | 2, 800, 941   | ٥                  | 257, 298                         | 30.00              |
| 34. 00   03400   SURGI CAL   INTENSI VE CARE UNI T  | 32, 932, 723               | 1, 664, 266          |               | 0                  | 257, 298                         | 34.00              |
| 34. 01   03401   PEDIATRI C   INTENSI VE CARE UNI T   | o                          | 0                    | Ö             | Ö                  | 0                                | 34. 01             |
| 34.02 03402 PREMATURE INTENSIVE CARE UNIT   | 5, 592, 531                | 420, 675             |               | 2, 915             | 57, 606                          | 34. 02             |
| 43. 00   04300   NURSERY  | 1, 387, 589                | 167, 325             | 248, 727      | 0                  | 8, 723                           | 43.00              |
| ANCILLARY SERVICE COST CENTERS  50. 00 05000 OPERATING ROOM                                 | 17, 258, 371               | 1, 164, 226          | 1, 730, 610   | ٥                  | 2, 227, 466                      | 50.00              |
| 51. 00   05100   RECOVERY   ROOM  | 3, 878, 054                | 1, 104, 220          |               | 0                  | 25, 672                          | 51.00              |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM   | 7, 132, 689                | 539, 759             |               | O                  | 87, 672                          | 52.00              |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 6, 901, 703                | 293, 535             |               | 104, 045           | 2, 038, 904                      |                    |
| 55. 00 05500 RADI OLOGY - THERAPEUTI C  | 5, 700, 126                | 940, 486             |               | 0                  | 1, 549, 246                      | 55.00              |
| 56. 00   05600   RADI 01 SOTOPE<br>60. 00   06000   LABORATORY                              | 282, 089<br>11, 959, 404   | 20, 257<br>227, 515  |               | O<br>O             | 45, 018<br>0                     | 56. 00<br>60. 00   |
| 65. 00   06500   RESPI RATORY   THERAPY   | 3, 543, 841                | 35, 634              |               | 0                  | 61, 800                          | 65.00              |
| 66. 00 06600 PHYSI CAL THERAPY  | 2, 068, 263                | 6, 759               |               | 36, 811            | 44, 919                          | 66.00              |
| 67. 00 06700 OCCUPATI ONAL THERAPY  | 643, 452                   | 0                    | 0             | 0                  | 0                                | 67.00              |
| 68. 00 06800 SPEECH PATHOLOGY   | 453, 302                   | 0                    | 0             | 0                  | 15, 006                          |                    |
| 69. 00   06900   ELECTROCARDI OLOGY   | 570, 960                   | 40, 824              |               | 0                  | 74, 440                          |                    |
| 70.00   07000   ELECTROENCEPHALOGRAPHY 71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS | 584, 305<br>5, 522, 360    | 13, 731<br>0         |               | 0                  | 32, 905                          | 70. 00<br>71. 00   |
| 72. 00 07200 I MPL. DEV. CHARGED TO PATIENT   | 8, 864, 914                | 0                    | Ö             | Ö                  | 0                                | 72.00              |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   | 47, 738, 131               | 0                    | 0             | 0                  | 0                                | 73.00              |
| 75. 00 07500 ASC (NON-DISTINCT PART)  | 0                          | 0                    | 0             | 0                  | 0                                | 75.00              |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY OUTPATI ENT SERVI CE COST CENTERS          | 3, 755, 453                | 252, 285             | 375, 019      | O                  | 715, 017                         | 75. 01             |
| 91. 00   O9100   EMERGENCY  | 7, 741, 189                | 221, 260             | 328, 901      | ol                 | 199, 394                         | 91.00              |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)   | 7,711,107                  | 221, 200             | 020, 701      | Š                  | 177, 071                         | 92.00              |
| OTHER REIMBURSABLE COST CENTERS   |                            |                      |               |                    |                                  |                    |
| 102. 00 10200 OPI OI D TREATMENT PROGRAM  | 0                          | 0                    | 0             | 0                  | 0                                | 102.00             |
| SPECIAL PURPOSE COST CENTERS  | 202 102 112                | 0.700.075            | 14 410 510    | 202 4/5            | 11 407 711                       | 110 00             |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS                  | 302, 192, 112              | 9, 700, 375          | 14, 419, 513  | 292, 165           | 11, 496, 611                     | 1118.00            |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES   | 0                          | 0                    | 0             | O                  | 0                                | 192.00             |
| 192. 01 19201 OTHER NON-REIMBURSABLE  | 388, 413                   | 9, 238               | 13, 732       | 0                  | 182, 078                         | 1                  |
| 192. 02 19202 CHI LDBI RTH EDUCATI ON   | 193, 311                   | 0                    | 0             | o                  |                                  | 192. 02            |
| 192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES  | 0                          | 264, 002             | 392, 436      | O                  |                                  | 192.03             |
| 192. 04 19204 PHYSI CLANS' PRI VATE OFFI CES  | 2, 943                     | 0                    |               | 112 044            |                                  | 192.04             |
| 192. 05 19205  PHYSI CI AN PRACTI CE<br>192. 06 19206  TI PTON HOSPI TAL                    | 7, 440<br>282, 743         | 15, 028              | 22, 339       | 113, 044<br>3, 164 |                                  | 192. 05<br>192. 06 |
| 192. 07 19207 WEST HOSPI TAL  | 270, 305                   | 5, 868               |               | 2, 600             |                                  | 192.07             |
| 192. 08 19208 SAXONY HOSPI TAL  | 267, 410                   | 1, 646               |               | 4, 488             |                                  | 192. 08            |
| 200.00 Cross Foot Adjustments   |                            |                      |               |                    |                                  | 200.00             |
| 201.00 Negative Cost Centers  |                            | 0                    | 0             | 0                  |                                  | 201.00             |
| 202.00   TOTAL (sum lines 118 through 201)  | 303, 604, 677              | 9, 996, 157          | 14, 859, 190  | 415, 461           | 11, 736, 153                     | J202.00            |
|   |                            |                      |               |                    |                                  |                    |

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| NPATI ENT<br>LEPHONES<br>5. 01                      | DATA<br>PROCESSI NG<br>5. 02   | PURCHASI NG<br>RECEI VI NG AND<br>STORES<br>5. 03   | •   |  |
|---|--|---|---|--|
| 5. 01   | 5. 02  |   | 1.  |  |
| 0   |  |   | 1.  |  |
| 0   |  |   | •   |  |
| 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0           | 246, 356<br>231, 253<br>0<br>536, 271<br>217, 682<br>312, 788<br>199, 296<br>109   | 2, 070, 742<br>0<br>29<br>10, 729<br>14<br>0<br>0<br>4<br>1<br>761<br>0<br>6, 836<br>0  | 1.<br>2.<br>4.<br>5.<br>5.<br>5.<br>5.<br>5.<br>5.<br>6.<br>0 6.<br>0 7.<br>0 8.<br>0 9.<br>0 10.<br>0 11.<br>0 13.<br>0 14.<br>0 15.<br>0 16.<br>0 17.   | . 00<br>. 01<br>. 02<br>. 00<br>. 00<br>. 00<br>. 01<br>. 02<br>. 03<br>. 04<br>. 05<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00<br>. 00 |
| 0   | 1, 990, 659  | 61, 693   | 261, 313 30.  | . 00   |
| Ö   | 0  | 0   |   | . 00   |
| 0   | 0  | 0   |   | . 01   |
|   |  | 5, / 13<br>   |   | . 02   |
| <u> </u>  | 151, 777   | <u> </u>  | 13, 337 43.   | . 00   |
| 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 345, 949<br>447, 184<br>625, 576<br>539, 335<br>30, 206<br>369, 917<br>288, 711<br>238, 695<br>75, 953<br>55, 816<br>53, 299<br>20, 028<br>0 | 8, 734<br>25, 097<br>33, 267<br>9, 142<br>101<br>894<br>25, 151<br>1, 049<br>531<br>898<br>0<br>6<br>493, 009<br>791, 414<br>0<br>0 | 72, 270<br>82, 506<br>189, 940<br>165, 560<br>18, 877<br>120, 644<br>65.<br>16, 726<br>66.<br>8, 082<br>67.<br>4, 240<br>68.<br>31, 084<br>69.<br>8, 189<br>70.<br>83, 828<br>71.<br>197, 670<br>72.<br>509, 170<br>73.<br>0 75.  | . 00<br>. 00<br>. 00<br>. 00<br>. 00   |
| 0   | 410, 849   | 14, 208   |   | . 00   |
| 0   | 0  | 0   | 0 102.  | . 00   |
| 0   | 10, 004, 401   | 2, 069, 728   | 2, 700, 415 118.  | . 00   |
| 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                | 13, 680<br>0<br>0<br>328<br>10, 178<br>27, 361<br>10, 725  | 24<br>0<br>887<br>103<br>0<br>0   | 0 192.<br>0 192.<br>0 192.<br>0 192.<br>0 192.<br>0 192.<br>0 192.<br>0 192.<br>200.<br>0 201.<br>2, 700, 415 202.  | 01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>00   |
|   |  | 0   | 0         0         2,070,742           0         129,471         0           0         338,835         29           0         246,356         10,729           0         231,253         14           0         0         0           0         217,682         4           0         312,788         1           0         199,296         761           0         109         0           0         456,815         6,836           0         0         0           0         456,815         6,836           0         0         0           0         1,990,659         61,693           0         0         0           0         0         0           0         0         0           0         0         0           0         0         0           0         0         0           0         0         0           0         0         0           0         0         0           0         342,666         5,713           0 | 0  |

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|  |                         |                  | ''             | J 12/31/2022           | 5/25/2023 2: 4 |                  |
|--|-------------------------|------------------|----------------|------------------------|----------------|------------------|
| Cost Center Description  | Subtotal                | OTHER            | MAI NTENANCE & | OPERATION OF           | LAUNDRY &      |                  |
|  |                         | ADMI NI STRATI V | REPAI RS       | PLANT                  | LINEN SERVICE  |                  |
|  | 5A. 04                  | E & GENERAL      | 4 00           | 7. 00                  | 9 00           |                  |
| GENERAL SERVICE COST CENTERS   | SA. 04                  | 5. 05            | 6. 00          | 7.00                   | 8. 00          |                  |
| 1. 00 O0100 NEW CAP REL COSTS-BLDG & FLXT  |                         |                  |                |                        |                | 1. 00            |
| 1. 01   00101 NEW CAP REL COSTS-INTEREST   |                         |                  |                |                        |                | 1. 01            |
| 1. 02 00102 MOB LEASED SPACE   |                         |                  |                |                        |                | 1. 02            |
| 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP   |                         |                  |                |                        |                | 2.00             |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT  |                         |                  |                |                        |                | 4.00             |
| 5. 01 00540 NONPATI ENT TELEPHONES   |                         |                  |                |                        |                | 5. 01            |
| 5. 02   00550   DATA   PROCESSI NG   |                         |                  |                |                        |                | 5.02             |
| 5. 03 00560 PURCHASING RECEIVING AND STORES  |                         |                  |                |                        |                | 5.03             |
| 5. 04   00570   ADMI TTI NG  |                         |                  |                |                        |                | 5.04             |
| 5. 05 00590 OTHER ADMINISTRATIVE & GENERAL   | 29, 667, 319            | 29, 667, 319     |                |                        |                | 5. 05            |
| 6. 00   00600   MAI NTENANCE & REPAI RS  | 11, 101, 736            | 1, 202, 318      | 12, 304, 054   |                        |                | 6. 00            |
| 7. 00 00700 OPERATION OF PLANT   | 5, 369, 193             | 581, 484         | 0              | 5, 950, 677            |                | 7. 00            |
| 8. 00   00800   LAUNDRY & LI NEN SERVI CE  | 243, 731                | 26, 396          |                | 0                      | 270, 127       | 8. 00            |
| 9. 00   00900   HOUSEKEEPI NG  | 4, 161, 462             | 450, 686         | · ·            | 89, 714                | 0              | 9. 00            |
| 10. 00   01000   DI ETARY  | 1, 811, 405             | 196, 175         |                | 38, 059                | 0              | 10.00            |
| 11. 00   01100   CAFETERI A  | 3, 034, 960             | 328, 686         |                | 228, 209               | 0              | 11.00            |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON  | 8, 047, 383             | 871, 532         |                | 115, 786               | 0              | 13.00            |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY   | 8, 282, 132             | 896, 955         |                | 243, 861               | 0              | 14.00            |
| 15. 00   01500   PHARMACY  | 6, 540, 736             | 708, 362         |                | 116, 031               | 0              | 15.00            |
| 16. 00   01600   MEDI CAL RECORDS & LI BRARY<br>17. 00   01700   SOCI AL SERVI CE  | 2 710 201               | 294, 391         | 0              | 144 274                | 0              | 16. 00<br>17. 00 |
| 18. 00   01/50   PATIENT TRANSPORTATION  | 2, 718, 291<br>359, 279 | 38, 910          | 298, 517<br>0  | 144, 374               | 0              | 17.00            |
| INPATIENT ROUTINE SERVICE COST CENTERS   | 339, 219                | 30, 910          | 0              | <u> </u>               | 0              | 16.00            |
| 30. 00 03000 ADULTS & PEDIATRICS   | 43, 098, 441            | 4, 667, 561      | 2, 891, 444    | 1, 398, 404            | 205, 869       | 30. 00           |
| 34. 00   03400   SURGI CAL   INTENSI VE CARE UNI T                                 | 43, 070, 441            | 4,007,301        |                | 1, 370, 404            | 203, 007       | 34.00            |
| 34. 01   03401   PEDI ATRI C   INTENSI VE CARE UNI T                               | 0                       | 0                | 0              | 0                      | 0              | 34. 01           |
| 34. 02 03402 PREMATURE INTENSIVE CARE UNIT   | 7, 752, 215             | 839, 565         | Ĭ              | 312, 203               | 35, 935        | 34. 02           |
| 43. 00   04300   NURSERY   | 2, 164, 563             | 234, 422         |                | 124, 180               | 28, 323        | 43.00            |
| ANCILLARY SERVICE COST CENTERS   | =,,                     |                  |                | .=., .=.               |                |                  |
| 50. 00 05000 OPERATING ROOM  | 25, 617, 731            | 2, 774, 400      | 1, 786, 527    | 864, 028               | 0              | 50.00            |
| 51.00   05100   RECOVERY ROOM  | 5, 247, 251             | 568, 277         |                | 132, 631               | 0              | 51.00            |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM   | 9, 841, 961             | 1, 065, 884      | 828, 270       | 400, 581               | 0              | 52.00            |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   | 11, 534, 141            | 1, 249, 147      | 450, 436       | 217, 847               | 0              | 54.00            |
| 55. 00 05500 RADI OLOGY - THERAPEUTI C   | 10, 894, 630            | 1, 179, 888      | 1, 443, 195    | 697, 980               | 0              | 55.00            |
| 56. 00   05600   RADI 0I SOTOPE  | 464, 558                | 50, 312          | 31, 085        | 15, 034                | 0              | 56.00            |
| 60. 00   06000   LABORATORY  | 13, 175, 435            | 1, 426, 900      | 349, 127       | 168, 850               | 0              | 60.00            |
| 65. 00 06500 RESPI RATORY THERAPY  | 4, 519, 186             | 489, 428         |                | 26, 446                | 0              | 65.00            |
| 66. 00 06600 PHYSI CAL THERAPY   | 2, 719, 672             | 294, 540         |                | 5, 016                 | 0              | 66. 00           |
| 67. 00 06700 OCCUPATI ONAL THERAPY   | 823, 876                | 89, 226          |                | 0                      | 0              | 67.00            |
| 68. 00 06800 SPEECH PATHOLOGY  | 603, 185                | 65, 325          |                | 0                      | 0              | 68. 00           |
| 69. 00 06900 ELECTROCARDI OLOGY  | 894, 177                | 96, 839          |                |                        | 0              | 69. 00           |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 709, 690                | 76, 859          |                | 10, 190                | 0              | 70.00            |
| 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS                               | 6, 099, 197             | 660, 543         |                | 0                      | 0              | 71.00            |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENT   | 9, 853, 998             | 1, 067, 188      |                | 0                      | 0              | 72.00            |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   | 48, 247, 301            | 5, 225, 087      |                | 0                      | 0              | 73.00            |
| 75. 00 07500 ASC (NON-DISTINCT PART)   | 0<br>E E 27 2 2 7       | 0                |                | 0<br>187, 233          | 0              | 75. 00           |
| 75. 01 O7501 CARDI AC CATHERI ZATI ON LABORATORY OUTPATI ENT SERVI CE COST CENTERS | 5, 527, 257             | 598, 602         | 387, 136       | 187, 233               | 0              | 75. 01           |
| 91. 00 09100 EMERGENCY   | 9, 795, 685             | 1, 060, 873      | 339, 528       | 164, 208               | 0              | 91. 00           |
| 92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)                              | 9, 795, 005             | 1,000,673        | 339, 320       | 104, 206               | U              | 91.00            |
| OTHER REIMBURSABLE COST CENTERS  | U                       |                  |                |                        |                | 92.00            |
| 102. 00 10200 OPI OI D TREATMENT PROGRAM   | 0                       | 0                | 0              | 0                      | 0              | 102. 00          |
| SPECIAL PURPOSE COST CENTERS   | <u> </u>                | J                |                | <u></u> σ <sub>l</sub> |                | 102.00           |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)                                      | 300, 921, 777           | 29, 376, 761     | 11, 850, 171   | 5, 731, 163            | 270, 127       | 118 00           |
| NONREI MBURSABLE COST CENTERS  | 000/721/777             | 27/070/701       | 11/000/171     | 0,701,700              | 2,0,12,        |                  |
| 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES                                      | 0                       | 0                | 0              | 0                      | 0              | 192. 00          |
| 192. 01 19201 OTHER NON-REIMBURSABLE   | 613, 117                | 66, 401          | 14, 175        | 6, 856                 |                | 192. 01          |
| 192. 02 19202 CHI LDBI RTH EDUCATI ON  | 220, 138                | 23, 841          |                | 0                      |                | 192. 02          |
| 192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES                                       | 656, 438                | 71, 092          | 405, 116       | 195, 928               | 0              | 192. 03          |
| 192.04 19204 PHYSI CLANS' PRI VATE OFFI CES  | 37, 628                 | 4, 075           | 0              | О                      |                | 192. 04          |
| 192. 05 19205 PHYSI CI AN PRACTI CE  | 144, 581                | 15, 658          | 0              | О                      |                | 192. 05          |
| 192.06 19206 TIPTON HOSPITAL   | 356, 320                | 38, 589          |                | 11, 153                | 0              | 192. 06          |
| 192. 07 19207 WEST HOSPI TAL   | 344, 357                | 37, 294          | 9, 005         | 4, 355                 | 0              | 192. 07          |
| 192. 08 19208 SAXONY HOSPI TAL   | 310, 321                | 33, 608          | 2, 526         | 1, 222                 | 0              | 192. 08          |
| 200.00 Cross Foot Adjustments  | 0                       |                  |                |                        |                | 200. 00          |
| 201.00 Negative Cost Centers   | 0                       | 0                | 0              | 0                      |                | 201. 00          |
| 202.00   TOTAL (sum lines 118 through 201)   | 303, 604, 677           | 29, 667, 319     | 12, 304, 054   | 5, 950, 677            | 270, 127       | 202. 00          |
|  |                         |                  |                |                        |                |                  |

Peri od: Worksheet B From 01/01/2022 Part I To 12/31/2022 Date/Ti me Prepared: 5/25/2023 2:40 pm

|   |               |             | '             | 0 12/31/2022     | 5/25/2023 2: 4    |                  |
|---|---------------|-------------|---------------|------------------|-------------------|------------------|
| Cost Center Description   | HOUSEKEEPI NG | DI ETARY    | CAFETERI A    | NURSI NG         | CENTRAL           |                  |
|   |               |             |               | ADMI NI STRATI O | SERVICES &        |                  |
|   | 9. 00         | 10. 00      | 11 00         | N<br>13. 00      | SUPPLY<br>14.00   |                  |
| GENERAL SERVICE COST CENTERS  | 9.00          | 10.00       | 11. 00        | 13.00            | 14.00             |                  |
| 1. 00 O0100 NEW CAP REL COSTS-BLDG & FLXT   |               |             |               |                  |                   | 1.00             |
| 1. 01   00101 NEW CAP REL COSTS-INTEREST  |               |             |               |                  |                   | 1.01             |
| 1. 02 00102 MOB LEASED SPACE  |               |             |               |                  |                   | 1.02             |
| 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP  |               |             |               |                  |                   | 2.00             |
| 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT   |               |             |               |                  |                   | 4.00             |
| 5. 01 00540 NONPATI ENT TELEPHONES  |               |             |               |                  |                   | 5.01             |
| 5. 02 00550 DATA PROCESSING   |               |             |               |                  |                   | 5.02             |
| 5. 03 00560 PURCHASING RECEIVING AND STORES   |               |             |               |                  |                   | 5.03             |
| 5. 04   00570   ADMI TTI NG   |               |             |               |                  |                   | 5.04             |
| 5. 05 00590 OTHER ADMINISTRATIVE & GENERAL  |               |             |               |                  |                   | 5. 05            |
| 6.00 00600 MAI NTENANCE & REPAI RS  |               |             |               |                  |                   | 6.00             |
| 7. 00 00700 OPERATION OF PLANT  |               |             |               |                  |                   | 7. 00            |
| 8. 00   00800   LAUNDRY & LI NEN SERVI CE   |               |             |               |                  |                   | 8. 00            |
| 9. 00   00900   HOUSEKEEPI NG   | 4, 887, 362   | 0.454.040   |               |                  |                   | 9.00             |
| 10. 00 01000 DI ETARY   | 31, 737       | 2, 156, 069 | 4 054 047     |                  |                   | 10.00            |
| 11. 00   01100   CAFETERI A   | 190, 300      | 0           | 4, 254, 017   | l .              |                   | 11.00            |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON   | 96, 552       | 0           | 105, 121      | 9, 475, 782      | 10 100 500        | 13.00            |
| 14. 00 01400 CENTRAL SERVICES & SUPPLY  | 203, 352      | 0           | 58            | 0                | 10, 130, 583      | 14.00            |
| 15. 00   01500   PHARMACY   | 96, 756<br>0  | 0           | 240, 952<br>0 | 0                | 33, 632           | 15.00            |
| 16. 00   01600   MEDICAL RECORDS & LIBRARY<br>17. 00   01700   SOCIAL SERVICE           | 120, 391      | 0           | 82, 088       | 0                | 0                 | 16. 00<br>17. 00 |
| 18. 00   01/50   PATIENT TRANSPORTATION   | 120, 391      | ol<br>Ol    | 37, 061       | 0                | 0                 | 18.00            |
| INPATIENT ROUTINE SERVICE COST CENTERS  | <u> </u>      | <u> </u>    | 37,001        | <u> </u>         | U                 | 10.00            |
| 30. 00 03000 ADULTS & PEDIATRICS  | 1, 166, 108   | 2, 015, 781 | 1, 049, 995   | 3, 267, 077      | 303, 506          | 30.00            |
| 34. 00 03400 SURGI CAL INTENSI VE CARE UNI T  | 1, 100, 100   | 2,013,701   | 0 1,047,779   | 0, 207, 077      | 0                 | 34. 00           |
| 34. 01   03401   PEDIATRI C   INTENSI VE CARE UNI T                                     | Ö             | 0           | 0             |                  | 0                 | 34. 01           |
| 34. 02   03402   PREMATURE   NTENSI VE CARE UNI T                                       | 260, 341      | Ö           | 180, 743      | 846, 057         | 28, 106           | 34. 02           |
| 43. 00   04300   NURSERY  | 103, 552      | o           | 80, 067       | 278, 876         | 0                 | 43.00            |
| ANCILLARY SERVICE COST CENTERS  |               | -,          |               |                  |                   |                  |
| 50. 00   05000   OPERATING ROOM   | 720, 499      | 0           | 530, 338      | 1, 134, 648      | 2, 608, 151       | 50.00            |
| 51.00   05100   RECOVERY ROOM   | 110, 599      | 6, 665      | 182, 475      | 785, 196         | 42, 967           | 51.00            |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM  | 334, 038      | 92, 560     | 235, 872      | 942, 349         | 123, 467          | 52.00            |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C  | 181, 659      | 0           | 329, 967      | 208, 014         | 163, 660          | 54.00            |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C  | 582, 035      | 0           | 284, 479      |                  | 44, 975           | 55.00            |
| 56. 00   05600   RADI OI SOTOPE   | 12, 536       | 0           | 15, 933       | l .              | 497               | 56.00            |
| 60. 00   06000   LABORATORY   | 140, 801      | 0           | 195, 117      |                  | 4, 400            | 60.00            |
| 65. 00 06500 RESPI RATORY THERAPY   | 22, 053       | 0           | 152, 284      |                  | 123, 733          | 65.00            |
| 66. 00   06600   PHYSI CAL THERAPY  | 4, 183        | 0           | 125, 903      | l .              | 5, 160            | 66.00            |
| 67. 00 06700 OCCUPATI ONAL THERAPY  | 0             | 0           | 40, 063       | 0                | 2, 612            | 67.00            |
| 68. 00 06800 SPEECH PATHOLOGY   | 0             | 0           | 29, 441       | 0                | 4, 418            | 68.00            |
| 69. 00 06900 ELECTROCARDI OLOGY   | 25, 265       | 0           | 28, 113       |                  | 1                 | 69.00            |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   | 8, 497        | U           | 10, 564       |                  | 29                | 70.00            |
| 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS                                    | 0             | 0           | 0             | 0                | 2, 425, 437       | 71.00            |
| 72.00   07200   IMPL. DEV. CHARGED TO PATIENT 73.00   07300   DRUGS CHARGED TO PATIENTS | 0             | 0           | 0             | 0                | 3, 893, 490<br>0  | 72. 00<br>73. 00 |
| 75. 00   07500   DROGS CHARGED TO PATTENTS  75. 00   07500   ASC (NON-DISTINCT PART)    | 0             | 0           | 0             |                  | 0                 | 75. 00<br>75. 00 |
| 75. 00 07300 ASC (NON-DISTINCT FART)  75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY  | 156, 130      | 39, 397     | 61, 999       | · - 1            | 247, 454          |                  |
| OUTPATIENT SERVICE COST CENTERS   | 130, 130      | 37, 377     | 01, 777       | 103, 440         | 247, 434          | 73.01            |
| 91. 00 09100 EMERGENCY  | 136, 930      | 1, 666      | 216, 707      | 781, 767         | 69, 898           | 91.00            |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)                                       | 100,700       | ., 555      | 2.0,707       | , , , , , , ,    | 07,070            | 92.00            |
| OTHER REIMBURSABLE COST CENTERS   |               | I.          |               | l l              |                   |                  |
| 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)   | 4, 704, 314   | 2, 156, 069 | 4, 215, 340   | 9, 472, 353      | 10, 125, 593      | 118.00           |
| NONREI MBURSABLE COST CENTERS   |               |             |               |                  |                   |                  |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES  | 0             | 0           | 0             | 0                | 0                 | 192.00           |
| 192. 01 19201 OTHER NON-REI MBURSABLE   | 5, 717        | 0           | 5, 830        |                  |                   | 192. 01          |
| 192. 02 19202 CHI LDBI RTH EDUCATI ON   | 0             | 0           | 7, 216        | 3, 429           |                   | 192. 02          |
| 192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES  | 163, 381      | 0           | 0             | 0                |                   | 192. 03          |
| 192. 04 19204 PHYSI CLANS' PRI VATE OFFI CES  | 0             | 0           | 0             | 0                |                   | 192. 04          |
| 192. 05 19205 PHYSI CI AN PRACTI CE   | 0             | 0           | 173           | l .              |                   | 192.05           |
| 192. 06 19206 TI PTON HOSPI TAL   | 9, 300        | 0           | 5, 369        | l .              |                   | 192.06           |
| 192. 07 19207 WEST HOSPI TAL  | 3, 631        | 0           | 14, 432       | l .              |                   | 192.07           |
| 192. 08 19208 SAXONY HOSPI TAL  | 1, 019        | 0           | 5, 657        | 0                |                   | 192.08           |
| 200.00 Cross Foot Adjustments   |               | _           | _             |                  |                   | 200.00           |
| 201.00 Negative Cost Centers<br>202.00 TOTAL (sum lines 118 through 201)                | 4 007 242     | 2 154 040   | 4, 254, 017   | 9, 475, 782      | 0<br>10, 130, 583 | 201.00           |
| 202.00   TOTAL (sum lines 118 through 201)  | 4, 887, 362   | 2, 156, 069 | 4, 204, 017   | 7,415,182        | 10, 130, 583      | ∠UZ. UU          |
|   |               |             |               |                  |                   |                  |

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS | Peri od: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: Provider CCN: 15-0161

|  |             |           |             | o 12/31/2022     | Date/lime Pre<br>5/25/2023 2:4 |                     |
|--|-------------|-----------|-------------|------------------|--------------------------------|---------------------|
|  |             |           |             | OTHER GENERAL    | 3/23/2023 2.4                  | O pili              |
|  |             |           |             | SERVI CE         |                                |                     |
| Cost Center Description  | PHARMACY    | MEDI CAL  | SOCI AL     | PATI ENT         | Subtotal                       |                     |
|  |             | RECORDS & | SERVI CE    | TRANSPORTATI 0   |                                |                     |
|  |             | LI BRARY  |             | N                |                                |                     |
| OFNEDAL CEDIU OF COCT OFNEDO   | 15. 00      | 16. 00    | 17. 00      | 18. 00           | 24. 00                         |                     |
| GENERAL SERVI CE COST CENTERS  |             |           | ı           | 1                |                                | 1 00                |
| 1.00   00100 NEW CAP REL COSTS-BLDG & FIXT 1.01   00101 NEW CAP REL COSTS-INTEREST |             |           |             |                  |                                | 1.00                |
| 1. 02   OO107 NEW CAP REL COSTS-TNTEREST   |             |           |             |                  |                                | 1. 01<br>1. 02      |
| 2. 00   00200 NEW CAP REL COSTS-MVBLE EQUIP  |             |           |             |                  |                                | 2.00                |
| 4. 00   00400 EMPLOYEE BENEFITS DEPARTMENT   |             |           |             |                  |                                | 4.00                |
| 5. 01 00540 NONPATIENT TELEPHONES  |             |           |             |                  |                                | 5. 01               |
| 5. 02 00550 DATA PROCESSING  |             |           |             |                  |                                | 5. 02               |
| 5. 03 00560 PURCHASING RECEIVING AND STORES  |             |           |             |                  |                                | 5. 03               |
| 5. 04   00570   ADMI TTI NG  |             |           |             |                  |                                | 5. 04               |
| 5. 05   00590 OTHER ADMINISTRATIVE & GENERAL                                       |             |           |             |                  |                                | 5. 05               |
| 6.00 00600 MAI NTENANCE & REPAI RS   |             |           |             |                  |                                | 6. 00               |
| 7. 00 00700 OPERATION OF PLANT   |             |           |             |                  |                                | 7.00                |
| 8. 00   00800 LAUNDRY & LINEN SERVICE  |             |           |             |                  |                                | 8.00                |
| 9. 00   00900   HOUSEKEEPI NG  |             |           |             |                  |                                | 9.00                |
| 10. 00   01000   DI ETARY<br>11. 00   01100   CAFETERI A                           |             |           |             |                  |                                | 10.00               |
| 11. 00   01100   CAFETERI A<br>13. 00   01300   NURSI NG   ADMI NI STRATI ON       |             |           |             |                  |                                | 11. 00<br>13. 00    |
| 14. 00   01400   CENTRAL SERVI CES & SUPPLY  |             |           |             |                  |                                | 14.00               |
| 15. 00   01500   PHARMACY  | 7, 976, 382 |           |             |                  |                                | 15.00               |
| 16. 00 01600 MEDICAL RECORDS & LIBRARY   | 0           | 0         |             |                  |                                | 16.00               |
| 17. 00 01700 SOCIAL SERVICE  | Ö           | 0         | 1           |                  |                                | 17. 00              |
| 18.00 01850 PATIENT TRANSPORTATION   | O           | 0         |             | 1                |                                | 18.00               |
| INPATIENT ROUTINE SERVICE COST CENTERS   |             |           |             |                  |                                |                     |
| 30. 00 03000 ADULTS & PEDIATRICS   | 27, 004     | 0         | 2, 787, 884 | 42, 147          | 62, 921, 221                   | 30.00               |
| 34.00 03400 SURGICAL INTENSIVE CARE UNIT   | 0           | 0         | 1           | 0                | 0                              | 34.00               |
| 34. 01   03401   PEDI ATRI C I NTENSI VE CARE UNI T                                | 0           | 0         |             | 0                | 0                              | 34. 01              |
| 34. 02 03402 PREMATURE INTENSIVE CARE UNIT   | 2, 670      | 0         |             |                  | 11, 398, 731                   | 34.02               |
| 43. 00 04300 NURSERY   | 0           | 0         | 383, 543    | 2, 187           | 3, 656, 477                    | 43.00               |
| ANCI LLARY SERVI CE COST CENTERS  50. 00 05000 OPERATI NG ROOM                     | 13, 397     | 0         |             | 82, 952          | 36, 132, 671                   | 50.00               |
| 51. 00   05100   RECOVERY   ROOM   | 16, 167     | 0         |             | 1                | 7, 378, 122                    | 51.00               |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM  | 10, 905     | 0         |             | 1                | 13, 889, 194                   | 52.00               |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C   | 14, 854     | 0         | ĺ           |                  | 14, 380, 361                   | •                   |
| 55. 00   05500 RADI OLOGY - THERAPEUTI C   | 11, 976     | 0         | C           | 1                | 15, 999, 917                   | 55.00               |
| 56. 00   05600   RADI 0I SOTOPE  | 10          | 0         | C           | 3, 045           | 593, 010                       | 56.00               |
| 60. 00   06000   LABORATORY  | 52          | 0         | C           | 19, 459          | 15, 710, 728                   | 60.00               |
| 65. 00 06500 RESPI RATORY THERAPY  | 69          | 0         | C           | -,               | 5, 393, 278                    | 65.00               |
| 66. 00   06600   PHYSI CAL THERAPY   | 0           | 0         | C           | ,                | 3, 167, 544                    | 66.00               |
| 67. 00 06700 OCCUPATI ONAL THERAPY   | 0           | 0         | C           | .,               | 957, 081                       | 67.00               |
| 68. 00 06800 SPEECH PATHOLOGY  | 0           | 0         |             | 684              | 703, 053                       | 1                   |
| 69. 00   06900   ELECTROCARDI OLOGY 70. 00   07000   ELECTROENCEPHALOGRAPHY        | 0           | 0         | C           | 5, 014<br>1, 321 | 1, 142, 353<br>838, 220        | 69. 00<br>70. 00    |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                  | 0           | 0         |             | 1                | 9, 198, 698                    |                     |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENT   | o o         | 0         | 1           | 1                | 14, 846, 558                   |                     |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS   | 7, 840, 521 | 0         | ĺ           | l I              | 61, 395, 033                   |                     |
| 75.00 07500 ASC (NON-DISTINCT PART)  | 0           | 0         | C           | 0                | 0                              | 75.00               |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY                                   | 8, 087      | 0         | C           | 11, 306          | 7, 388, 041                    | 75. 01              |
| OUTPATIENT SERVICE COST CENTERS  |             |           |             |                  |                                |                     |
| 91. 00   09100   EMERGENCY   | 28, 906     | 0         | C           | 39, 455          | 12, 635, 623                   | 1                   |
| 92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)                                   |             |           |             |                  |                                | 92.00               |
| OTHER REIMBURSABLE COST CENTERS  |             |           | 1           |                  |                                |                     |
| 102. 00 10200 OPI OI D TREATMENT PROGRAM   | 0           | 0         | C           | 0                | 0                              | 102.00              |
| SPECIAL PURPOSE COST CENTERS   | 7 074 (10   |           | 2 (50 050   | 425 250          | 200 725 014                    | 110 00              |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)                                      | 7, 974, 618 | 0         | 3, 658, 052 | 435, 250         | 299, 725, 914                  | 118.00              |
| NONREI MBURSABLE COST CENTERS  192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES       | ٥           | 0         |             | ا                |                                | 192. 00             |
| 192. 01 19201 OTHER NON-REI MBURSABLE  | 0           | 0         |             |                  | 712, 096                       |                     |
| 192. 02 19202 CHI LDBI RTH EDUCATI ON  | 0           | 0         |             |                  | 254, 743                       |                     |
| 192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES                                       | o           | 0         | ĺ           | o o              | 1, 491, 955                    | •                   |
| 192.04 19204 PHYSICIANS' PRIVATE OFFICES   | 1, 764      | 0         | C           | 0                |                                | 192.04              |
| 192. 05 19205 PHYSI CLAN PRACTI CE   | 0           | 0         | C           | o                | 160, 918                       |                     |
| 192. 06 19206 TI PTON HOSPI TAL  | o           | 0         | C           | o o              | 443, 792                       |                     |
| 192. 07 19207 WEST HOSPI TAL   | o           | 0         | C           | 0                | 413, 074                       |                     |
| 192. 08 19208 SAXONY HOSPI TAL   | 0           | 0         | C           |                  | 354, 353                       |                     |
| 200.00 Cross Foot Adjustments  |             | _         |             |                  |                                | 200.00              |
| 201.00 Negative Cost Centers   | 0 7 07/ 200 | 0         | 2 (50 050   | 425 250          |                                | 201.00              |
| 202.00   TOTAL (sum lines 118 through 201)   | 7, 976, 382 | 0         | 3, 658, 052 | 435, 250         | 303, 604, 677                  | <sub>1</sub> 202.00 |
|  |             |           |             |                  |                                |                     |

Health Financial Systems

IU HEALTH NORTH HOSPITAL

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161 | Period: | Worksheet B

COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0161 Worksheet B From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/25/2023 2:40 pm Cost Center Description Intern & Total Resi dents Cost & Post Stepdown Adjustments 25. 00 26.00 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 00101 NEW CAP REL COSTS-INTEREST 1.01 1 01 1.02 00102 MOB LEASED SPACE 1.02 00200 NEW CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00540 NONPATIENT TELEPHONES 5.01 5.01 5.02 00550 DATA PROCESSING 5.02 5.03 00560 PURCHASING RECEIVING AND STORES 5.03 00570 ADMITTING 5.04 5 04 00590 OTHER ADMINISTRATIVE & GENERAL 5.05 5.05 6.00 00600 MAINTENANCE & REPAIRS 6.00 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10.00 10.00 01100 CAFETERI A 11 00 11 00 13.00 01300 NURSING ADMINISTRATION 13.00 01400 CENTRAL SERVICES & SUPPLY 14.00 14.00 01500 PHARMACY 15.00 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 17.00 01700 SOCIAL SERVICE 17.00 01850 PATIENT TRANSPORTATION 18.00 18.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 62, 921, 221 30.00 03400 SURGICAL INTENSIVE CARE UNIT 0 34.00 34.00 03401 PEDIATRIC INTENSIVE CARE UNIT 0 34.01 0 34.01 0 03402 PREMATURE INTENSIVE CARE UNIT 34 02 11, 398, 731 34 02 04300 NURSERY 43.00 3, 656, 477 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 50.00 0 36, 132, 671 50.00 05100 RECOVERY ROOM 0 0 7, 378, 122 51 00 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 13, 889, 194 52.00 05400 RADI OLOGY-DI AGNOSTI C 14, 380, 361 54.00 54.00 55.00 05500 RADI OLOGY - THERAPEUTI C 00000 15, 999, 917 55.00 |05600| RADI 0I SOTOPE 56.00 56.00 593, 010 60.00 06000 LABORATORY 15, 710, 728 60.00 65.00 06500 RESPIRATORY THERAPY 5, 393, 278 65.00 06600 PHYSI CAL THERAPY 3, 167, 544 66.00 66,00 06700 OCCUPATI ONAL THERAPY 67.00 957, 081 67.00 68.00 06800 SPEECH PATHOLOGY 00000 703, 053 68.00 06900 ELECTROCARDI OLOGY 69.00 69.00 1, 142, 353 70.00 07000 ELECTROENCEPHALOGRAPHY 838, 220 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 9, 198, 698 71.00 72 00 07200 I MPL. DEV. CHARGED TO PATIENT 14, 846, 558 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 61, 395, 033 73.00 07500 ASC (NON-DISTINCT PART) 0 75 00 75 00 07501 CARDI AC CATHERI ZATI ON LABORATORY 7, 388, 041 75.01 OUTPATIENT SERVICE COST CENTERS 09100 EMERGENCY 91.00 0 12, 635, 623 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 OTHER REIMBURSABLE COST CENTERS 102.00 10200 OPI OI D TREATMENT PROGRAM 0 0 102.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 0 299, 725, 914 118.00 NONREI MBURSABLE COST CENTERS 192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES 192. 01 19201 OTHER NON-REI MBURSABLE 192.00 0 0 712, 096 192.01 192. 02 19202 CHI LDBI RTH EDUCATI ON 0 254, 743 192.02 192. 03 19203 PHYSI CI ANS' PRI VATE OFFI CES 192. 04 19204 PHYSI CI ANS' PRI VATE OFFI CES 0000000 1, 491, 955 192.03 47, 832 192. 04 192. 05 19205 PHYSICIAN PRACTICE 160, 918 192.05 192.06 19206 TIPTON HOSPITAL 443, 792 192.06 192. 07 19207 WEST HOSPITAL 413,074 192.07 192. 08 19208 SAXONY HOSPITAL 192 08 354, 353 200.00 Cross Foot Adjustments 0 200.00 201.00 Negative Cost Centers 201.00 202.00 TOTAL (sum lines 118 through 201) 303, 604, 677 202.00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | From 01/01/2022 | Part II | Date/Time Prepared: | 5/25/2023 2:40 pm | Provider CCN: 15-0161

|                    |       |  |                          |                         |                            |                    | 5/25/2023 2: 4         |                    |
|--------------------|-------|--|--------------------------|-------------------------|----------------------------|--------------------|------------------------|--------------------|
|                    |       |  |                          |                         | CAPITAL REL                | LATED COSTS        |                        |                    |
|                    |       | Cost Center Description  | Directly                 | NEW BLDG &              | NEW INTEREST               | MOB LEASED         | NEW MVBLE              |                    |
|                    |       |  | Assigned New             | FLXT                    |                            | SPACE              | EQUI P                 |                    |
|                    |       |  | Capital<br>Related Costs |                         |                            |                    |                        |                    |
|                    |       |  | 0                        | 1. 00                   | 1. 01                      | 1. 02              | 2. 00                  |                    |
|                    |       | AL SERVICE COST CENTERS  |                          |                         |                            |                    |                        |                    |
| 1. 00<br>1. 01     |       | NEW CAP REL COSTS-BLDG & FIXT<br>NEW CAP REL COSTS-INTEREST        |                          |                         |                            |                    |                        | 1. 00<br>1. 01     |
| 1. 01              |       | MOB LEASED SPACE   |                          |                         |                            |                    |                        | 1.01               |
| 2. 00              | 1     | NEW CAP REL COSTS-MVBLE EQUIP                                      |                          |                         |                            |                    |                        | 2.00               |
| 4. 00              |       | EMPLOYEE BENEFITS DEPARTMENT                                       | 0                        | 27, 210                 |                            | 6, 488             | 923                    | 4. 00              |
| 5. 01<br>5. 02     |       | NONPATIENT TELEPHONES<br>DATA PROCESSING                           | 0                        | 0<br>155, 260           | -                          | 0<br>3, 805        | 0                      | 5. 01<br>5. 02     |
| 5. 02              |       | PURCHASING RECEIVING AND STORES                                    |                          | 155, 200                | 230, 742                   | 3, 803             | 0                      | 5.02               |
| 5.04               | 00570 | ADMI TTI NG  | o                        | 31, 296                 | 46, 521                    | 0                  | 0                      | 5. 04              |
| 5. 05              | 1     | OTHER ADMINISTRATIVE & GENERAL                                     | 0                        | 306, 007                |                            | 124, 204           | 2, 758, 305            | 5.05               |
| 6. 00<br>7. 00     |       | MAINTENANCE & REPAIRS OPERATION OF PLANT                           | 0                        | 1, 458, 206<br>0        |                            | 9, 166<br>2, 410   | 152, 597<br>7, 981     | 6. 00<br>7. 00     |
| 8. 00              |       | LAUNDRY & LINEN SERVICE  | o                        | 0                       |                            | 2,410              | 7, 461                 | 8.00               |
| 9.00               | 00900 | HOUSEKEEPI NG  | o                        | 120, 885                | 179, 694                   | 2, 321             | 0                      | 9. 00              |
| 10.00              |       | DI ETARY   | 0                        | 51, 282                 |                            | 0                  | 17, 785                |                    |
| 11. 00<br>13. 00   | 1     | CAFETERIA<br>NURSING ADMINISTRATION                                | 0                        | 307, 498<br>156, 015    |                            | 0                  | 13, 832<br>872, 261    | 11. 00<br>13. 00   |
| 14. 00             |       | CENTRAL SERVICES & SUPPLY  | o                        | 328, 588                |                            | o                  | 072, 201               | 14.00              |
| 15.00              | 01500 | PHARMACY   | o                        | 156, 344                |                            | О                  | 231, 841               | 15. 00             |
| 16.00              |       | MEDICAL RECORDS & LIBRARY  | 0                        | 0                       | I "I                       | 0                  | 0                      | 16.00              |
| 17. 00<br>18. 00   |       | SOCIAL SERVICE PATIENT TRANSPORTATION                              | 0                        | 194, 535<br>0           | 1                          | 0                  | 0                      | 17. 00<br>18. 00   |
| 10.00              |       | IENT ROUTINE SERVICE COST CENTERS                                  | <u> </u>                 | 0                       |                            | <u> </u>           |                        | 10.00              |
| 30.00              |       | ADULTS & PEDIATRICS  | 0                        | 1, 884, 266             |                            | 0                  | 257, 298               | 30.00              |
| 34. 00<br>34. 01   |       | SURGICAL INTENSIVE CARE UNIT<br>PEDIATRIC INTENSIVE CARE UNIT      | 0                        | 0                       | 0                          | 0                  | 0                      | 34. 00<br>34. 01   |
| 34. 02             |       | PREMATURE INTENSIVE CARE UNIT                                      | o                        | 420, 675                | 625, 330                   | 2, 915             | 57, 606                | •                  |
| 43. 00             |       | NURSERY  | 0                        | 167, 325                | 248, 727                   | 0                  | 8, 723                 | 43. 00             |
| 50. 00             |       | LARY SERVICE COST CENTERS OPERATING ROOM                           | 0                        | 1 164 226               | 1, 730, 610                | 0                  | 2, 227, 466            | 50.00              |
| 51.00              |       | RECOVERY ROOM  |                          | 1, 164, 226<br>178, 712 |                            | 0                  | 2, 227, 400            | 1                  |
| 52.00              | 05200 | DELIVERY ROOM & LABOR ROOM   | o                        | 539, 759                |                            | 0                  | 87, 672                | 52.00              |
| 54.00              |       | RADI OLOGY - DI AGNOSTI C  | 0                        | 293, 535                |                            | 104, 045           | 2, 038, 904            | 1                  |
| 55. 00<br>56. 00   |       | RADI OLOGY - THERAPEUTI C<br>RADI OI SOTOPE                        | 0                        | 940, 486<br>20, 257     |                            | 0                  | 1, 549, 246<br>45, 018 | 1                  |
| 60.00              |       | LABORATORY   | o                        | 227, 515                |                            | ő                  | 43, 010                | 60.00              |
| 65.00              |       | RESPI RATORY THERAPY   | o                        | 35, 634                 |                            | О                  | 61, 800                |                    |
| 66. 00<br>67. 00   |       | PHYSI CAL THERAPY  | 0                        | 6, 759                  |                            | 36, 811<br>0       | 44, 919                | 1                  |
| 68.00              |       | OCCUPATI ONAL THERAPY SPEECH PATHOLOGY                             | 0                        | 0                       | 1                          | 0                  | 0<br>15, 006           | 67. 00<br>68. 00   |
| 69. 00             |       | ELECTROCARDI OLOGY   | o                        | 40, 824                 | 60, 685                    | Ö                  | 74, 440                | •                  |
| 70.00              |       | ELECTROENCEPHALOGRAPHY   | 0                        | 13, 731                 |                            | 0                  | 32, 905                |                    |
|                    |       | MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENT | 0                        | 0                       | 0                          | 0                  | 0                      | •                  |
| 73.00              |       | DRUGS CHARGED TO PATTENT   |                          | 0                       | 0                          | o                  | 0                      | ł                  |
| 75.00              | 07500 | ASC (NON-DISTINCT PART)  | o                        | 0                       | 0                          | 0                  | 0                      | 75. 00             |
| 75. 01             |       | CARDI AC CATHERI ZATI ON LABORATORY                                | 0                        | 252, 285                | 375, 019                   | 0                  | 715, 017               | 75. 01             |
| 91. 00             |       | TIENT SERVICE COST CENTERS EMERGENCY                               | 0                        | 221, 260                | 328, 901                   | 0                  | 199, 394               | 91.00              |
|                    |       | OBSERVATION BEDS (NON-DISTINCT PART)                               |                          | 22.,200                 | 020, 701                   |                    | .,,, .,                | 92.00              |
| 400.00             |       | REIMBURSABLE COST CENTERS  |                          |                         |                            | ما                 |                        |                    |
| 102.00             |       | OPIOID TREATMENT PROGRAM AL PURPOSE COST CENTERS                   | 0                        | 0                       | 0                          | 0                  | 0                      | 102. 00            |
| 118. 00            |       | SUBTOTALS (SUM OF LINES 1 through 117)                             | 0                        | 9, 700, 375             | 14, 419, 513               | 292, 165           | 11, 496, 611           | 118. 00            |
|                    |       | IMBURSABLE COST CENTERS  | _                        |                         |                            | -                  |                        |                    |
|                    |       | PHYSICIANS' PRIVATE OFFICES OTHER NON-REIMBURSABLE                 | 0                        | 9, 238                  |                            | 0                  | 0<br>182, 078          | 192. 00<br>192. 01 |
|                    |       | CHILDBIRTH EDUCATION   |                          | 7, 230                  | 13, 732                    | ol                 |                        | 192.01             |
| 192. 03            | 19203 | PHYSICIANS' PRIVATE OFFICES  | o                        | 264, 002                | 392, 436                   | О                  | 0                      | 192. 03            |
|                    |       | PHYSICIANS' PRIVATE OFFICES  | 0                        | 0                       | 0                          | 0                  | 33, 798                |                    |
|                    |       | PHYSICIAN PRACTICE<br>TIPTON HOSPITAL                              | 0                        | 0<br>15, 028            | -                          | 113, 044<br>3, 164 | 23, 666                | 192. 05<br>192. 06 |
|                    |       | WEST HOSPITAL  |                          | 5, 868                  |                            | 2, 600             |                        | 192.00             |
| 192. 08            | 19208 | SAXONY HOSPITAL  | 0                        | 1, 646                  |                            | 4, 488             |                        | 192. 08            |
| 200.00             |       | Cross Foot Adjustments   |                          | ^                       |                            |                    | ^                      | 200. 00<br>201. 00 |
| 201. 00<br>202. 00 |       | Negative Cost Centers<br>TOTAL (sum lines 118 through 201)         | o                        | 9, 996, 157             | 14, 859, 190               | 415, 461           | 11, 736, 153           |                    |
| 50                 | 1     |  | , 91                     |                         | , ., , . , . , . , . , . , | = .                | ,,                     |                    |

| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: 5/25/2023 2: 40 pm

|  |              |            |             |             | 5/25/2023 2: 4 | 0 pm    |
|--|--------------|------------|-------------|-------------|----------------|---------|
| Cost Center Description                          | Subtotal     | EMPLOYEE   | NONPATI ENT | DATA        | PURCHASI NG    |         |
|  |              | BENEFI TS  | TELEPHONES  | PROCESSI NG | RECEIVING AND  |         |
|  |              | DEPARTMENT |             |             | STORES         |         |
|  | 2A           | 4. 00      | 5. 01       | 5. 02       | 5. 03          |         |
| GENERAL SERVICE COST CENTERS                     |              |            |             |             |                |         |
| 1.00 00100 NEW CAP REL COSTS-BLDG & FLXT         |              |            |             |             |                | 1. 00   |
| 1.01   00101   NEW CAP REL COSTS-INTEREST        |              |            |             |             |                | 1. 01   |
| 1. 02   00102   MOB LEASED SPACE                 |              |            |             |             |                | 1. 02   |
| 2.00 O0200 NEW CAP REL COSTS-MVBLE EQUIP         |              |            |             |             |                | 2.00    |
| 4.00   00400   EMPLOYEE BENEFITS DEPARTMENT      | 75, 068      | 75, 068    |             |             |                | 4.00    |
| 5. 01 00540 NONPATI ENT TELEPHONES               | 0            | 0          | 0           |             |                | 5. 01   |
| 5. 02 00550 DATA PROCESSING                      | 389, 857     | 0          | 0           | 389, 857    |                | 5. 02   |
| 5. 03 00560 PURCHASING RECEIVING AND STORES      | 0            | 0          | 0           | 0           | 0              | 5.03    |
| 5. 04   00570   ADMI TTI NG                      | 77, 817      | 469        | 0           | 5, 009      | 0              | 5.04    |
| 5. 05 00590 OTHER ADMINISTRATIVE & GENERAL       | 3, 643, 393  | 2, 726     | 0           | 13, 108     | 0              | 5. 05   |
| 6. 00 00600 MAINTENANCE & REPAIRS                | 3, 787, 578  | 1, 656     | 0           | 9, 530      | 0              | 6.00    |
| 7. 00 00700 OPERATION OF PLANT                   | 10, 391      | 1, 082     | 0           | 8, 946      | 0              | 7. 00   |
| 8.00 00800 LAUNDRY & LINEN SERVICE               | 0            | 0          | 0           | 0,          | 0              | 8.00    |
| 9. 00   00900   HOUSEKEEPI NG                    | 302, 900     | 1, 772     | 0           | 20, 746     | Ö              | 9. 00   |
| 10. 00   01000 DI ETARY                          | 145, 297     | 771        | 0           | 8, 421      | Ö              | 10.00   |
| 11. 00   01100   CAFETERI A                      | 778, 423     | 1, 052     | 0           | 12, 100     | 0              | 11.00   |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON          |              | 4, 756     | 0           |             | 0              | 13.00   |
| 1  | 1, 260, 191  | 4, 730     | 0           | 7, 710      | 0              |         |
| 1  | 817, 031     | 2 524      | Ŭ.          | 17 (72      |                | 14.00   |
| 15. 00 01500 PHARMACY                            | 620, 589     | 3, 524     | 0           | 17, 672     | 0              | 15.00   |
| 16. 00 01600 MEDICAL RECORDS & LIBRARY           | 0            | 0          | 0           | 0           | 0              | 16.00   |
| 17. 00   01700   SOCIAL   SERVICE                | 483, 709     | 1, 198     | 0           | 6, 020      | 0              | 17. 00  |
| 18.00 O1850 PATIENT TRANSPORTATION               | 0            | 236        | 0           | 2, 718      | 0              | 18. 00  |
| INPATIENT ROUTINE SERVICE COST CENTERS           |              |            |             |             |                |         |
| 30. 00   03000   ADULTS & PEDI ATRI CS           | 4, 942, 505  | 16, 593    | 0           | 77, 009     | 0              | 30.00   |
| 34.00 03400 SURGICAL INTENSIVE CARE UNIT         | 0            | 0          | 0           | 0           | 0              | 34.00   |
| 34.01   03401   PEDIATRIC INTENSIVE CARE UNIT    | 0            | 0          | 0           | 0           | 0              | 34. 01  |
| 34.02 03402 PREMATURE INTENSIVE CARE UNIT        | 1, 106, 526  | 3, 708     | 0           | 13, 256     | 0              | 34. 02  |
| 43. 00 04300 NURSERY                             | 424, 775     | 1, 065     | 0           | 5, 872      | 0              | 43.00   |
| ANCILLARY SERVICE COST CENTERS                   | · '          | ·          |             | ·           |                |         |
| 50. 00 05000 OPERATING ROOM                      | 5, 122, 302  | 6, 756     | 0           | 38, 896     | 0              | 50.00   |
| 51.00   05100   RECOVERY ROOM                    | 470, 038     | 2, 692     | 0           | 13, 383     | 0              | 51.00   |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM           | 1, 429, 777  | 4, 131     | 0           | 17, 299     | 0              | 52.00   |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C             | 2, 872, 821  | 5, 192     | 0           | 24, 200     | Ö              | 54.00   |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C       | 3, 887, 756  | 3, 378     | 0           | 20, 864     | Ö              | 55. 00  |
| 56. 00   05600   RADI 01 SOTOPE                  | 95, 387      | 216        | 0           | 1, 169      | 0              | 56.00   |
| 60. 00   06000   LABORATORY                      | 565, 715     | 906        | 0           | 14, 310     | 0              | 60.00   |
|  |              |            | _           |             | 0              |         |
| 65. 00 06500 RESPI RATORY THERAPY                | 150, 404     | 2, 732     | 0           | 11, 169     |                | 65.00   |
| 66. 00   06600   PHYSI CAL THERAPY               | 98, 536      | 1, 689     | 0           | 9, 234      | 0              | 66.00   |
| 67. 00 06700 OCCUPATI ONAL THERAPY               | 0            | 546        | 0           | 2, 938      |                | 67.00   |
| 68. 00 06800 SPEECH PATHOLOGY                    | 15, 006      | 421        | 0           | 2, 159      | 0              | 68. 00  |
| 69. 00 06900 ELECTROCARDI OLOGY                  | 175, 949     | 358        | 0           | 2, 062      | 0              | 69. 00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY              | 67, 047      | 172        | 0           | 775         | 0              | 70. 00  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0            | 0          | 0           | 0           | 0              | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT        | 0            | 0          | 0           | 0           | 0              | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 0            | 0          | 0           | 0           | 0              | 73.00   |
| 75.00 07500 ASC (NON-DISTINCT PART)              | 0            | 0          | 0           | 0           | 0              | 75.00   |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY | 1, 342, 321  | 1, 092     | 0           | 4, 547      | 0              | 75. 01  |
| OUTPATIENT SERVICE COST CENTERS                  |              |            |             |             |                |         |
| 91. 00 09100 EMERGENCY                           | 749, 555     | 3, 621     | 0           | 15, 894     | 0              | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0            | -,         |             | ,           | _              | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                  | <u> </u>     |            |             |             |                |         |
| 102. 00 10200 OPI OI D TREATMENT PROGRAM         | 0            | 0          | 0           | 0           | 0              | 102.00  |
| SPECIAL PURPOSE COST CENTERS                     | <u> </u>     |            | <u> </u>    |             | 0              | 102.00  |
| 118. 00 SUBTOTALS (SUM OF LINES 1 through 117)   | 35, 908, 664 | 74, 511    | 0           | 387, 020    | 0              | 118. 00 |
|  | 33, 900, 004 | 74, 311    | U           | 307, 020    | U              | 116.00  |
| NONREI MBURSABLE COST CENTERS                    | ما           | ٥          | 0           |             |                | 100 00  |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES     | 0            | 0          | 0           | 0           | 0              | 192.00  |
| 192. 01 19201 OTHER NON-REI MBURSABLE            | 205, 048     | 49         | 0           | 428         |                | 192. 01 |
| 192. 02 19202 CHI LDBI RTH EDUCATI ON            | 0            | 75         | 0           | 529         |                | 192.02  |
| 192. 03 19203 PHYSI CI ANS' PRI VATE OFFI CES    | 656, 438     | 0          | 0           | 0           |                | 192. 03 |
| 192.04 19204 PHYSI CLANS' PRI VATE OFFI CES      | 33, 798      | 0          | 0           | 0           |                | 192. 04 |
| 192. 05 19205 PHYSI CI AN PRACTI CE              | 136, 710     | 0          | 0           | 13          |                | 192. 05 |
| 192. 06 19206 TI PTON HOSPI TAL                  | 40, 531      | 130        | 0           | 394         |                | 192. 06 |
| 192. 07 19207 WEST HOSPI TAL                     | 17, 191      | 168        | 0           | 1, 058      | 0              | 192. 07 |
| 192. 08 19208 SAXONY HOSPI TAL                   | 8, 581       | 135        | 0           | 415         | 0              | 192. 08 |
| 200.00 Cross Foot Adjustments                    | 0            |            |             |             |                | 200.00  |
| 201.00 Negative Cost Centers                     | o            | o          | 0           | 0           |                | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201)         | 37, 006, 961 | 75, 068    | _           | 389, 857    |                | 202.00  |
| (  | . ,          | . 5, 550   | ١           | 22.,007     | ,              |         |

|   |            |                  |               |              | 5/25/2023 2: 4 | O pm    |
|---|------------|------------------|---------------|--------------|----------------|---------|
| Cost Center Description                           | ADMITTI NG | OTHER            | MAINTENANCE & | OPERATION OF | LAUNDRY &      |         |
|   |            | ADMI NI STRATI V | REPAI RS      | PLANT        | LINEN SERVICE  |         |
|   |            | E & GENERAL      |               |              |                |         |
|   | 5. 04      | 5. 05            | 6. 00         | 7. 00        | 8. 00          |         |
| GENERAL SERVICE COST CENTERS                      | •          |                  |               |              |                |         |
| 1.00   00100   NEW CAP REL COSTS-BLDG & FIXT      |            |                  |               |              |                | 1.00    |
| 1. 01   00101 NEW CAP REL COSTS-INTEREST          |            |                  |               |              |                | 1.01    |
| 1.02 00102 MOB LEASED SPACE                       |            |                  |               |              |                | 1.02    |
| 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP          |            |                  |               |              |                | 2.00    |
| 4. 00   00400 EMPLOYEE BENEFITS DEPARTMENT        |            |                  |               |              |                | 4.00    |
| 5. 01 00540 NONPATI ENT TELEPHONES                |            |                  |               |              |                | 5. 01   |
|   |            |                  |               |              |                | 1       |
| 5. 02 00550 DATA PROCESSING                       |            |                  |               |              |                | 5. 02   |
| 5. 03   00560   PURCHASING RECEIVING AND STORES   |            |                  |               |              |                | 5. 03   |
| 5. 04   00570   ADMI TTI NG                       | 83, 295    |                  |               |              |                | 5. 04   |
| 5. 05   00590 OTHER ADMINISTRATIVE & GENERAL      | 0          | 3, 659, 227      |               |              |                | 5. 05   |
| 6.00   00600 MAINTENANCE & REPAIRS                | 0          | 148, 297         | 3, 947, 061   |              |                | 6.00    |
| 7.00 00700 OPERATION OF PLANT                     | 0          | 71, 722          | 0             | 92, 141      |                | 7. 00   |
| 8.00 00800 LAUNDRY & LINEN SERVICE                | 0          | 3, 256           | 0             | 0            | 3, 256         | 8.00    |
| 9. 00 00900 HOUSEKEEPI NG                         | 0          | 55, 589          |               | 1, 389       | 0              | 9. 00   |
| 10. 00 01000 DI ETARY                             | 0          |                  | 25, 244       | 589          | Ö              | 10.00   |
| 11. 00   01100   CAFETERI A                       | 0          |                  |               |              | 0              | 11.00   |
|   | 0          | 40, 541          | 151, 370      | 3, 534       |                | •       |
| 13. 00 01300 NURSI NG ADMI NI STRATI ON           | 0          |                  | 76, 801       | 1, 793       | 0              | 13.00   |
| 14.00 01400 CENTRAL SERVICES & SUPPLY             | 0          | 1 ,              | · ·           | 3, 776       | 0              | 14.00   |
| 15. 00   01500   PHARMACY                         | 0          | 87, 371          | 76, 963       | 1, 797       | 0              | 15. 00  |
| 16.00 01600 MEDICAL RECORDS & LIBRARY             | 0          | 0                | 0             | 0            | 0              | 16.00   |
| 17. 00   01700   SOCIAL   SERVICE                 | 0          | 36, 311          | 95, 762       | 2, 235       | 0              | 17.00   |
| 18.00 01850 PATIENT TRANSPORTATION                | 0          | 4, 799           | 0             | o            | 0              | 18. 00  |
| INPATIENT ROUTINE SERVICE COST CENTERS            | -          |                  | -             | -            |                |         |
| 30. 00 03000 ADULTS & PEDIATRICS                  | 8, 022     | 575, 709         | 927, 557      | 21, 652      | 2, 482         | 30.00   |
| 34. 00 03400 SURGI CAL INTENSI VE CARE UNIT       | 0,022      |                  | 0             | 21, 032      | 2, 402         | 34.00   |
|   | -          |                  | _             | 0            |                | 1       |
| 34. 01   03401   PEDIATRIC INTENSIVE CARE UNIT    | 0          |                  | 0             |              | 0              | 34. 01  |
| 34. 02 03402 PREMATURE INTENSIVE CARE UNIT        | 1, 663     |                  | 207, 083      | 4, 834       | 433            | 34. 02  |
| 43. 00 04300 NURSERY                              | 416        | 28, 914          | 82, 368       | 1, 923       | 341            | 43.00   |
| ANCILLARY SERVICE COST CENTERS                    |            |                  |               |              |                |         |
| 50.00   05000   OPERATING ROOM                    | 16, 247    |                  |               | 13, 379      | 0              | 50.00   |
| 51.00   05100   RECOVERY ROOM                     | 2, 218     | 70, 093          | 87, 974       | 2, 054       | 0              | 51.00   |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM        | 2, 533     | 131, 469         | 265, 704      | 6, 203       | 0              | 52.00   |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C          | 5, 831     | 154, 073         | 144, 497      | 3, 373       | 0              | 54.00   |
| 55. 00 05500 RADI OLOGY - THERAPEUTI C            | 5, 082     |                  |               | 10, 808      | 0              | 55.00   |
| 56. 00 05600 RADI 0I SOTOPE                       | 579        |                  |               | 233          | 0              | 56.00   |
| 60. 00   06000   LABORATORY                       | 3, 703     |                  | 111, 998      | 2, 614       | Ö              | 60.00   |
| 65. 00 06500 RESPIRATORY THERAPY                  | 973        |                  | 17, 541       | 409          | Ö              | 65.00   |
|   | 513        |                  |               | 78           | 0              | •       |
|   |            |                  |               |              |                | 66.00   |
| 67. 00 06700 OCCUPATI ONAL THERAPY                | 248        |                  |               | 0            | 0              | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                      | 130        |                  | 0             | 0            | 0              | 68. 00  |
| 69. 00 06900 ELECTROCARDI OLOGY                   | 954        | 11, 944          | 20, 096       | 469          | 0              | 69. 00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY               | 251        | 9, 480           | 6, 759        | 158          | 0              | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 2, 573     | 81, 473          | 0             | 0            | 0              | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT         | 6, 068     | 131, 630         | 0             | o            | 0              | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS             | 15, 630    |                  |               | 0            | 0              | 73.00   |
| 75. 00 07500 ASC (NON-DISTINCT PART)              | 0          |                  |               | 0            | 1              | 75.00   |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY  | 2, 152     |                  |               | - 1          |                |         |
| OUTPATIENT SERVICE COST CENTERS                   | 2, 132     | 75,055           | 124, 171      | 2,077        | 0              | 75.01   |
|   | 7 500      | 120 051          | 100.010       | 2 542        |                | 01 00   |
| 91. 00   09100   EMERGENCY                        | 7, 509     | 130, 851         | 108, 918      | 2, 543       | 0              | 91.00   |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) |            |                  |               |              |                | 92.00   |
| OTHER REIMBURSABLE COST CENTERS                   |            | T .              |               | - 1          |                |         |
| 102.00 10200 OPIOLD TREATMENT PROGRAM             | 0          | 0                | 0             | 0            | 0              | 102.00  |
| SPECIAL PURPOSE COST CENTERS                      |            |                  |               |              |                |         |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117)     | 83, 295    | 3, 623, 388      | 3, 801, 458   | 88, 742      | 3, 256         | 118. 00 |
| NONREI MBURSABLE COST CENTERS                     |            |                  |               |              |                |         |
| 192.00 19200 PHYSICIANS' PRIVATE OFFICES          | 0          | 0                | 0             | 0            | 0              | 192. 00 |
| 192. 01 19201 OTHER NON-REIMBURSABLE              | 0          | 8, 190           | 4, 547        | 106          | 0              | 192. 01 |
| 192. 02 19202 CHI LDBI RTH EDUCATI ON             | 0          |                  | 0             | ol           |                | 192. 02 |
| 192. 03 19203 PHYSI CLANS' PRI VATE OFFI CES      | 0          |                  | 129, 959      | 3, 034       | l              | 192. 03 |
| 192. 04 19204 PHYSI CI ANS' PRI VATE OFFI CES     | Ö          |                  |               | o, 551       |                | 192.04  |
| 192. 05 19205 PHYSI CI AN PRACTI CE               |            | 1, 931           |               | ٥            |                | 192.05  |
| 192.06 19206 TIPTON HOSPITAL                      |            | 4, 760           | 7, 398        | 170          |                | 192.05  |
|   |            |                  |               |              | l .            | 1       |
| 192. 07 19207 WEST HOSPITAL                       | 0          | .,               |               | 67           |                | 192.07  |
| 192. 08 19208 SAXONY HOSPI TAL                    | 0          | 4, 145           | 810           | 19           | l              | 192. 08 |
| 200.00 Cross Foot Adjustments                     |            |                  |               |              |                | 200. 00 |
| 201.00 Negative Cost Centers                      | 0          | 0                | 0             | 0            |                | 201. 00 |
| 202.00 TOTAL (sum lines 118 through 201)          | 83, 295    | 3, 659, 227      | 3, 947, 061   | 92, 141      | 3, 256         | 202.00  |
|   |            |                  |               |              |                |         |

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0161

|                    |  |                    |               | Т                   | o 12/31/2022         | Date/Time Pre 5/25/2023 2:4 |                    |
|--------------------|--|--------------------|---------------|---------------------|----------------------|-----------------------------|--------------------|
|                    | Cost Center Description  | HOUSEKEEPI NG      | DI ETARY      | CAFETERI A          | NURSI NG             | CENTRAL                     | O piii             |
|                    | ·  |                    |               |                     | ADMI NI STRATI O     | SERVICES &                  |                    |
|                    |  | 9. 00              | 10. 00        | 11. 00              | N<br>13. 00          | SUPPLY<br>14. 00            |                    |
| GENEF              | RAL SERVICE COST CENTERS   | 7. 00              | 10.00         | 11.00               | 13.00                | 14.00                       |                    |
| 1.00 00100         | NEW CAP REL COSTS-BLDG & FIXT                                    |                    |               |                     |                      |                             | 1.00               |
|                    | NEW CAP REL COSTS-INTEREST                                       |                    |               |                     |                      |                             | 1.01               |
|                    | MOB LEASED SPACE NEW CAP REL COSTS-MVBLE EQUIP                   |                    |               |                     |                      |                             | 1. 02<br>2. 00     |
|                    | EMPLOYEE BENEFITS DEPARTMENT                                     |                    |               |                     |                      |                             | 4.00               |
|                    | NONPATIENT TELEPHONES  |                    |               |                     |                      |                             | 5. 01              |
|                    | DATA PROCESSING  |                    |               |                     |                      |                             | 5. 02              |
|                    | PURCHASING RECEIVING AND STORES                                  |                    |               |                     |                      |                             | 5.03               |
|                    | DADMITTING<br>OTHER ADMINISTRATIVE & GENERAL                     |                    |               |                     |                      |                             | 5. 04<br>5. 05     |
|                    | MAINTENANCE & REPAIRS  |                    |               |                     |                      |                             | 6.00               |
|                    | OPERATION OF PLANT   |                    |               |                     |                      |                             | 7. 00              |
|                    | LAUNDRY & LINEN SERVICE  |                    |               |                     |                      |                             | 8.00               |
|                    | HOUSEKEEPI NG<br>DI ETARY  | 441, 903<br>2, 870 | 207, 389      |                     |                      |                             | 9. 00<br>10. 00    |
|                    | CAFETERI A   | 17, 206            | 207, 369      | 1, 004, 226         |                      |                             | 11.00              |
|                    | NURSING ADMINISTRATION   | 8, 730             | 0             | 24, 815             | 1, 492, 293          |                             | 13.00              |
|                    | CENTRAL SERVICES & SUPPLY  | 18, 387            | 0             | 14                  | 0                    | 1, 111, 598                 | 1                  |
|                    | PHARMACY   | 8, 748             | 0             | 56, 881             | 0                    | 3, 690                      |                    |
|                    | MEDICAL RECORDS & LIBRARY SOCIAL SERVICE                         | 10, 885            | 0             | 0<br>19, 378        | 0                    | 0                           |                    |
|                    | PATIENT TRANSPORTATION   | 10, 865            | 0             | 8, 749              | 0                    | 0                           |                    |
| I NPAT             | TIENT ROUTINE SERVICE COST CENTERS                               |                    |               |                     | - 1                  |                             |                    |
|                    | D ADULTS & PEDIATRICS  | 105, 437           | 193, 895      | 247, 869            | 514, 515             | 33, 303                     | 30.00              |
|                    | SURGICAL INTENSIVE CARE UNIT                                     | 0                  | 0             | 0                   | 0 0                  | 0                           | 34. 00<br>34. 01   |
|                    | PREMATURE INTENSIVE CARE UNIT                                    | 23, 539            | 0             | 42, 667             | 133, 241             | 3, 084                      |                    |
| 43.00 04300        | NURSERY  | 9, 363             | 0             | 18, 901             | 43, 919              | 0                           | 1                  |
|                    | LARY SERVICE COST CENTERS  | /F 14/             | ٥             | 105 104             | 170 (00              | 20/ 102                     | 1 50 00            |
|                    | OPERATING ROOM RECOVERY ROOM                                     | 65, 146<br>10, 000 | 0<br>641      | 125, 194<br>43, 076 | 178, 690<br>123, 657 | 286, 182<br>4, 715          | 1                  |
|                    | DELIVERY ROOM & LABOR ROOM                                       | 30, 203            | 8, 903        | 55, 681             | 148, 406             | 13, 548                     | 1                  |
|                    | RADI OLOGY-DI AGNOSTI C  | 16, 425            | 0             | 77, 894             | 32, 759              | 17, 958                     | 1                  |
|                    | RADI OLOGY - THERAPEUTI C  | 52, 626            | 0             | 67, 156             | 131, 351             | 4, 935                      | 1                  |
|                    | RADI OI SOTOPE<br>LABORATORY                                     | 1, 134<br>12, 731  | 0             | 3, 761<br>46, 060   | 0<br>36, 314         | 55<br>483                   | 1                  |
|                    | RESPI RATORY THERAPY   | 1, 994             | 0             | 35, 949             | 45                   | 13, 577                     | 65.00              |
|                    | PHYSI CAL THERAPY  | 378                | 0             | 29, 721             | 0                    | 566                         | 1                  |
| 1                  | OCCUPATIONAL THERAPY   | 0                  | 0             | 9, 457              | 0                    | 287                         | 67.00              |
|                    | SPEECH PATHOLOGY   | 0                  | 0             | 6, 950              | 0                    | 485                         | 1                  |
|                    | ELECTROCARDI OLOGY ELECTROENCEPHALOGRAPHY                        | 2, 284<br>768      | 0             | 6, 637<br>2, 494    | 0                    | 0                           | 69. 00<br>70. 00   |
|                    | MEDICAL SUPPLIES CHARGED TO PATIENTS                             | 0                  | Ö             | 0                   | o                    | 266, 134                    | 1                  |
|                    | IMPL. DEV. CHARGED TO PATIENT                                    | О                  | 0             | 0                   | 0                    | 427, 223                    | 72.00              |
|                    | D DRUGS CHARGED TO PATIENTS                                      | 0                  | 0             | 0                   | 0                    | 0                           |                    |
|                    | ASC (NON-DISTINCT PART) CARDIAC CATHERIZATION LABORATORY         | 14, 117            | 0<br>3, 790   | 14, 636             | 25, 739              | 0<br>27, 152                |                    |
|                    | ATIENT SERVICE COST CENTERS                                      |                    | 5, 7,0        | 11,000              | 20, 707              | 27, 102                     | 70.01              |
|                    | EMERGENCY  | 12, 381            | 160           | 51, 157             | 123, 117             | 7, 670                      |                    |
|                    | OBSERVATION BEDS (NON-DISTINCT PART) R REIMBURSABLE COST CENTERS |                    |               |                     |                      |                             | 92.00              |
|                    | OPIOID TREATMENT PROGRAM   | 0                  | 0             | 0                   | 0                    | 0                           | 102. 00            |
|                    | AL PURPOSE COST CENTERS  | 425 252            | 207 200       | 005 007             | 1 401 750            | 1 111 050                   | 110.00             |
|                    | SUBTOTALS (SUM OF LINES 1 through 117) EIMBURSABLE COST CENTERS  | 425, 352           | 207, 389      | 995, 097            | 1, 491, 753          | 1, 111, 050                 | ]118.00            |
|                    | PHYSICIANS' PRIVATE OFFICES                                      | 0                  | 0             | 0                   | 0                    |                             | 192.00             |
|                    | OTHER NON-REIMBURSABLE CHILDBIRTH EDUCATION                      | 517<br>0           | 0             | 1, 376<br>1, 703    | 0<br>540             |                             | 192. 01<br>192. 02 |
|                    | PHYSICIANS' PRIVATE OFFICES                                      | 14, 773            | 0             | 0                   | 0                    |                             | 192. 03            |
|                    | PHYSICIANS' PRIVATE OFFICES                                      | 0                  | 0             | 0                   | 0                    |                             | 192. 04            |
|                    | 5 PHYSICIAN PRACTICE<br>5 TIPTON HOSPITAL                        | 0                  | 0             | 41<br>1 267         | 0                    |                             | 192. 05<br>192. 06 |
|                    | WEST HOSPITAL  | 841<br>328         | 0             | 1, 267<br>3, 407    |                      |                             | 192.06             |
|                    | B SAXONY HOSPI TAL   | 92                 | 0             | 1, 335              | o                    |                             | 192. 08            |
| 200.00             | Cross Foot Adjustments   |                    |               | _                   |                      | _                           | 200.00             |
| 201. 00<br>202. 00 | Negative Cost Centers<br>TOTAL (sum lines 118 through 201)       | 0<br>441, 903      | 0<br>207, 389 | 0<br>1, 004, 226    | 0<br>1, 492, 293     | 0<br>1, 111, 598            | 201.00             |
| 202.00             | (SamOS 110 till Odgil 201)                                       | 111, 703           | 201, 307      | 1,007,220           | 1, 1,2,2,5           | 1, 111, 570                 |                    |

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | Part (2002) | Part Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0161

|                    |  |                  |           | 1             | o 12/31/2022     | Date/lime Pre<br>5/25/2023 2:4 |                     |
|--------------------|--|------------------|-----------|---------------|------------------|--------------------------------|---------------------|
|                    |  |                  |           |               | OTHER GENERAL    | 37 237 2023 2. 4               | O pili              |
|                    |  |                  |           |               | SERVI CE         |                                |                     |
|                    | Cost Center Description  | PHARMACY         | MEDI CAL  | SOCI AL       | PATI ENT         | Subtotal                       |                     |
|                    |  |                  | RECORDS & | SERVI CE      | TRANSPORTATIO    |                                |                     |
|                    |  | 15. 00           | 16. 00    | 17. 00        | N<br>18. 00      | 24. 00                         |                     |
|                    | GENERAL SERVICE COST CENTERS   | 13.00            | 10.00     | 17.00         | 10.00            | 24.00                          |                     |
| 1. 00              | 00100 NEW CAP REL COSTS-BLDG & FLXT  |                  |           |               |                  |                                | 1.00                |
| 1. 01              | 00101 NEW CAP REL COSTS-INTEREST   |                  |           |               |                  |                                | 1. 01               |
| 1. 02              | 00102 MOB LEASED SPACE   |                  |           |               |                  |                                | 1. 02               |
| 2.00               | 00200 NEW CAP REL COSTS-MVBLE EQUIP  |                  |           |               |                  |                                | 2.00                |
| 4. 00              | 00400 EMPLOYEE BENEFITS DEPARTMENT   |                  |           |               |                  |                                | 4.00                |
| 5. 01              | 00540 NONPATI ENT TELEPHONES   |                  |           |               |                  |                                | 5. 01               |
| 5. 02              | OO550 DATA PROCESSING<br>  OO560 PURCHASING RECEIVING AND STORES                 |                  |           |               |                  |                                | 5. 02<br>5. 03      |
| 5. 03<br>5. 04     | 00570 ADMITTING  |                  |           |               |                  |                                | 5.03                |
| 5. 05              | 00590 OTHER ADMINISTRATIVE & GENERAL   |                  |           |               |                  |                                | 5.05                |
| 6. 00              | 00600 MAI NTENANCE & REPAI RS  |                  |           |               |                  |                                | 6.00                |
| 7.00               | 00700 OPERATION OF PLANT   |                  |           |               |                  |                                | 7. 00               |
| 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   |                  |           |               |                  |                                | 11.00               |
| 13. 00<br>14. 00   | 01300   NURSI NG ADMINI STRATI ON   01400   CENTRAL SERVI CES & SUPPLY           |                  |           |               |                  |                                | 13.00               |
| 15. 00             | 01500 PHARMACY   | 877, 235         |           |               |                  |                                | 14. 00<br>15. 00    |
| 16. 00             | 01600 MEDICAL RECORDS & LIBRARY  | 077, 233         | 0         |               |                  |                                | 16.00               |
| 17. 00             | 01700 SOCI AL SERVI CE   | o                | 0         | 1             |                  |                                | 17. 00              |
|                    | 01850 PATIENT TRANSPORTATION   | 0                | 0         |               | 16, 502          |                                | 18.00               |
|                    | INPATIENT ROUTINE SERVICE COST CENTERS   |                  |           |               |                  |                                |                     |
| 30.00              | 03000 ADULTS & PEDIATRICS  | 2, 970           | 0         |               | 1, 632           | 8, 170, 720                    | 30.00               |
| 34.00              | 03400 SURGICAL INTENSIVE CARE UNIT   | 0                | 0         |               | 0                | 0                              | 34.00               |
| 34. 01<br>34. 02   | 03401   PEDIATRIC INTENSIVE CARE UNIT<br>  03402   PREMATURE INTENSIVE CARE UNIT | 294              | 0         |               | 0<br>338         | 0<br>1, 731, 420               | 34. 01<br>34. 02    |
| 43. 00             | 04300 NURSERY  | 0                | 0         |               | 85               | 686, 670                       |                     |
| 10.00              | ANCILLARY SERVICE COST CENTERS   | <u> </u>         |           | 00,720        | 001              | 000,070                        | 10.00               |
| 50.00              | 05000 OPERATING ROOM   | 1, 473           | 0         | 0             | 2, 866           | 6, 772, 439                    | 50.00               |
| 51.00              | 05100 RECOVERY ROOM  | 1, 778           | 0         |               | 451              | 832, 770                       |                     |
| 52.00              | 05200 DELIVERY ROOM & LABOR ROOM   | 1, 199           | 0         |               | 515              | 2, 115, 571                    | 52.00               |
| 54. 00<br>55. 00   | 05400  RADI OLOGY-DI AGNOSTI C<br>  05500  RADI OLOGY - THERAPEUTI C             | 1, 634<br>1, 317 | 0         | 1             | 1, 186<br>1, 034 | 3, 357, 843<br>4, 794, 805     | 54. 00<br>55. 00    |
| 56. 00             | 05600 RADI OLOGI - MEKAI EUTI C  | 1, 317           | 0         | 1             | 118              | 118, 831                       |                     |
| 60.00              | 06000 LABORATORY   | 6                | 0         | 0             | 753              | 971, 590                       |                     |
| 65.00              | 06500 RESPI RATORY THERAPY   | 8                | 0         | 0             | 198              | 295, 366                       | 65.00               |
| 66. 00             | 06600 PHYSI CAL THERAPY  | 0                | 0         | 0             | 104              | 180, 475                       | 66.00               |
| 67.00              | 06700 OCCUPATI ONAL THERAPY  | 0                | 0         | 0             | 50               | 24, 531                        | 67.00               |
| 68. 00<br>69. 00   | 06800  SPEECH PATHOLOGY<br>  06900  ELECTROCARDI OLOGY                           | 0                | 0         | 0             | 26<br>194        | 33, 234<br>220, 947            | 68. 00<br>69. 00    |
| 70. 00             | 07000 ELECTROENCEPHALOGRAPHY   | 0                | 0         | 0             | 51               | 87, 958                        |                     |
|                    | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                       | o                | 0         | Ō             | 523              | 350, 703                       |                     |
|                    | 07200 IMPL. DEV. CHARGED TO PATIENT  | 0                | 0         | 0             | 1, 234           | 566, 155                       | 72.00               |
|                    | 07300 DRUGS CHARGED TO PATIENTS  | 862, 293         | 0         |               | 3, 179           | 1, 525, 561                    |                     |
|                    | 07500 ASC (NON-DISTINCT PART)  | 0                | 0         | •             | 0                | 1 (27 70)                      | 75.00               |
| 75. 01             | 07501 CARDIAC CATHERIZATION LABORATORY OUTPATIENT SERVICE COST CENTERS           | 889              | 0         | 0             | 438              | 1, 637, 796                    | 75. 01              |
| 91. 00             | 09100 EMERGENCY  | 3, 179           | 0         | 0             | 1, 527           | 1, 218, 082                    | 91.00               |
|                    | 09200 OBSERVATION BEDS (NON-DISTINCT PART)                                       |                  |           |               | , -              | , .,                           | 92.00               |
|                    | OTHER REIMBURSABLE COST CENTERS  |                  |           |               |                  |                                |                     |
| 102. 00            | 10200 OPI OI D TREATMENT PROGRAM   | 0                | 0         | 0             | 0                | 0                              | 102. 00             |
| 118. 00            | SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)              | 877, 041         | 0         | 655, 498      | 16, 502          | 35, 693, 467                   | 118 00              |
| 110.00             | NONREI MBURSABLE COST CENTERS  | 077,041          |           | 033, 470      | 10, 302          | 33, 073, 407                   | 1110.00             |
|                    | 19200 PHYSI CI ANS' PRI VATE OFFI CES  | 0                | 0         | 0             | 0                | 0                              | 192. 00             |
|                    | 19201 OTHER NON-REIMBURSABLE   | 0                | 0         | 0             | 0                | 220, 261                       |                     |
|                    | 19202 CHI LDBI RTH EDUCATI ON  | 0                | 0         | 0             | 0                |                                | 192. 02             |
|                    | 19203 PHYSI CLANS' PRI VATE OFFI CES   | 194              | 0         | 0             | 0                | 812, 973                       |                     |
|                    | 19204   PHYSICIANS' PRIVATE OFFICES<br>  19205   PHYSICIAN PRACTICE              | 194              | 0         | 0             | 0                | 34, 974<br>138, 751            |                     |
|                    | 19206 TI PTON HOSPI TAL  |                  | 0         |               |                  | 55, 494                        |                     |
|                    | 19207 WEST HOSPI TAL   |                  | 0         | 0             |                  | 29, 708                        |                     |
|                    | 19208 SAXONY HOSPI TAL   | 0                | 0         | 0             | 0                | 15, 532                        |                     |
| 200.00             | , ,  |                  |           |               |                  |                                | 200.00              |
| 201. 00<br>202. 00 |  | 0<br>877, 235    | 0         | 0<br>655, 498 | 0<br>16, 502     | 0<br>37, 006, 961              | 201.00              |
| 202.00             | TIVIAL (Sum Times 110 through 201)   | 077, 235         | O         | 1 000, 490    | 10, 502          | 37,000,701                     | <sub>1</sub> 202.00 |
|                    |  |                  |           |               |                  |                                |                     |

Health Financial Systems

IU HEALTH NORTH HOSPITAL

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

From 01/01/2022
To 12/31/2022

Residents
Cost Center Description

In Lieu of Form CMS-2552-10

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 2: 40 pm

Total

Residents
Cost & Post
Stepdown

|         |        |  |             |              | 5/25/2023 2: 4 | U pm    |
|---------|--------|--|-------------|--------------|----------------|---------|
|         |        | Cost Center Description                | Intern &    | Total        |                |         |
|         |        |  | Resi dents  |              |                |         |
|         |        |  | Cost & Post |              |                |         |
|         |        |  | Stepdown    |              |                |         |
|         |        |  |             |              |                |         |
|         |        |  | Adjustments | 07.00        |                |         |
|         |        |  | 25. 00      | 26. 00       |                |         |
|         |        | AL SERVICE COST CENTERS                |             |              |                | 4       |
| 1.00    | 00100  | NEW CAP REL COSTS-BLDG & FIXT          |             |              |                | 1.00    |
| 1. 01   | 00101  | NEW CAP REL COSTS-INTEREST             |             |              |                | 1.01    |
| 1.02    | 00102  | MOB LEASED SPACE                       |             |              |                | 1.02    |
| 2. 00   | 1      | NEW CAP REL COSTS-MVBLE EQUIP          |             |              |                | 2.00    |
|         |        | EMPLOYEE BENEFITS DEPARTMENT           |             |              |                | 4.00    |
| 4.00    | 1      |  |             |              |                | 1       |
| 5. 01   |        | NONPATI ENT TELEPHONES                 |             |              |                | 5. 01   |
| 5. 02   | 00550  | DATA PROCESSING                        |             |              |                | 5. 02   |
| 5.03    | 00560  | PURCHASING RECEIVING AND STORES        |             |              |                | 5. 03   |
| 5.04    | 00570  | ADMITTING                              |             |              |                | 5.04    |
| 5. 05   | 00590  | OTHER ADMINISTRATIVE & GENERAL         |             |              |                | 5. 05   |
| 6. 00   | 1      | MAINTENANCE & REPAIRS                  |             |              |                | 6.00    |
|         | 1      |  |             |              |                | 1       |
| 7. 00   | 1      | OPERATION OF PLANT                     |             |              |                | 7.00    |
| 8. 00   | 1      | LAUNDRY & LINEN SERVICE                |             |              |                | 8.00    |
| 9. 00   |        | HOUSEKEEPI NG                          |             |              |                | 9. 00   |
| 10.00   | 01000  | DI ETARY                               |             |              |                | 10.00   |
| 11.00   | 01100  | CAFETERI A                             |             |              |                | 11.00   |
| 13.00   | 1      | NURSING ADMINISTRATION                 |             |              |                | 13.00   |
|         |        | CENTRAL SERVICES & SUPPLY              |             |              |                | 14.00   |
|         |        |  |             |              |                | 1       |
| 15.00   |        | PHARMACY                               |             |              |                | 15.00   |
|         | 1      | MEDICAL RECORDS & LIBRARY              |             |              |                | 16. 00  |
| 17. 00  | 01700  | SOCI AL SERVI CE                       |             |              |                | 17. 00  |
| 18.00   | 01850  | PATIENT TRANSPORTATION                 |             |              |                | 18.00   |
|         | INPAT  | ENT ROUTINE SERVICE COST CENTERS       |             |              |                |         |
| 30.00   |        | ADULTS & PEDIATRICS                    | 0           | 8, 170, 720  |                | 30.00   |
|         | 1      | SURGICAL INTENSIVE CARE UNIT           |             | 0,,          | l .            | 34.00   |
| 34. 01  |        | PEDIATRIC INTENSIVE CARE UNIT          | 0           | 0            | •              | 34. 01  |
|         | 1      |  | 0           |              | •              | 1       |
|         | 1      | PREMATURE INTENSIVE CARE UNIT          | 0           | 1, 731, 420  | l .            | 34. 02  |
| 43.00   |        | NURSERY                                | 0           | 686, 670     |                | 43.00   |
|         | ANCI L | LARY SERVICE COST CENTERS              |             |              |                |         |
| 50.00   | 05000  | OPERATING ROOM                         | 0           | 6, 772, 439  |                | 50.00   |
| 51.00   | 05100  | RECOVERY ROOM                          | ol          | 832, 770     |                | 51.00   |
|         |        | DELIVERY ROOM & LABOR ROOM             | ام          | 2, 115, 571  | l .            | 52.00   |
| 54.00   | 1      | RADI OLOGY-DI AGNOSTI C                | ام          | 3, 357, 843  | l .            | 54.00   |
|         | 1      |  | 0           |              | l .            | 1       |
| 55. 00  | 1      | RADI OLOGY - THERAPEUTI C              | 0           | 4, 794, 805  | •              | 55.00   |
| 56. 00  | 1      | RADI OI SOTOPE                         | 0           | 118, 831     | •              | 56.00   |
| 60.00   | 06000  | LABORATORY                             | 0           | 971, 590     |                | 60.00   |
| 65.00   | 06500  | RESPI RATORY THERAPY                   | 0           | 295, 366     |                | 65.00   |
| 66.00   | 06600  | PHYSI CAL THERAPY                      | l ol        | 180, 475     |                | 66.00   |
| 67.00   | 1      | OCCUPATI ONAL THERAPY                  | ام          | 24, 531      | 1              | 67.00   |
| 68. 00  | 1      | SPEECH PATHOLOGY                       |             |              | 1              | 68.00   |
|         | 1      |  | 0           | 33, 234      | 1              | 1       |
|         | 1      | ELECTROCARDI OLOGY                     | 0           | 220, 947     | 1              | 69.00   |
|         |        | ELECTROENCEPHALOGRAPHY                 | 0           | 87, 958      |                | 70.00   |
| 71. 00  | 07100  | MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0           | 350, 703     |                | 71.00   |
| 72.00   | 07200  | IMPL. DEV. CHARGED TO PATIENT          | 0           | 566, 155     |                | 72.00   |
| 73.00   | 07300  | DRUGS CHARGED TO PATIENTS              | l ol        | 1, 525, 561  |                | 73.00   |
|         |        | ASC (NON-DISTINCT PART)                | ol          |              |                | 75.00   |
|         |        | CARDI AC CATHERI ZATI ON LABORATORY    | ol          | 1, 637, 796  | l .            | 75. 01  |
| 73.01   |        | TIENT SERVICE COST CENTERS             | <u> </u>    | 1,037,770    |                | 75.01   |
| 01 00   |        |  |             | 1 010 000    |                | 01 00   |
|         |        | EMERGENCY                              | 0           | 1, 218, 082  |                | 91.00   |
| 92.00   |        | OBSERVATION BEDS (NON-DISTINCT PART)   | 0           |              |                | 92.00   |
|         |        | REIMBURSABLE COST CENTERS              |             |              |                | 4       |
| 102.00  | 10200  | OPIOID TREATMENT PROGRAM               | 0           | 0            |                | 102.00  |
|         | SPECI. | AL PURPOSE COST CENTERS                |             |              |                |         |
| 118.00  |        | SUBTOTALS (SUM OF LINES 1 through 117) | 0           | 35, 693, 467 |                | 118.00  |
|         |        | MBURSABLE COST CENTERS                 | ·           | 22, 373, 107 |                | 1       |
| 192 00  |        | PHYSI CLANS' PRI VATE OFFICES          | O           | 0            |                | 192. 00 |
|         |        |  |             |              |                |         |
|         |        | OTHER NON-REI MBURSABLE                | 0           | 220, 261     | •              | 192. 01 |
|         |        | CHILDBIRTH EDUCATION                   | 이           | 5, 801       | •              | 192. 02 |
|         |        | PHYSICIANS' PRIVATE OFFICES            | 0           | 812, 973     | •              | 192. 03 |
| 192. 04 | 19204  | PHYSICIANS' PRIVATE OFFICES            | O           | 34, 974      |                | 192. 04 |
|         |        | PHYSICIAN PRACTICE                     | l ol        | 138, 751     |                | 192.05  |
|         | 1      | TIPTON HOSPITAL                        | ام          | 55, 494      | •              | 192.06  |
|         |        | WEST HOSPITAL                          | ار          | 29, 708      |                | 192.07  |
|         |        | SAXONY HOSPITAL                        |             | 15, 532      | •              | 192.07  |
|         |        |  | ا ا         |              |                |         |
| 200.00  |        | Cross Foot Adjustments                 | 0           | 0            |                | 200.00  |
| 201.00  |        | Negative Cost Centers                  | 0           | 0            |                | 201. 00 |
| 202.00  | )      | TOTAL (sum lines 118 through 201)      | 0           | 37, 006, 961 |                | 202.00  |
|         |        |  |             |              |                |         |

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS IU HEALTH NORTH HOSPITAL In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provider CCN: 15-0161

| Cost Center Description  |   |             |               | Ic            | 12/31/2022   | Date/lime Pre<br>  5/25/2023 2:4 |         |
|--|---|-------------|---------------|---------------|--------------|----------------------------------|---------|
| FIXT   CSUMME   FEED   |   |             | CAPITAL RE    | LATED COSTS   |              |                                  |         |
| FIXT   CSUMME   FEED   | Ocal Ocal of December 1                       | NEW DI DO A | NEW LATERSET  | MOD LEACED    | NEW MADE     | EMBL OVEE                        |         |
| COUNTRY   FEET   (NOS SO FEET)   (UDIL )   (COUNTRY   COUNTRY      | Cost Center Description                       |             |               |               |              |                                  |         |
|  |   |             |               |               |              |                                  |         |
| SALAPIES   1.00  |   | ,           | 1221)         | (MOD GQ TEET) | `            |                                  |         |
| CREERAL SERVICE COST CENTERS   1.00   CONTROL   1.00   CONTROL   2.00      |   |             |               |               | ,            | •                                |         |
| 1.00   00100  REW CAP REL COSTS-SELDO & FIXT   1.00   1.   |   | 1. 00       | 1. 01         | 1. 02         | 2. 00        | 4. 00                            |         |
| 1.01   00100  NEW CAP RIT LOSTS-INTERST   0   516, 162   0   0   0   0   0   0   0   0   0   |   |             |               |               |              |                                  |         |
| 1.02 001002 MIRE I LASIE SPACET 0 0 000 APP, 9187 1 0, 502, 0071 1 |   |             |               |               |              |                                  | 1.00    |
| 2.00   DOZDO INW CAP REL COSTS-AWNIE FOULP   1,000   1,000   1,000   2,000   2,000   5 |   |             | 516, 162      |               |              |                                  |         |
| 4.00   00000   EMPLOYEE BEREFITS DEPARTWENT   1.405  |   | 0           |               | 09, 907       | 16 522 071   |                                  |         |
| 5.01 0.0540 MONIPATIENT TELEPHONES   | i i   | 1 405       | 1 405         | 1 093         |              | 82 035 029                       | 1       |
| 5.02   0.00500   DATA PROCESSING   8.017   |   | 0           | 1, 1, 1, 1, 1 |               | 0            |                                  | 1       |
| 5.04   0.0570/ARMITTING 5.05   0.0590   DIFFER ADMINISTRATIVE & GENERAL 5.05   0.0590   DIFFER ADMINISTRATIVE & GENERAL 5.06   0.0590   DIFFER ADMINISTRATIVE & GENERAL 5.07   0.00700   DIFFER ADMINISTRATIVE & GENERAL 5.08   0.00000   DIFFER ADMINISTRATIVE & GENERAL 5.09   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000  |   | 8, 017      | 8, 017        | 641           | 0            | 0                                | 5. 02   |
| 5.05   0.0090   OTHER ADMINISTRATIVE & CÉNERAL   15.803   15.807   20.923   3.883.129   2.979.744   5.0   6.00   0.0000   0.0000   0.000   0.000   0.000   0.000   0.000   0.000   0.000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000000   |   | _           | C             | 1             | 0            |                                  |         |
| 0.00 0000   MAINTENANCE & REPAIRS   75, 296   75, 296   1,544   214, 822   1,810, 152   6.00   8.00 0000   OPERATION OF PLANT   0.406   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.406   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.406   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.406   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.406   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.406   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.406   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00   0.00   0.00   0.00   0.00   0.00   8.00 0000   OPERATION OF PLANT   0.00      |   |             | 1             |               | 0            |                                  |         |
| 0.0000   OPERATION OF PLANT   0  |   |             |               |               |              |                                  | 1       |
| 8.00   0.0800   LAINDRY & LI NEN SERVICE   0   0   0   0   8.00   10.00   0.0900   DETARY   2, 648   2, 648   0   20, 33   342, 675   10.00   0.0000   DETARY   2, 648   2, 648   0   20, 33   10.00   0.000   DETARY   2, 648   2, 648   0   20, 33   10.00   0.000   DETARY   2, 648   2, 648   0   20, 33   10.00   0.000   DETARY   2, 648   2, 648   0   20, 33   10.00   0.000   DETARY   2, 648   2, 648   0   20, 33   10.00   0.000   DETARY   2, 648   2, 648   0   20, 33   10.00   0.000   0.000   0.000   0.000   0.000   10.00   0.000   0.000   0.000   0.000   0.000   10.00   0.000   0.000   0.000   0.000   0.000   10.00   0.000   0.000   0.000   0.000   10.00   0.000   0.000   0.000   0.000   0.000   10.00   0.000   0.000   0.000   0.000   0.000   10.00   0.000   0.000   0.000   0.000   0.000   10.00   0.000   0.000   0.000   0.000   0.000   0.000   10.00   0.000   0.0000   0.0000   0.000   0.0000   0.0000   0.0000   10.00   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000000   |   | /5, 296     | 75, 296       |               |              |                                  | 1       |
| 9.00   0.9900   MUSEKLEPING   0.242   0.242   3.97   0   1.96,709   9.00   1.10.00   1.10.00   0.10.00   0.10.00   0.1400   0.1400   0.1400   0.1400   0.1400   0.10.0 |   | 0           |               | 1             | 11, 230      |                                  | 1       |
| 10.00   01000   DIETARY   2, 648   2, 648   0   25, 037   842, 678   10.00   11.00   011000   011000   011000   011000   011000   011000   011000   011000     | 1 1   | _           | 6. 242        | -             | o            |                                  | 1       |
| 13.00   01300   NURSI NG ADMINI STRATION   8, 056   8, 056   0   1, 277, 962   5, 198, 091   13.00   |   |             |               |               | 25, 037      |                                  |         |
| 14.00   01400   CENTRAL SERVICES & SUPPLY   16, 907   16, 907   0   0   0   0   16, 907   16,    | 11. 00   01100   CAFETERI A                   | 15, 878     | 15, 878       | 0             | 19, 472      | 1, 150, 070                      | 11.00   |
| 15.00   01500   PHARMACY   8,073   9,073   0   326,384   3,851,040   15.00   16.00   16.00   016.00   01700   050C IAL SERVICE   10,045   0   0   0   0   0   0   16.00   16.00   01700   050C IAL SERVICE   10,045   0   0   0   0   0   0   259,371   18.00   18.00   01850   PATILENT TRANSPORTATION   0   0   0   0   0   0   259,371   18.00   18.00   01850   DATE INT TRANSPORTATION   0   0   0   0   0   0   259,371   18.00   01850   DATE INT TRANSPORTATION   0   0   0   0   0   0   0   0   362,222   18.124,995   30.00   3000   03000   03000   034000   034000   034000   0   |   | 8, 056      | 8, 056        | 0             | 1, 227, 962  | 5, 198, 091                      | 13.00   |
| 16.00   1600   MEDICAL RECORDS & LIBRARY   0   0   0   0   0   0   1,309,231   17.00   17.00   17.00   17.00   07.00   05.00   0   1,309,231   17.00   17.00   17.00   07.00   0   0   0   0   0   0   258,371   18.00   18.   |   |             |               |               | 0            |                                  | 1       |
| 17.00   01700   SOCIAL SERVICE   10.045   0   0   0   0   258,371   18.00  |   |             | 8, 073        | 0             | 326, 384     |                                  |         |
| 18.00  |   | ١           | 10.045        | 0             | 0            |                                  |         |
| INPATI ENT ROUTINE SERVICE COST CENTERS  |   |             |               |               | O O          |                                  | 1       |
| 30.00   30000 ADULTS & PEDIATRIC IS   97,296   97,296   0   362,222   18,124,995   30.00   34.00   3   |   |             |               | ıj U          | <u> </u>     | 200, 371                         | 18.00   |
| 34. 00   03400   SURGICAL INTENSIVE CARE UNIT   0   0   0   0   0   0   34. 00   |   | 97, 296     | 97. 296       | 0             | 362, 222     | 18, 124, 995                     | 30.00   |
| 34. 00   03400   PREMIURE INTENSIVE CARE UNIT   21,722   21,722   491   81,077   4,052,968   34,00   30,00   12,280   1,163,933   34,00   30,00   12,280   1,163,933   34,00   30,00   12,280   1,163,933   34,00   30,00   12,280   1,163,933   34,00   30,00   12,000   1,163,933   34,00   30,00   1,163,933   34,00   30,00   1,163,933   34,00   3,135,810   7,383,699   50,00    |   |             | 1             |               |              |                                  | 1       |
| A3.00   04300   NURSERY   A0.00   A0   |   | 0           | C             | 0             | 0            | 0                                | 34. 01  |
| MACILLARY SERVICE COST CENTERS   |   |             | l ·           |               |              |                                  | 1       |
| 50.00  |   | 8, 640      | 8, 640        | 0             | 12, 280      | 1, 163, 933                      | 43.00   |
| 51.00   05100   RECOVERY ROOM & LABOR ROOM   9,228   9,28   0   36,141   2,941,601   51.00   52.00   05200   DELL'UERY ROOM & LABOR ROOM   27,871   0   123,424   4,514,555   52.00   52.00   05200   DELL'UERY ROOM & LABOR ROOM   27,871   0   123,424   4,514,555   52.00   55.00   05500   RADIOLOCY-DI AGNOSTIC   15,157   17,527   2,870,353   5,674,023   54,000   55.00   05500   RADIOLOCY-DI AGNOSTIC   48,553   48,553   48,553   0   2,181,017   3,692,281   55.00   65.00   05500   RADIOLOCY-DI AGNOSTIC   11,046   1.046   0   63,376   236,083   56.00   05600   RADIOLOCY-DI AGNOSTIC   11,748   11,748   11,748   0   0   0   989,623   60.00   66.00   0   0   0   0   0   0   0   0   0  |   | (0.11/      | (0.11/        |               | 2 125 010    | 7 202 (00                        | - 00    |
| 52.00   0520   |   |             |               |               |              |                                  | 1       |
| 54. 00   |   |             | l ·           |               |              |                                  | 1       |
| 55.00   OSDO   RADIO LOGY - THERAPEUTIC   48, 563   48, 563   0   2, 181, 017   3, 692, 281   55.00  |   |             | l ·           |               |              |                                  | 1       |
| 60. 00   06000   LABORATORY   11, 748   11, 748   0   0   989, 623   60. 00   06500   RESPI RATORY THERAPY   1, 840   1, 840   0   87, 001   2, 986, 306   65. 00   06600   PHYSI CAL THERAPY   349   349   6, 201   63, 236   1, 846, 439   66. 00   06600   PHYSI CAL THERAPY   0   0   0   0   0   597, 146   67. 00   68.00   08600   SPECEH PATHOLOGY   0   0   0   0   0   21, 125   446, 503   68. 00   6800   SPECEH PATHOLOGY   2, 108   2, 108   0   104, 796   391, 741   69. 00   7000   ELECTROCHARDI OLOGY   70. 00   7000   70. 00     |   |             | 1             |               |              |                                  | 1       |
| 65.00   06500   RESPIRATORY THERAPY   1,840   1,840   0   87,001   2,986,306   65.00   66.00   06000   06000   06000   0700      | 56. 00   05600 RADI 0I SOTOPE                 | 1, 046      | 1, 046        | 0             | 63, 376      | 236, 083                         | 56.00   |
| 66.00   06600   PHYSICAL THERAPY   349   349   6,201   63,236   1,846,439   66,00   67.00   06700   0CCUPATI ONAL THERAPY   0 0 0 0 0   0 597,146   67.00   68.00   06800   SPEECH PATHOLOGY   0 0 0 0   0 21,125   460,503   68.00   06800   SPEECH PATHOLOGY   2,108   2,108   0 104,796   391,741   69.00   06900   ELECTROCARDI OLOGY   709   0 0 46,324   187,601   70.00   7000   ELECTROCARDI OLOGY   709   0 0 46,324   187,601   70.00   7000   ELECTROCREPHALOGRAPHY   709   709   0 46,324   187,601   70.00   7000   ELECTROCREPHALOGRAPHY   709   709   0 0 46,324   187,601   70.00   7000   ELECTROCREPHALOGRAPHY   709   0 0 0 0 0 0 0 0   71.00   7100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0 0 0 0 0 0 0 0 0 0 0 0   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0 0 0 0 0 0 0 0 0 0 0 0 0 0   75.00   07500   ASC (NON-DISTINCT PART)   0 0 0 0 0 0 0 0 0 0 0 0 0   75.01   07500   ASC (NON-DISTINCT PART)   0 0 0 0 0 0 0 0 0 0 0 0 0   75.01   07501   CARDIA CA CHTHERI ZATION LABORATORY   11,425   11,425   0   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   11,425   11,425   0   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   91.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   DRUGS CRAGED TO BEDS (NON-DISTINCT PART)   92.00   79.00   09200   085ERVATION BEDS (NON-DISTINCT PART)   92.00   79.00   09200   085ERVATION BEDS (NON-DISTINCT PART)   92.00   79.00   09200   085ERVAT |   |             |               |               | 0            | · ·                              |         |
| 67.00   06700   0620UPATI ONAL THERAPY   0   0   0   0   597,146   67.00   |   |             |               |               |              |                                  | •       |
| 68. 00   06800   SPEECH PATHOLOGY   0   0   0   21,125   460,503   68. 00   69. 00   06900   ELECTROCARDIOLOGY   2,108   2,108   0   104,796   391,741   69. 00   70. 00   7000   ELECTROCENCEPHALOGRAPHY   709   709   0   46,324   187,601   70. 00   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   72. 00   72. 00   72. 00   73. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   0   | 1 1   |             | 349           | 6, 201        | 63, 236      |                                  | •       |
| 69.00   06900   ELECTROCARDI OLOGY   2, 108   2, 108   0   104, 796   391, 741   69.00   |   | _           |               |               | 21 125       |                                  |         |
| 70. 00   |   | _           | 2 108         |               |              |                                  |         |
| 71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENT   0   0   0   0   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   73. 00   75. 00   07500   ASC (MON-DISTINCT PART)   0   0   0   0   0   0   0   75. 01   07501   CARDIAC CATHERIZATION LABORATORY   13, 027   13, 027   0   1,006, 595   1, 193, 211   75. 01   07501   CARDIAC CATHERIZATION LABORATORY   13, 027   13, 027   0   1,006, 595   1, 193, 211   75. 01   00179ATIENT SERVICE COST CENTERS   11, 425   11, 425   0   280, 705   3, 957, 376   79. 00   09200   DISERVATION BEDS (NON-DISTINCT PART)   92. 00   09200   DISERVATION BEDS (NON-DISTINCT PART)   92. 00   09200   DISERVATION BEDS (NON-DISTINCT PART)   92. 00   09200   DISERVATION BEDS (NON-DISTINCT PART)   11, 425   11, 425   0   280, 705   3, 957, 376   91. 00   09200   DISERVATION BEDS (NON-DISTINCT PART)   92. 00   09200   DISERVATION BEDS (NON-DISTINCT PART)   92. 00   09200   DISTINCT PART   92. 00   92. 00   09200   DISTINCT PART   92. 00  |   |             |               |               |              |                                  |         |
| 72. 00   07200   IMPL. DEV. CHARGED TO PATIENT   0   0   0   0   0   72. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   73. 00   75. 00 |   |             | 1             | 1             | 0            |                                  |         |
| 75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0   | 72.00 07200 IMPL. DEV. CHARGED TO PATIENT     | 0           | C             | 0             | 0            | 0                                |         |
| 75. 01   07501   CARDI AC CATHERI ZATI ON LABORATORY   13, 027   13, 027   0   1, 006, 595   1, 193, 211   75. 01     00100   O9100   EMERGENCY   11, 425   0   280, 705   3, 957, 376   91. 00     92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   92. 00     0102. 00   O10200   OPI 01 D TREATMENT PROGRAM   0   0   0   0   0   0     08FECI AL PURPOSE COST CENTERS  |   | 0           | C             | 0             | 0            | 0                                |         |
| OUTPATIENT SERVICE COST CENTERS   91. 00   09100  EMERGENCY   92. 00   09200  OBSERVATION BEDS (NON-DISTINCT PART)   91. 00   00   00   00   00   00   00   00   |   | 0           | C             |               | 0            | 0                                | 75.00   |
| 91. 00   |   | 13, 027     | 13, 027       | ] 0           | 1, 006, 595  | 1, 193, 211                      | 75.01   |
| 92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   0THER REI MBURSABLE COST CENTERS   102. 00   10200   0PI OI D TREATMENT PROGRAM   0   0   0   0   0   0   0   102. 00    |   | 11 /25      | 11 /25        |               | 280 705      | 2 057 274                        | 91 00   |
| OTHER REIMBURSABLE COST CENTERS   102.00   OTO   |   | 11, 425     | 11, 425       | ή             | 200, 705     | 3, 701, 3/6                      | 1       |
| 102. 00  |   | 1           | 1             | 1             |              |                                  | 1 /2.00 |
| SPECIAL PURPOSE COST CENTERS   SUBTOTALS (SUM OF LINES 1 through 117)   500,889   500,889   49,217   16,184,846   81,426,421   118.00  |   | 0           | С             | 0             | ol           | 0                                | 102.00  |
| 118.00   SUBTOTALS (SUM OF LINES 1 through 117)   500, 889   500, 889   49, 217   16, 184, 846   81, 426, 421   118.00   | SPECIAL PURPOSE COST CENTERS                  |             |               | ·             | -,           |                                  |         |
| 192.00   | 118.00 SUBTOTALS (SUM OF LINES 1 through 117) | 500, 889    | 500, 889      | 49, 217       | 16, 184, 846 | 81, 426, 421                     | 118.00  |
| 192. 01 19201 OTHER NON-REIMBURSABLE 477 477 0 256, 328 53, 584 192. 01 192. 02 19202 CHI LDBI RTH EDUCATI ON 0 0 0 0 0 81, 749 192. 02 192. 03 19203 PHYSI CI ANS' PRI VATE OFFI CES 13, 632 13, 632 0 0 0 192. 03 192. 04 19204 PHYSI CI ANS' PRI VATE OFFI CES 0 0 0 47, 580 0 192. 04 192. 05 192.05 192.05 192.05 192.05 192.05 TI PTON HOSPI TAL 776 776 783 0 142, 456 192. 06 192. 07 192.07 192.07 192.07 192.07 192.07 192.07 192.07 192.07 192.08 192.0 |   | I           |               | 1             |              |                                  | ļ       |
| 192. 02 19202 CHI LDBI RTH EDUCATI ON 0 0 0 0 0 81,749 192. 02 192. 03 19203 PHYSI CI ANS' PRI VATE OFFI CES 13, 632 0 0 0 192. 03 192. 04 192.04 192.04 PHYSI CI ANS' PRI VATE OFFI CES 0 0 0 47,580 0 192. 04 192.05 19205 PHYSI CI AN PRACTI CE 0 0 0 19, 043 33, 317 0 192. 05 192.06 192.07 192.07 19207 WEST HOSPI TAL 776 776 533 0 142, 456 192. 06 192.08 19208 SAXONY HOSPI TAL 303 303 438 0 183, 771 192. 07 192.08 19208 SAXONY HOSPI TAL 85 85 85 756 0 147, 048 192.08 200. 00 Cross Foot Adjustments Negative Cost Centers 202. 00 Cost to be allocated (per Wkst. B, 9, 996, 157 14, 859, 190 415, 461 11, 736, 153 13, 168, 834 202. 00  |   | 0           |               | 0             | 0            |                                  | 1       |
| 192.03 19203 PHYSICIANS' PRIVATE OFFICES 13,632 13,632 0 0 0 192.03 192.04 19204 19204 PHYSICIANS' PRIVATE OFFICES 0 0 0 47,580 0 192.04 192.05 19205 PHYSICIAN PRACTICE 0 0 0 19,043 33,317 0 192.05 192.06 192.06 192.06 192.06 192.06 192.07 192.07 192.07 WEST HOSPITAL 776 776 533 0 142,456 192.06 192.08 192.08 192.08 192.08 192.08 192.08 SAXONY HOSPITAL 85 85 85 756 0 147,048 192.07 192.07 192.07 192.07 Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, 9,996,157 14,859,190 415,461 11,736,153 13,168,834 202.00  |   | 477         | 477           | J             | 256, 328     |                                  |         |
| 192.04 19204 PHYSICIANS' PRIVATE OFFICES 0 0 0 192.04 19205 19205 PHYSICIAN PRACTICE 0 192.05 19205 PHYSICIAN PRACTICE 0 192.05 19205 TI PTON HOSPI TAL 776 776 533 0 142, 456 192.05 192.07 19207 WEST HOSPITAL 303 303 438 0 183, 771 192.07 19207 WEST HOSPITAL 85 85 85 756 0 147, 048 192.05 192.06 19208 19208 SAXONY HOSPI TAL 85 85 85 756 0 147, 048 192.05 192.05 1920 0 147, 048 192.05 192 |   | 12 422      | 12 421        |               | 0            |                                  |         |
| 192.05 19205 PHYSICIAN PRACTICE 0 0 19.043 33,317 0 192.05 192.06 TI PTON HOSPI TAL 776 776 533 0 142,456 192.06 192.07 192.07 WEST HOSPI TAL 303 303 438 0 183,771 192.07 192.07 192.08 192.08 192.08 SAXONY HOSPI TAL 85 85 756 0 147,048 192.08 200.00 Cross Foot Adjustments Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, 9,996,157 14,859,190 415,461 11,736,153 13,168,834 202.00   |   | 13,032      | 13,032        |               | 47 580       | 0                                | 192.03  |
| 192.06 19206 TI PTON HOSPI TAL 776 776 533 0 142, 456 192.06 192.07 19207 WEST HOSPI TAL 303 303 438 0 183, 771 192.07 192.08 19208 SAXONY HOSPI TAL 85 85 756 0 147, 048 192.08 200.00 Cross Foot Adjustments Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, 9, 996, 157 14, 859, 190 415, 461 11, 736, 153 13, 168, 834 202.00  |   | 0           |               | 19.043        |              |                                  |         |
| 192.07 19207 WEST HOSPITAL 303 303 438 0 183,771 192.07 192.08 19208 SAXONY HOSPITAL 85 85 756 0 147,048 192.08 200.00 Cross Foot Adjustments 201.00 Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, 9,996,157 14,859,190 415,461 11,736,153 13,168,834 202.00   |   | _           | 776           |               | 0            |                                  |         |
| 200.00     Cross Foot Adjustments     200.00       201.00     Negative Cost Centers       202.00     Cost to be allocated (per Wkst. B, standard)     9,996,157       14,859,190     415,461       11,736,153     13,168,834       202.00  | 192. 07 19207 WEST HOSPI TAL                  |             |               |               | O            |                                  | 1       |
| 201.00 Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, 9,996,157 14,859,190 415,461 11,736,153 13,168,834 202.00   |   | 85          | 85            | 756           | o            | 147, 048                         |         |
| 202.00 Cost to be allocated (per Wkst. B, 9,996,157 14,859,190 415,461 11,736,153 13,168,834 202.00  |   |             |               |               |              |                                  | 200.00  |
|  |   | 0.00/ 15-   | 44.050.455    |               | 11 70: 15-   | 40 4/0 05:                       | 1       |
|  |   | 9, 996, 157 | 14, 859, 190  | 415, 461      | 11, /36, 153 | 13, 168, 834                     | 202.00  |
|  |   | <u>I</u>    | I             | I I           |              |                                  | I       |

| Health Fina | ncial Systems                          | IU HEALTH NOR | TH HOSPITAL  |               | In Lie                      | u of Form CMS-2 | 2552-10        |
|-------------|--|---------------|--------------|---------------|-----------------------------|-----------------|----------------|
| COST ALLOCA | ATION - STATISTICAL BASIS              |               | Provi der C  |               | Peri od:<br>From 01/01/2022 | Worksheet B-1   |                |
|             | To 12/31/2022                          |               |              |               |                             |                 | pared:<br>0 pm |
|             |  |               | CAPITAL REI  | LATED COSTS   |                             |                 |                |
|             | Cost Center Description                | NEW BLDG &    | NEW INTEREST | MOB LEASED    | NEW MVBLE                   | EMPLOYEE        |                |
|             |  | FI XT         | (SQUARE      | SPACE         | EQUI P                      | BENEFI TS       |                |
|             |  | (SQUARE       | FEET)        | (MOB SQ FEET) | (DOLLAR                     | DEPARTMENT      |                |
|             |  | FEET)         |              |               | VALUE)                      | (GROSS          |                |
|             |  |               |              |               |                             | SALARI ES)      |                |
|             |  | 1. 00         | 1. 01        | 1. 02         | 2. 00                       | 4. 00           |                |
| 203. 00     | Unit cost multiplier (Wkst. B, Part I) | 19. 366317    | 28. 787842   | 5. 93626      | 0. 710332                   | 0. 160527       | 203. 00        |
| 204. 00     | Cost to be allocated (per Wkst. B,     |               |              |               |                             | 75, 068         | 204. 00        |
|             | Part II)                               |               |              |               |                             |                 |                |
| 205. 00     | Unit cost multiplier (Wkst. B, Part    |               |              |               |                             | 0. 000915       | 205. 00        |
| 206. 00     | NAHE adjustment amount to be allocated |               |              |               |                             |                 | 206.00         |
|             | (per Wkst. B-2)                        |               |              |               |                             |                 |                |
| 207. 00     | NAHE unit cost multiplier (Wkst. D,    |               |              |               |                             |                 | 207. 00        |
|             | Parts III and IV)                      |               |              |               |                             |                 |                |
|             |  |               |              |               |                             |                 |                |

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Peri od: Worksheet B-1 From 01/01/2022 Provi der CCN: 15-0161

| Cost Center Description  |   |             |              | T            | o 12/31/2022     | Date/Time Pre |         |
|--|---|-------------|--------------|--------------|------------------|---------------|---------|
|  | Cost Center Description                         | NONPATI ENT | DATA         | PURCHASI NG  | ADMITTING        |               | O pm    |
| SEMERAL SERVICE COST CENTERS   |   |             |              | STORES       |                  | n             |         |
| DEBERMI SERVICE OST CENTERS  |   | F 01        | F 02         |              | F 04             | EA 0E         |         |
| 1.00   | GENERAL SERVICE COST CENTERS                    | 5. 01       | 5. 02        | 5.03         | 5. 04            | 5A. U5        |         |
| 1.00 001002 MORI HARST SMACE 2.00 002000 MAY CAR PRILOSTS-MARIE FOULP 4.00 00400 EMPLOYEE BERKET IS DEPARTMENT 4.00 00400 EMPLOYEE BERKET IS DEPARTMENT 5.00 00500 DUBLING RECEI IN INC. AND STORES 5.01 00500 DUBLING RECEI IN INC. AND STORES 6.00 00500 DUBLING RECEI INC. AND STORES 6.00 00500 DUBLIN |   |             |              |              |                  |               |         |
| 2.00 00000 NEW CAP REL COSTS-MASLE BOULP 5.01 00000 AND COSTS DEPARTMENT 5.02 00000 AND COSTS DEPARTMENT 5.03 00000 AND COSTS DEPARTMENT 5.04 00000 AND COSTS DEPARTMENT 5.04 00000 AND COSTS DEPARTMENT 5.05 00000 AND COSTS DEPARTMENT 5.06 00000 AND COSTS DEPARTMENT 5.00 000000 AND COSTS DEPARTMENT 5.00 000000 AND COSTS DEPARTMENT 5.00 000000 AND COS |   |             |              |              |                  |               |         |
| 4.00   Oxfood EMPLOYEE BERKET TS DEPARTMENT   92,082   5.00   0   | 1 1   |             |              |              |                  |               |         |
| 5.02 00050 DATA PROCESSING 0 00500 DATA PROCESSING 0 00500 DATA PROCESSING 0 00500 DATA PROCESSING 1 0 0 00500 DATA PROCESSING 2 0 0 00500 DATA PROCESSING 2 0 0 0 00500 DATA PROCESSING 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 1 1   |             |              |              |                  |               |         |
| 5.03   0.00500   PURCHASING RECEIVING AND STORES   0   0   23.195.091   5.04   5.05   0.00500   CONTROL AMINI STRATI VE & GENERAL   3.006   3.006   3.006   3.007   5.00   0.00500   CONTROL AMINI STRATI VE & GENERAL   3.006   3.006   3.007   5.00   0.00500   CONTROL AMINI STRATI VE & GENERAL   3.006   3.007   5.00   0.00500   CONTROL AMINI STRATI VE & GENERAL   3.006   3.007   5.00   0.00500   CONTROL AMINI STRATI VE & GENERAL   2.111   157   0.00   0.00   0.00500   CONTROL AMINI STRATI VE & GENERAL   2.111   1.00   0.00   0.00000   0.00000   0.00000   0.00000   0.0000000   0.00000000   |   |             |              |              |                  |               |         |
| 5.04   0.057d JAMM TTIMG   |   | =           |              | 23 105 001   |                  |               |         |
| 0.000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000   | 1 1   |             |              |              | 1, 405, 059, 542 |               |         |
| 2.00   00700   DPERATION OF PLANT   2,113   2,113   15   0   0   7.00   8.00   9.00   00900   0005KEPF NG  |   |             |              |              |                  |               |         |
| 8.00         0.09800 LAUNDRY & LINEN SERVICE         0   |   |             |              |              | . 1              | -             |         |
| 9.00   0.0990   MUSSEKEPING   4, 900   4, 900   4   0   0   9.00   11.00   0.01000   DETARY   1, 999   44   0   0   0   10.00   11.00   0.01000   DETARY   1, 999   44   0   0   0   11.00   11.00   0.01000   MUSSING ADMINISTRATION   1, 821   1, 821   8, 520   0   0   11.00   11.00   0.01000   MUSSING ADMINISTRATION   1, 821   1, 821   8, 520   0   0   11.00   11.00   0.01000   MUSSING ADMINISTRATION   1, 821   1, 821   8, 520   0   0   0   14.00   11.00   0.01000   MUSSING ADMINISTRATION   1, 821   1, 821   1, 821   0   0   0   0   15.00   11.00   0.01000   MUSSING ADMINISTRATION   1, 821   1, 822   1, 40   0   0   0   0   0   0   10.00   0.01000   MUSSING ADMINISTRATION   1, 422   1, 40   0   0   0   0   0   0   0   10.00   0.01000   MUSSING ADMINISTRATION   1, 422   1, 40   0   0   0   0   0   0   0   0   0  |   | · 1         |              |              | 9                |               |         |
| 11.00   01100   CAFETERI A   2, 858   2, 858   10   0   0   11.00   11 |   | 4, 900      | 4, 900       | 4            | 0                | 0             |         |
| 13.00   01300   NURSING ADMINISTRATION   1,821   1,821   0,520   0   0,13,00   | 1 1   |             |              |              | 0                |               |         |
| 14.00   01400  CENTRAL SERVICES & SUPPLY   1   1   1   0   0   0   14.00   15.00   01500  PARRIANCY   0   0   0   0   0   0   15.00   01500  PARRIANCY   0   0   0   0   0   0   15.00   01500  PARRIANCY   0   0   0   0   0   15.00   01500  PATIENT TRANSPORTATION   042   042   0   0   0   0   16.00   10800  PATIENT TRANSPORTATION   042   042   0   0   0   0   16.00   10800  PATIENT TRANSPORTATION   0   0   0   0   0   0   0   16.00   03000  ADULTS & PEDIATRICS   18.189   18.189   0691,039   135,959,038   0   30,00   16.00   03000  ADULTS & PEDIATRICS   0   0   0   0   0   0   0   0   0   16.00   03000  PATIENT TRANSPORTATION   0   0   0   0   0   0   0   0   0  |   |             |              |              | 0                | -             |         |
| 16.00   01-000   MEDICAL RECORDS & LIBRARY   0   0   0   0   0   0   17.00   170.00   170.00   170.00   18.00   0   0   18.00   0   0   17.00   170.00   18.00   0   0   18.00   0   0   18.00   0   18.00   1 | 1 1   | 1, 02 1     | 1, 321       | 1            | o                | -             |         |
| 17.00   01700   SOCIAL SERVICE   1.422   1.422   0   0   0   17.00   18.00     | 1 1   |             | 4, 174       | 76, 575      | O                |               |         |
| 18.00   01850   PATERT TRANSPORTATION   642   642   0   0   0   18.00  |   | ı,          | 1 422        | · ·          | 0                |               |         |
| INPATI ENT ROUTINE SERVICE COST CENTERS  | 1 1   |             |              |              | _                |               |         |
| 34. 00   3400   SURGICAL INTENSIVE CARE UNIT   0   0   0   0   0   0   34. 00  | INPATIENT ROUTINE SERVICE COST CENTERS          |             |              | ·            | -                |               |         |
| 34. 01   03401   PEDIATRIC INTENSIVE CARE UNIT   0   0   0   0   0   34. 01  |   |             |              |              |                  | -             |         |
| 34. Q2   0340Q   PREMATURE INTENSIVE CARE UNIT   3, 131   3, 131   63, 993   28, 183, 131   0, 34, Q2  | 1 1   | - 1         | 0            | 0            | 0                | -             |         |
| MICLILARY SERVICE COST CENTERS   | 1 1   | =           |              | 63, 993      | 28, 183, 131     |               |         |
| 50.00  |   | 1, 387      | 1, 387       | 0            | 7, 054, 851      | 0             | 43.00   |
| 51.00   05100   RECOVERY ROOM   ALBOR ROOM   A. 086   4   |   | 0 197       | 0 107        | 5 020 272    | 268 617 120      | 0             | 50 00   |
| 54.00   05400   RADIOLOGY-DIAGNOSTIC   5,716   5,716   372,630   98,824,305   0   54.00   055.00   05500   RADIOLOGY - THERAPEUTIC   4,928   4,928   102,401   86,139,604   0   55.00   056.00   05500   RADIOLOGY - THERAPEUTIC   4,928   4,928   102,401   86,139,604   0   55.00   056.00   05600   RADIOLOGY - THERAPEUTIC   3,380   3,380   10,019   62,769,922   0   60.00   06000   LABORATORY   2,638   2,638   281,722   16,491,145   0   65.00   066.00   06500   RESPIRATIORY THERAPY   2,181   2,181   11,748   8,702,550   0   66.00   066.00   06600   PHYSICAL THERAPY   2,181   2,181   11,748   8,702,550   0   66.00   068.00   06600   OCCUPATIONAL THERAPY   5,944   5,946   4,204,874   0   67.00   068.00   06800   SPEECH PATHOLOGY   510   510   10,060   2,206,119   0   68.00   070.00   07000   ELECTROCROREPHALOGRAPHY   183   183   183   65   4,260,790   0   70.00   070.00   07000   ELECTROCROREPHALOGRAPHY   183   183   183   65   4,260,790   0   70.00   070.00   07000   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   5,522,360   43,615,158   0   71.00   070.00   07000   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   0   075.00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0  | 1 1   |             |              |              |                  |               |         |
| 55.00   0.5500   0.   | 52.00   O5200   DELIVERY ROOM & LABOR ROOM      | 4, 086      | 4, 086       | 281, 117     | 42, 927, 120     | -             |         |
| 56.00   OSGOO   RADIO I SOTOPE   276   276   1,132   9,821,759   0   56.00   06.00   06000   LABORATORY   3,380   3,380   10,019   62,769,922   0   60.00   65.00   06500   RSPIRATORY THERAPY   2,638   2,638   281,722   16,491,145   0   65.00   0600   0600   PHYSI CAL THERAPY   2,181   2,181   11,748   8,702,550   0   66.00   06.00   0600   OCCUPATIONAL THERAPY   694   694   5,946   4,204,874   0   67.00   0600   OCCUPATIONAL THERAPY   694   694   5,946   4,204,874   0   67.00   0600   OCCUPATIONAL THERAPY   694   694   5,946   4,204,874   0   67.00   0600   OCCUPATIONAL THERAPY   694   694   5,946   4,260,790   0   0   0   0   0   0   0   0   0   | 1 1   |             | ·            |              |                  | -             |         |
| 60. 00   06.000   LABORATORY   3, 380   3, 380   10, 019   62, 769, 922   0   60. 00   60. 00   06.500   RESPIRATORY THERAPY   2, 838   2, 638   281, 722   16, 491, 145   0   65. 00   66. 00   06.000   PRYSICAL THERAPY   2, 181   2, 181   11, 748   8, 702, 550   0   66. 00   67. 00   06.000   O6.000   SPECCH PATHOLOGY   510   510   510   60. 00   69. 00   06.000   SPECCH PATHOLOGY   510   510   510   60. 00   69. 00   06.000   SPECCH PATHOLOGY   510   510   510   610, 600   2, 206, 119   0   68. 00   69. 00   06.000   SPECCH PATHOLOGY   487   487   487   2   16, 172, 899   0   69. 00   69. 00   06.000   LELCTROCARDIOLOGY   487   487   487   2   16, 172, 899   0   69. 00   71. 00   07.000   LELCTROCARDIOLOGY   487   487   487   2   16, 172, 899   0   69. 00   71. 00   07.000   LELCTROCARDIOLOGY   487   487   487   487   2   16, 172, 899   0   69. 00   71. 00   07.000   LELCTROCARDIOLOGY   487   | 1 1   |             |              |              |                  |               |         |
| 66.00   06600   06600   PAYSICAL THERAPY   2, 181   2, 181   11, 748   8, 702, 550   0   66.00   67.00   06700   0CCUPATI ONAL THERAPY   694   694   5, 946   4, 204, 874   0   67.00   68.00   06800   SPEECH PATHOLOGY   510   510   10, 060   2, 206, 119   0   68.00   69.00   069 |   | l l         |              |              |                  |               |         |
| 67. 00 06700   0CCUPATI ONAL THERAPY   694   694   5,946   4,204,874   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   510   510   10,060   2,206,119   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   487   487   2   16,172,899   0   69. 00   70. 00   07000   ELECTROCARDI OLOGY   487   487   487   2   16,172,899   0   69. 00   70. 00   07000   ELECTROCARDI OLOGY   183   183   183   65   4,260,790   0   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   5,522,360   43,615,158   0   71. 00   72. 00   07200   MPL   DEV   CHARGED TO PATI ENTS   0   0   0   8,864,914   102,846,024   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   264,916,837   0   73. 00   75. 01   07501   CARDI AC CATHERI ZATI ON   LABORATORY   1,074   1,074   563,416   36,411,944   0   75. 01   75. 01   07501   CARDI AC CATHERI ZATI ON   LABORATORY   3,754   3,754   159,147   127,272,762   0   91. 00   79. 00   09100   EMERGENCY   3,754   3,754   159,147   127,272,762   0   91. 00   79. 00   01000   010   TREATMENT PROGRAM   0   0   0   0   0   0   79. 01   0200   0910   DT TREATMENT PROGRAM   0   0   0   0   0   0   79. 01   01000   010   TREATMENT PROGRAM   0   0   0   0   0   0   79. 01   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   79. 01   0200   0910   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   010   79. 01   010   010   010   010   010   010   010   010   010   79. 01   010   010   010    |   |             |              |              |                  | -             |         |
| 68. 00   06800   SPECH PATHOLOGY   510   510   10,060   2,206,119   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   487   487   487   2   16,172,899   0   69. 00   70. 00   07000   ELECTROENCEPHALOGRAPHY   183   183   183   65   4,260,790   0   70. 00   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   5,522,360   43,615,158   0   71. 00   72. 00   07200   IMPL DEV CHARGED TO PATIENT   0   0   0   8.864,914   102,846,024   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENT   0   0   0   0   0   0   0   0   75. 01   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   75. 01   07500   CARDI AC CATHERI ZATION LABORATORY   1,074   1,074   563,416   36,471,944   0   75. 00   79. 00   09100   EMERGENCY   3,754   3,754   159,147   127,272,762   0   91. 00   79. 00   09200   DSSERVATI ON BEDS (NON-DISTINCT PART)   91,412   91,412   23,183,729   1,405,059,542   -29,667,319   79. 00   100   00   00   00   00   00   00   |   |             |              |              |                  |               |         |
| 69,00   06900   ELECTROCARDI OLOGY   487   487   487   2   16,172,899   0   99,00  | 1 1   | 1           |              |              |                  | -             |         |
| 71. 00 07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 5, 522, 360 43, 615, 158 0 71. 00 72. 00 07200   IMPL. DEV. CHARGED TO PATIENT 0 0 0 8, 864, 914 102, 846, 024 0 72. 00 75. 01 07300   DRUGS CHARGED TO PATIENTS 0 0 0 0 264, 916, 837 0 73. 00 75. 00 07500   ASC (NON-DISTINCT PART) 0 0 0 0 264, 916, 837 0 73. 00 75. 01 07501   CARDIAC CATHERIZATION LABORATORY 1, 074 1, 074 563, 416 36, 471, 944 0 75. 01 07501   CARDIAC CATHERIZATION LABORATORY 1, 074 1, 074 563, 416 36, 471, 944 0 75. 01 07501   DUTPATIENT SERVICE COST CENTERS 91. 00 07500   DEBERGENCY 3, 754 3, 754 159, 147 127, 272, 762 0 91. 00 07500   DEBERGENCY 3, 754 3, 754 159, 147 127, 272, 762 0 91. 00 07500   OPERATION BEDS (NON-DISTINCT PART) 92. 00 07500   OPERATION B | 1 1   |             |              | 2            |                  | -             |         |
| 72. 00   07200   IMPL DEV. CHARGED TO PATIENT   0   0   8, 864, 914   102, 846, 024   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   0   75. 00   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0  |   | ı           |              |              |                  |               |         |
| 73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   264, 916, 837   0   73. 00  |   | -           |              |              |                  | -             |         |
| 75. 01 O7501 CARDI AC CATHERI ZATI ON LABORATORY 0.075. 01 OUTPATI ENT SERVI CE COST CENTERS  91. 00 O9100 ENERGENCY 3.754 3.754 159, 147 127, 272, 762 0.91. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 O9200 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 O10200 OPI OID TREATMENT PROGRAM 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.   | 73.00 07300 DRUGS CHARGED TO PATIENTS           | О           | 0            |              |                  |               | 73.00   |
| OUTPATI ENT SERVICE COST CENTERS   91.00   09100   EMERGENCY   92.00   09200   OBERGENCY   92.00   09200   OBERGENCY   92.00   09200   OBERGENCY   92.00   09200   OBERGENCY   92.00   ODERGENCY   92.00   ODERGENCY   92.00   ODERGENCY   ODERGENCY   92.00   ODERGENCY   ODERGENCY   ODERGENCY   92.00   ODERGENCY   ODERG   |   | - 1         | -            | l ~          | 0                |               |         |
| 91. 00   09100   EMERGENCY   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   3,754   3,754   159,147   127,272,762   0   91. 00   92.00   0BSERVATI ON BEDS (NON-DISTINCT PART)   07HER REI MBURSABLE COST CENTERS   0   0   0   0   0   0   0   0   0   |   | 1,074       | 1,074        | 503, 410     | 30, 471, 944     | U             | 75.01   |
| OTHER REIMBURSABLE COST CENTERS   O O O O O O O O O O O O O O O O O O  | 91. 00 09100 EMERGENCY                          | 3, 754      | 3, 754       | 159, 147     | 127, 272, 762    | 0             |         |
| 102.00   10200   OPI 0I D TREATMENT PROGRAM   O   O   O   O   O   O   O   O   O  |   |             |              |              |                  |               | 92.00   |
| SPECIAL PURPOSE COST CENTERS   SUBTOTALS (SUM OF LINES 1 through 117)   91, 412   91, 412   23, 183, 729   1, 405, 059, 542   -29, 667, 319   118. 00  |   | O           | 0            | 0            | O                | 0             | 102.00  |
| NONRE   MBURSABLE COST CENTERS   192.00   19200   19   | SPECIAL PURPOSE COST CENTERS                    | 91          |              |              | 91               | 3             | .02.00  |
| 192.00   19200   PHYSI CI ANS' PRI VATE OFFI CES   0   0   0   0   0   192.00  |   | 91, 412     | 91, 412      | 23, 183, 729 | 1, 405, 059, 542 | -29, 667, 319 | 118. 00 |
| 192.01   19201   OTHER NON-REIMBURSABLE   101   101   0   0   0   192.01     192.02   19202   CHI LDBI RTH EDUCATI ON   125   125   270   0   0   192.02     192.03   19203   PHYSI CI ANS' PRI VATE OFFI CES   0   0   0   0   192.03     192.04   19204   PHYSI CI ANS' PRI VATE OFFI CES   0   0   0   9, 939   0   0   192.04     192.05   19205   PHYSI CI AN PRACTI CE   3   3   3   1, 153   0   0   192.05     192.06   19206   TI PTON HOSPI TAL   93   93   0   0   0   192.06     192.07   19207   WEST HOSPI TAL   250   250   0   0   0   192.07     192.08   19208   SAXONY HOSPI TAL   98   98   0   0   0   192.08     200.00   Cross Foot Adjustments   200.00     202.00   Negati ve Cost Centers   201.00     202.00   Cost to be allocated (per Wkst. B, Part I)   207, 727   2,070,742   2,700,415   202.00     202.00   203.00   203.00   203.00   203.00     203.00   203.00   203.00   203.00     204.00   205.00   205.00   205.00     205.00   205.00   205.00     206.00   206.00   206.00     207.00   207.7727   2,070,742   2,700,415   202.00     208.00   207.00   207.7727   2,070,742   2,700,415   202.00     208.00   207.00   207.7727   2,070,742   2,700,415   202.00     208.00   207.00   207.00   207.00     208.00   207.00   207.00   207.00     208.00   207.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00   207.00     208.00   207.00    |   | ٥           | 0            | Ι ο          |                  | 0             | 102 00  |
| 192. 03     19203     PHYSI CI ANS' PRI VATE OFFI CES     0     0     0     0     192. 03       192. 04     19204     PHYSI CI ANS' PRI VATE OFFI CES     0     0     9, 939     0     0     192. 04       192. 05     19205     PHYSI CI AN PRACTI CE     3     3     1, 153     0     0     192. 05       192. 06     19206     TI PTON HOSPI TAL     93     93     0     0     0     192. 06       192. 07     19207     WEST HOSPI TAL     250     250     0     0     0     192. 07       192. 08     19208     SAXONY HOSPI TAL     98     98     0     0     192. 08       200. 00     Cross Foot Adjustments     98     98     0     0     192. 08       201. 00     Negati ve Cost Centers     201. 00       202. 00     Cost to be allocated (per Wkst. B, Part I)     0     10, 077, 727     2, 070, 742     2, 700, 415     202. 00  |   | - 1         |              |              | l                |               |         |
| 192. 04     19204     PHYSI CI ANS' PRI VATE OFFI CES     0     0     9, 939     0     0 192. 04       192. 05     19205     PHYSI CI AN PRACTI CE     3     3     1, 153     0     0 192. 05       192. 06     19206     TI PTON HOSPI TAL     93     93     0     0     0 192. 06       192. 07     19207     WEST HOSPI TAL     250     250     0     0     0 192. 07       192. 08     19208     SAXONY HOSPI TAL     98     98     0     0     0 192. 08       200. 00     Cross Foot Adjustments     200. 00       201. 00     Negati ve Cost Centers     201. 00     200. 00       202. 00     Cost to be allocated (per Wkst. B, Part I)     0     10, 077, 727     2, 070, 742     2, 700, 415     202. 00  |   | l l         | 125          | 270          | 0                |               |         |
| 192. 05     19205     PHYSI CI AN PRACTI CE     3     3     1, 153     0     0 192. 05       192. 06     19206     TI PTON HOSPI TAL     93     93     0     0     0 192. 06       192. 07     19207     WEST HOSPI TAL     250     250     0     0     0 192. 07       192. 08     19208     SAXONY HOSPI TAL     98     98     0     0     0 192. 08       200. 00     Cross Foot Adj ustments     200. 00     200. 00     200. 00     201. 00       202. 00     Cost to be allocated (per Wkst. B, Part I)     0     10, 077, 727     2, 070, 742     2, 700, 415     202. 00   |   | - 1         | 0            | 0 020        | 0                |               |         |
| 192. 06     192.06     19206     TI PTON HOSPI TAL     93     93     0     0     0     192.06       192. 07     19207     WEST HOSPI TAL     250     250     0     0     0     192.07       192. 08     19208     SAXONY HOSPI TAL     98     98     0     0     0     192.08       200. 00     Cross Foot Adjustments     200.00     0     0     0     200.00       201. 00     Negati ve Cost Centers     201.00     201.00       202. 00     Cost to be allocated (per Wkst. B, Part I)     0     10,077,727     2,070,742     2,700,415     202.00   |   | 3           | 3            |              | l                |               |         |
| 192.08 19208 SAXONY HOSPITAL 98 98 0 0 0 0 192.08 200.00 Cross Foot Adjustments Negative Cost Centers Cost to be allocated (per Wkst. B, Part I) 10,077,727 2,070,742 2,700,415  | 192.06 19206 TIPTON HOSPITAL                    | l l         |              | 0            | 0                | 0             | 192. 06 |
| 200.00   Cross Foot Adjustments   200.00   201.00   Negative Cost Centers   202.00   Cost to be allocated (per Wkst. B, Part I)   2070,742   2,700,415   202.00   202.00   200 |   | I           |              |              | 0                |               |         |
| 201. 00   Negative Cost Centers   201. 00   202. 00   Cost to be allocated (per Wkst. B, Part I)   201. 00   202. 00   200. 00 | 1 1   | 98          | 98           | 0            | 0                |               |         |
| 202.00 Cost to be allocated (per Wkst. B, Part I) 0 10,077,727 2,070,742 2,700,415 202.00  | 1 1   |             |              |              |                  |               |         |
|  | 202.00 Cost to be allocated (per Wkst. B,       | О           | 10, 077, 727 | 2, 070, 742  | 2, 700, 415      |               |         |
| 203.00 ביט. סטן ן סוור ביט בר וווער בר ווין רופר (שוג אבר. ביט, ביו בר דו) ביט טטטטטטן ביט 442404 (203.00 של 203.00 ביט  | 1 1 '   | 0.000000    | 100 442074   | 0 000075     | 0.001022         |               | 202 00  |
|  | 200.00   Onit cost multiplier (what, b, Part I) | 0. 000000   | 107. 442704  | 0.009275     | 0.001722         | l             | 200.00  |

| Heal th Finar | ncial Systems  | IU HEALTH NORT                      | TH HOSPI TAL |  | In Lie                                      | u of Form CMS-2    | 2552-10 |
|---------------|--|-------------------------------------|--------------|--|---|--------------------|---------|
| COST ALLOCA   | TION - STATISTICAL BASIS                                 |                                     | Provi der Co |  | Period:<br>From 01/01/2022<br>To 12/31/2022 |                    |         |
|               | Cost Center Description                                  | NONPATI ENT<br>TELEPHONES<br>(FTEs) | (FTEs)       | PURCHASI NG<br>RECEI VI NG ANI<br>STORES<br>(COSTED<br>REQUI SI TI ONS | (GROSS<br>CHARGES)                          | Reconciliatio<br>n |         |
|               |  | 5. 01                               | 5. 02        | 5. 03  | 5. 04                                       | 5A. 05             |         |
| 204. 00       | Cost to be allocated (per Wkst. B, Part II)              | 0                                   | 389, 857     |  | 0 83, 295                                   |                    | 204. 00 |
| 205. 00       | Unit cost multiplier (Wkst. B, Part                      | 0. 000000                           | 4. 233802    | 0. 00000   | 0. 000059                                   |                    | 205. 00 |
| 206. 00       | NAHE adjustment amount to be allocated (per Wkst. B-2)   |                                     |              |  |   |                    | 206. 00 |
| 207. 00       | NAHE unit cost multiplier (Wkst. D,<br>Parts III and IV) |                                     |              |  |   |                    | 207. 00 |

| COST A             | COST ALLOCATION - STATISTICAL BASIS |  |                               | Provi de    | r Co       |                   | Peri od:                       | Worksheet B-1                   |                    |
|--------------------|-------------------------------------|--|-------------------------------|-------------|------------|-------------------|--------------------------------|---------------------------------|--------------------|
|                    |                                     |  |                               |             |            |                   | rom 01/01/2022<br>o 12/31/2022 | Date/Time Pre                   | pared:             |
|                    |                                     | Cost Center Description  | OTHER                         | MAI NTENANC | F &        | OPERATION OF      | LAUNDRY &                      | 5/25/2023 2: 4<br>HOUSEKEEPI NG | O pili             |
|                    |                                     | oost conten bescription  | ADMI NI STRATI V              | REPAI RS    |            | PLANT             | LINEN SERVICE                  | (SQUARE                         |                    |
|                    |                                     |  | E & GENERAL                   | (SQUARE     |            | (SQUARE           | (TOTAL                         | FEET)                           |                    |
|                    |                                     |  | (ACCUM.                       | FEET)       |            | FEET)             | PATIENT DAYS)                  |                                 |                    |
|                    |                                     |  | COST)<br>5. 05                | 6. 00       |            | 7. 00             | 8. 00                          | 9. 00                           |                    |
|                    | GENER                               | AL SERVICE COST CENTERS  | 0.00                          | 0.00        |            | 7.00              | 0.00                           | 7. 00                           |                    |
| 1.00               | 1                                   | NEW CAP REL COSTS-BLDG & FIXT                                  |                               |             |            |                   |                                |                                 | 1.00               |
| 1. 01              |                                     | NEW CAP REL COSTS-INTEREST                                     |                               |             |            |                   |                                |                                 | 1.01               |
| 1. 02<br>2. 00     |                                     | MOB LEASED SPACE NEW CAP REL COSTS-MVBLE EQUIP                 |                               |             |            |                   |                                |                                 | 1. 02<br>2. 00     |
| 4. 00              | 1                                   | EMPLOYEE BENEFITS DEPARTMENT                                   |                               |             |            |                   |                                |                                 | 4.00               |
| 5. 01              |                                     | NONPATI ENT TELEPHONES   |                               |             |            |                   |                                |                                 | 5. 01              |
| 5.02               |                                     | DATA PROCESSING  |                               |             |            |                   |                                |                                 | 5. 02              |
| 5. 03              |                                     | PURCHASING RECEIVING AND STORES                                |                               |             |            |                   |                                |                                 | 5. 03              |
| 5. 04              |                                     | ADMITTING  | 070 007 050                   |             |            |                   |                                |                                 | 5.04               |
| 5. 05<br>6. 00     | 1                                   | OTHER ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS           | 273, 937, 358<br>11, 101, 736 | 1           | 027        |                   |                                |                                 | 5. 05<br>6. 00     |
| 7. 00              |                                     | OPERATION OF PLANT   | 5, 369, 193                   | 1           | 027        | 414, 027          | ,                              |                                 | 7.00               |
| 8. 00              | 1                                   | LAUNDRY & LINEN SERVICE  | 243, 731                      | 1           | 0          | (                 |                                |                                 | 8.00               |
| 9.00               | 00900                               | HOUSEKEEPI NG  | 4, 161, 462                   | 6,          | 242        | 6, 242            | 2 0                            | 407, 785                        | 9. 00              |
| 10.00              | 1                                   | DI ETARY   | 1, 811, 405                   |             | 648        |                   |                                | 2, 648                          | 1                  |
| 11.00              |                                     | CAFETERI A   | 3, 034, 960                   | 1           | 878        |                   |                                | 15, 878                         | 1                  |
| 13. 00<br>14. 00   | 1                                   | NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY               | 8, 047, 383<br>8, 282, 132    | 1           | 056<br>967 | 8, 056<br>16, 967 |                                | 8, 056<br>16, 967               |                    |
| 15. 00             |                                     | PHARMACY   | 6, 262, 132<br>6, 540, 736    | 1           | 073        | 8, 073            |                                | 8, 073                          |                    |
| 16. 00             |                                     | MEDICAL RECORDS & LIBRARY                                      | 0                             |             | 0          | 0,070             | 1                              | 0                               | 1                  |
| 17. 00             |                                     | SOCIAL SERVICE   | 2, 718, 291                   | 10,         | 045        | 10, 045           | 0                              | 10, 045                         | 17. 00             |
| 18. 00             |                                     | PATIENT TRANSPORTATION   | 359, 279                      |             | 0          | C                 | 0                              | 0                               | 18.00              |
| 30. 00             |                                     | I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS         | 42 000 441                    | 0.7         | 204        | 07 204            | 20 155                         | 97, 296                         | 30.00              |
| 34.00              |                                     | SURGICAL INTENSIVE CARE UNIT                                   | 43, 098, 441<br>0             | 97,         | 296<br>0   | 97, 296           |                                | 97, 290                         |                    |
| 34. 01             |                                     | PEDIATRIC INTENSIVE CARE UNIT                                  | 0                             |             | 0          |                   |                                | 0                               | 1                  |
| 34. 02             |                                     | PREMATURE INTENSIVE CARE UNIT                                  | 7, 752, 215                   | 21,         | 722        | 21, 722           | 5, 089                         | 21, 722                         | 34.02              |
| 43.00              |                                     | NURSERY  | 2, 164, 563                   | 8,          | 640        | 8, 640            | 4, 011                         | 8, 640                          | 43.00              |
| 50. 00             |                                     | LARY SERVICE COST CENTERS  OPERATING ROOM                      | 25, 617, 731                  | 60          | 116        | 60, 116           | 0                              | 60, 116                         | 50.00              |
| 51.00              |                                     | RECOVERY ROOM  | 5, 247, 251                   |             | 228        |                   |                                | 9, 228                          |                    |
| 52. 00             |                                     | DELIVERY ROOM & LABOR ROOM                                     | 9, 841, 961                   |             | 871        | 27, 871           |                                | 27, 871                         |                    |
| 54.00              |                                     | RADI OLOGY-DI AGNOSTI C  | 11, 534, 141                  | 15,         | 157        | 15, 157           |                                | 15, 157                         | 54.00              |
| 55.00              |                                     | RADI OLOGY - THERAPEUTI C                                      | 10, 894, 630                  | 1           | 563        |                   |                                | 48, 563                         | 1                  |
| 56.00              | 1                                   | RADI OI SOTOPE   | 464, 558                      |             | 046        |                   |                                | 1, 046                          | 1                  |
| 60. 00<br>65. 00   |                                     | LABORATORY<br>RESPI RATORY THERAPY                             | 13, 175, 435<br>4, 519, 186   | 1           | 748<br>840 |                   |                                | 11, 748<br>1, 840               | 1                  |
| 66. 00             |                                     | PHYSI CAL THERAPY  | 2, 719, 672                   | 1           | 349        | 349               |                                | 349                             |                    |
| 67.00              | 06700                               | OCCUPATI ONAL THERAPY  | 823, 876                      |             | 0          | C                 |                                | 0                               |                    |
| 68. 00             |                                     | SPEECH PATHOLOGY   | 603, 185                      | 1           | 0          | C                 | 0                              | 0                               |                    |
| 69. 00             |                                     | ELECTROCARDI OLOGY   | 894, 177                      |             | 108        |                   |                                |                                 | 69.00              |
|                    |                                     | ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS    | 709, 690<br>6, 099, 197       |             | 709<br>0   | 1                 |                                |                                 | 70.00<br>71.00     |
|                    |                                     | IMPL. DEV. CHARGED TO PATIENT                                  | 9, 853, 998                   |             | 0          |                   |                                | 0                               | 1                  |
|                    | 1                                   | DRUGS CHARGED TO PATIENTS                                      | 48, 247, 301                  | ł           | 0          | ď                 | o o                            | 0                               | 1                  |
|                    |                                     | ASC (NON-DISTINCT PART)  | 0                             | l .         | 0          | C                 | 0                              | 0                               |                    |
| 75. 01             |                                     | CARDI AC CATHERI ZATI ON LABORATORY                            | 5, 527, 257                   | 13,         | 027        | 13, 027           | 0                              | 13, 027                         | 75. 01             |
| 91. 00             |                                     | TIENT SERVICE COST CENTERS EMERGENCY                           | 9, 795, 685                   | 11          | 425        | 11, 425           | 0                              | 11, 425                         | 91.00              |
|                    |                                     | OBSERVATION BEDS (NON-DISTINCT PART)                           | 7, 773, 003                   | 1.,         | 723        | 11, 420           |                                | 11, 423                         | 92.00              |
|                    | OTHER                               | REIMBURSABLE COST CENTERS                                      |                               |             |            |                   |                                |                                 |                    |
| 102.00             |                                     | OPIOID TREATMENT PROGRAM                                       | 0                             |             | 0          | (                 | 0                              | 0                               | 102.00             |
| 118. 00            |                                     | AL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) | 271, 254, 458                 | 398,        | 75.4       | 398, 754          | 38, 255                        | 392, 512                        | 110 00             |
| 110.00             |                                     | IMBURSABLE COST CENTERS  | 271, 234, 430                 | 370,        | 754        | 370, 734          | 30, 200                        | 372, 312                        | 1118.00            |
| 192.00             |                                     | PHYSICIANS' PRIVATE OFFICES                                    | 0                             |             | 0          | C                 | 0                              | 0                               | 192. 00            |
|                    | 1                                   | OTHER NON-REIMBURSABLE   | 613, 117                      |             | 477        | 477               | 1                              |                                 | 192. 01            |
|                    |                                     | CHILDBIRTH EDUCATION   | 220, 138                      |             | (22        | 12 (2)            | 0                              |                                 | 192.02             |
|                    |                                     | PHYSICIANS' PRIVATE OFFICES PHYSICIANS' PRIVATE OFFICES        | 656, 438<br>37, 628           | 1           | 632        | 13, 632           |                                | 13, 632<br>0                    | 192. 03            |
|                    |                                     | PHYSICIAN PRACTICE   | 144, 581                      | 1           | 0          |                   | 1                              |                                 | 192.05             |
|                    |                                     | TIPTON HOSPITAL  | 356, 320                      |             | 776        | 776               | 0                              |                                 | 192. 06            |
|                    |                                     | WEST HOSPITAL  | 344, 357                      |             | 303        | 303               |                                |                                 | 192. 07            |
|                    |                                     | SAXONY HOSPITAL  | 310, 321                      |             | 85         | 85                | 0                              | 85                              | 192. 08            |
| 200. 00<br>201. 00 |                                     | Cross Foot Adjustments   |                               |             |            |                   |                                |                                 | 200. 00<br>201. 00 |
| 201.00             |                                     | Negative Cost Centers Cost to be allocated (per Wkst. B,       | 29, 667, 319                  | 12, 304,    | 054        | 5, 950, 677       | 270, 127                       | 4, 887, 362                     |                    |
|                    |                                     | Part I)  |                               |             |            |                   |                                |                                 |                    |
| 203. 00            | )                                   | Unit cost multiplier (Wkst. B, Part I)                         | 0. 108300                     | 29. 717     | 7999       | 14. 372679        | 7. 061221                      | 11. 985144                      | 203.00             |
|                    |                                     |  |                               |             |            |                   |                                |                                 |                    |

| Health Fina | ncial Systems                          | IU HEALTH NOR    | TH HOSPITAL   |              | In Lie                           | u of Form CMS-2                | 2552-10 |
|-------------|--|------------------|---------------|--------------|----------------------------------|--------------------------------|---------|
| COST ALLOCA | ATION - STATISTICAL BASIS              |                  | Provi der Co  |              | eri od:                          | Worksheet B-1                  |         |
|             |  |                  |               |              | from 01/01/2022<br>to 12/31/2022 | Date/Time Pre<br>5/25/2023 2:4 |         |
|             | Cost Center Description                | OTHER            | MAINTENANCE & | OPERATION OF |                                  | HOUSEKEEPI NG                  |         |
|             |  | ADMI NI STRATI V | REPAI RS      | PLANT        | LINEN SERVICE                    | (SQUARE                        |         |
|             |  | E & GENERAL      | (SQUARE       | (SQUARE      | (TOTAL                           | FEET)                          |         |
|             |  | (ACCUM.          | FEET)         | FEET)        | PATIENT DAYS)                    |                                |         |
|             |  | COST)            |               |              |                                  |                                |         |
|             |  | 5. 05            | 6. 00         | 7. 00        | 8. 00                            | 9. 00                          |         |
| 204.00      | Cost to be allocated (per Wkst. B,     | 3, 659, 227      | 3, 947, 061   | 92, 141      | 3, 256                           | 441, 903                       | 204.00  |
|             | Part II)                               |                  |               |              |                                  |                                |         |
| 205. 00     | Unit cost multiplier (Wkst. B, Part    | 0. 013358        | 9. 533342     | 0. 222548    | 0. 085113                        | 1. 083667                      | 205. 00 |
| 206. 00     | NAHE adjustment amount to be allocated |                  |               |              |                                  |                                | 206. 00 |
|             | (per Wkst. B-2)                        |                  |               |              |                                  |                                |         |
| 207. 00     | NAHE unit cost multiplier (Wkst. D,    |                  |               |              |                                  |                                | 207. 00 |
|             | Parts III and IV)                      |                  |               |              |                                  |                                |         |
|             |  |                  |               |              |                                  |                                |         |

|                | Financiai Systems  | TU HEALTH NORT                |                     |  |   | u or form CMS                             |                         |
|----------------|--|-------------------------------|---------------------|--|---|---|-------------------------|
| COST A         | LLOCATION - STATISTICAL BASIS  |                               | Provi der Co        | F  | eriod:<br>rom 01/01/2022<br>o 12/31/2022    | Worksheet B-1 Date/Time Pre 5/25/2023 2:4 | pared:                  |
|                | Cost Center Description  | DI ETARY<br>(MEALS<br>SERVED) | CAFETERIA<br>(FTEs) | NURSI NG<br>ADMI NI STRATI O<br>N<br>(NURSI NG | CENTRAL<br>SERVI CES &<br>SUPPLY<br>(COSTED | PHARMACY<br>(COSTED<br>REQUIS.)           | β                       |
|                |  |                               |                     | FTEs)  | REQUISITIONS)                               |   |                         |
|                | CENEDAL SEDVICE COST CENTEDS   | 10. 00                        | 11. 00              | 13. 00   | 14. 00                                      | 15. 00                                    |                         |
|                | GENERAL SERVICE COST CENTERS  OO100 NEW CAP REL COSTS-BLDG & FLXT  |                               |                     |  |   |   | 1.00                    |
| 1. 01<br>1. 02 | 00101 NEW CAP REL COSTS-INTEREST<br>00102 MOB LEASED SPACE   |                               |                     |  |   |   | 1. 01<br>1. 02          |
| 4. 00          | 00200 NEW CAP REL COSTS-MVBLE EQUIP<br>00400 EMPLOYEE BENEFITS DEPARTMENT<br>00540 NONPATIENT TELEPHONES |                               |                     |  |   |   | 2. 00<br>4. 00<br>5. 01 |
| 5. 02<br>5. 03 | 00550 DATA PROCESSING<br>00560 PURCHASING RECEIVING AND STORES   |                               |                     |  |   |   | 5. 02<br>5. 03          |
|                | 00570 ADMITTING<br>00590 OTHER ADMINISTRATIVE & GENERAL  |                               |                     |  |   |   | 5. 04<br>5. 05          |
|                | 00600 MAINTENANCE & REPAIRS  |                               |                     |  |   |   | 6.00                    |
|                | 00700 OPERATION OF PLANT   |                               |                     |  |   |   | 7. 00                   |
|                | 00800 LAUNDRY & LINEN SERVICE<br>00900 HOUSEKEEPING  |                               |                     |  |   |   | 8. 00<br>9. 00          |
|                | 01000 DI ETARY   | 84, 114                       |                     |  |   |   | 10.00                   |
|                | 01100 CAFETERI A   | 0                             | 73, 692             |  |   |   | 11.00                   |
|                | 01300 NURSING ADMINISTRATION   | 0                             | 1, 821              |  |   |   | 13.00                   |
|                | 01400 CENTRAL SERVICES & SUPPLY<br>01500 PHARMACY  | 0                             | 1<br>4, 174         | 0  | 23, 065, 851<br>76, 575                     | 48, 565, 350                              | 14. 00<br>15. 00        |
|                | 01600 MEDICAL RECORDS & LIBRARY  | o                             | 4, 174              |  | 70, 373                                     | 48, 303, 330                              | 1                       |
|                | 01700 SOCIAL SERVICE   | o                             | 1, 422              |  | · ·   | 0   | 17. 00                  |
| 18. 00         | 01850 PATIENT TRANSPORTATION   | 0                             | 642                 | 0  | 0   | 0   | 18. 00                  |
| 30. 00         | INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS   | 78, 641                       | 18, 189             | 11, 434  | 691, 039                                    | 164, 420                                  | 30.00                   |
|                | 03400 SURGI CAL INTENSI VE CARE UNIT   | 0                             | 0                   |  |   | 0   | 1                       |
|                | 03401 PEDIATRIC INTENSIVE CARE UNIT  | 0                             | 0                   | 0  |   | 0   | 34. 01                  |
|                | 03402 PREMATURE INTENSIVE CARE UNIT<br>04300 NURSERY   | 0                             | 3, 131<br>1, 387    | 2, 961<br>976                                  |   | 16, 256<br>0                              | 1                       |
|                | ANCILLARY SERVICE COST CENTERS   | <u> </u>                      | 1, 307              | 770  | 0   | 0   | 43.00                   |
| 50.00          | 05000 OPERATING ROOM   | 0                             | 9, 187              |  |   | 81, 571                                   | 1                       |
|                | 05100 RECOVERY ROOM  | 260                           | 3, 161              |  |   | 98, 436                                   | 1                       |
|                | 05200 DELIVERY ROOM & LABOR ROOM<br>05400 RADIOLOGY-DIAGNOSTIC   | 3, 611                        | 4, 086<br>5, 716    |  |   | 66, 397<br>90, 440                        | 1                       |
|                | 05500 RADI OLOGY - THERAPEUTI C  | ő                             | 4, 928              |  |   | 72, 920                                   | 1                       |
|                | 05600 RADI OI SOTOPE   | O                             | 276                 |  |   | 63  | 1                       |
|                | 06000 LABORATORY   | 0                             | 3, 380              |  | 10, 019                                     | 317                                       | 1                       |
|                | 06500 RESPI RATORY THERAPY<br>06600 PHYSI CAL THERAPY  | 0                             | 2, 638<br>2, 181    |  | ,   | 421<br>0                                  | 1                       |
|                | 06700 OCCUPATI ONAL THERAPY  | o                             | 694                 |  |   | 0   | 1                       |
|                | 06800 SPEECH PATHOLOGY   | 0                             | 510                 |  | .,  | 0   |                         |
|                | 06900  ELECTROCARDI OLOGY<br>07000  ELECTROENCEPHALOGRAPHY   | 0                             | 487<br>183          |  |   | 0   | l                       |
|                | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0                             | 0                   |  |   | 0   | 1                       |
|                | 07200 IMPL. DEV. CHARGED TO PATIENT  | 0                             | 0                   | 0  | 8, 864, 914                                 | 0   | 72.00                   |
|                | 07300 DRUGS CHARGED TO PATIENTS  | 0                             | 0                   | 0  | 0   | 47, 738, 131                              |                         |
|                | 07500 ASC (NON-DISTINCT PART) 07501 CARDIAC CATHERIZATION LABORATORY                                     | 1, 537                        | 1, 074              | 572  | 563, 416                                    | 49, 237                                   | 75. 00<br>75. 01        |
|                | OUTPATIENT SERVICE COST CENTERS  | ., 557                        | ., .,               | 372  | 3337 113                                    | 177207                                    |                         |
|                | 09100 EMERGENCY  | 65                            | 3, 754              | 2, 736   | 159, 147                                    | 176, 001                                  |                         |
|                | 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS                               |                               |                     |  |   |   | 92.00                   |
|                | 10200 OPI OI D TREATMENT PROGRAM   | 0                             | 0                   | 0  | 0   | 0   | 102.00                  |
|                | SPECIAL PURPOSE COST CENTERS   |                               |                     | I  |   |   |                         |
| 118. 00        | SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS                                      | 84, 114                       | 73, 022             | 33, 151  | 23, 054, 489                                | 48, 554, 610                              | 118.00                  |
| 192. 00        | 19200 PHYSI CLANS' PRI VATE OFFI CES   | O                             | 0                   | Ιο   | O   | 0   | 192.00                  |
|                | 19201 OTHER NON-REIMBURSABLE   | 0                             | 101                 |  |   |   | 192. 01                 |
|                | 19202 CHI LDBI RTH EDUCATI ON  | 0                             | 125                 |  |   |   | 192.02                  |
|                | 19203 PHYSI CLANS' PRI VATE OFFI CES<br>19204 PHYSI CLANS' PRI VATE OFFI CES                             | 0                             | 0                   | 0  | · · · · · · · · · · · · · · · · · · ·       |   | 192. 03<br>192. 04      |
|                | 19205 PHYSI CI AN PRACTI CE  | ő                             | 3                   | Ö  |   |   | 192.05                  |
|                | 19206 TIPTON HOSPITAL  | O                             | 93                  |  | _   |   | 192. 06                 |
|                | 19207 WEST HOSPI TAL<br>19208 SAXONY HOSPI TAL   |                               | 250<br>98           |  | 0   |   | 192. 07<br>192. 08      |
| 200.00         | Cross Foot Adjustments   |                               | 98                  |  |   | 0   | 200.00                  |
| 201. 00        | Negative Cost Centers  |                               |                     |  |   |   | 201.00                  |
| 202. 00        | Cost to be allocated (per Wkst. B,   | 2, 156, 069                   | 4, 254, 017         | 9, 475, 782                                    | 10, 130, 583                                | 7, 976, 382                               | 202. 00                 |
| 203. 00        | Part I) Unit cost multiplier (Wkst. B, Part I)   | 25. 632701                    | 57. 726985          | 285. 733558                                    | 0. 439203                                   | 0. 164240                                 | 203.00                  |
| 200.00         | joint coot mare prior (most. b, rait 1)  | 25. 052/01                    | 57.720703           | 200. 700000                                    | 3. 437203                                   | 3. 104240                                 | ,_00.00                 |
|                |  |                               |                     |  |   |   |                         |

| Health Fina | ncial Systems  | IU HEALTH NOR | TH HOSPITAL  |                  | In Lie                         | u of Form CMS-2                | 2552-10 |
|-------------|--|---------------|--------------|------------------|--------------------------------|--------------------------------|---------|
| COST ALLOCA | TION - STATISTICAL BASIS                               |               | Provi der Co |                  | Peri od:                       | Worksheet B-1                  |         |
|             |  |               |              |                  | rom 01/01/2022<br>o 12/31/2022 | Date/Time Pre<br>5/25/2023 2:4 |         |
|             | Cost Center Description                                | DI ETARY      | CAFETERI A   | NURSI NG         | CENTRAL                        | PHARMACY                       |         |
|             |  | (MEALS        | (FTEs)       | ADMI NI STRATI O | SERVICES &                     | (COSTED                        |         |
|             |  | SERVED)       |              | N                | SUPPLY                         | REQUIS.)                       |         |
|             |  |               |              | (NURSI NG        | (COSTED                        |                                |         |
|             |  |               |              | FTEs)            | REQUISITIONS)                  |                                |         |
|             |  | 10. 00        | 11. 00       | 13. 00           | 14. 00                         | 15. 00                         |         |
| 204. 00     | Cost to be allocated (per Wkst. B, Part II)            | 207, 389      | 1, 004, 226  | 1, 492, 293      | 1, 111, 598                    | 877, 235                       | 204. 00 |
| 205. 00     | Unit cost multiplier (Wkst. B, Part                    | 2. 465571     | 13. 627341   | 44. 998734       | 0. 048192                      | 0. 018063                      | 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
COST ALLOCATION - STATISTICAL BASIS Period: Worksheet B-1 From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/25/2023 2:40 pm Provider CCN: 15-0161

|   |                              |                     |                              | 5/25/2023 2: |                    |
|---|------------------------------|---------------------|------------------------------|--------------|--------------------|
|   |                              |                     | OTHER GENERAL                |              |                    |
| Cook Cooker Books of the  | MEDICAL                      | COCLAI              | SERVI CE                     |              |                    |
| Cost Center Description   | MEDI CAL<br>RECORDS &        | SOCI AL<br>SERVI CE | PATI ENT<br>TRANSPORTATI 0   |              |                    |
|   | LI BRARY                     | (TOTAL              | N                            |              |                    |
|   | (GROSS                       | PATIENT DAYS)       | (GROSS                       |              |                    |
|   | CHARGES)                     |                     | CHARGES)                     |              |                    |
| OFNEDAL CERVILOR COCT OFNITERS  | 16. 00                       | 17. 00              | 18. 00                       |              |                    |
| 1. 00 GENERAL SERVICE COST CENTERS  1. 00 00100 NEW CAP REL COSTS-BLDG & FLXT                     | 1                            | 1                   |                              |              | 1.00               |
| 1. 01   00101   NEW CAP REL COSTS-INTEREST  |                              |                     |                              |              | 1.00               |
| 1. 02 00102 MOB LEASED SPACE  |                              |                     |                              |              | 1. 02              |
| 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP  |                              |                     |                              |              | 2.00               |
| 4.00   00400   EMPLOYEE BENEFITS DEPARTMENT   |                              |                     |                              |              | 4.00               |
| 5. 01 00540 NONPATIENT TELEPHONES   |                              |                     |                              |              | 5. 01              |
| 5. 02 00550 DATA PROCESSING   |                              |                     |                              |              | 5. 02              |
| 5. 03   00560   PURCHASING RECEIVING AND STORES<br>5. 04   00570   ADMITTING                      |                              |                     |                              |              | 5. 03<br>5. 04     |
| 5. 05   00590 OTHER ADMINISTRATIVE & GENERAL  |                              |                     |                              |              | 5. 05              |
| 6. 00 00600 MAI NTENANCE & REPAI RS   |                              |                     |                              |              | 6.00               |
| 7.00 00700 OPERATION OF PLANT   |                              |                     |                              |              | 7.00               |
| 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<br>13. 00   01300   NURSI NG   ADMINI STRATI ON                       |                              |                     |                              |              | 11. 00<br>13. 00   |
| 14. 00   01400   CENTRAL SERVICES & SUPPLY  | •                            |                     |                              |              | 14.00              |
| 15. 00   01500   PHARMACY   |                              |                     |                              |              | 15. 00             |
| 16. 00 01600 MEDI CAL RECORDS & LI BRARY  | 1, 405, 059, 542             |                     |                              |              | 16.00              |
| 17.00 01700 SOCIAL SERVICE  | 0                            | 38, 255             |                              |              | 17. 00             |
| 18. 00 01850 PATIENT TRANSPORTATION   | 0                            | 0                   | 1, 405, 059, 542             |              | 18. 00             |
| INPATIENT ROUTINE SERVICE COST CENTERS  |                              |                     |                              |              |                    |
| 30. 00   03000   ADULTS & PEDI ATRI CS  | 135, 959, 038                | 29, 155             | 135, 959, 038                |              | 30.00              |
| 34. 00   03400   SURGI CAL INTENSI VE CARE UNIT 34. 01   03401   PEDI ATRI C INTENSI VE CARE UNIT | 0                            | 0                   | 0                            |              | 34. 00<br>34. 01   |
| 34. 02   03402   PEDIATRIC TINTENSIVE CARE UNIT   | 28, 183, 131                 | 5, 089              | 28, 183, 131                 |              | 34.01              |
| 43. 00   04300   NURSERY  | 7, 054, 851                  | 4, 011              | 7, 054, 851                  |              | 43.00              |
| ANCILLARY SERVICE COST CENTERS  |                              | ·                   |                              |              |                    |
| 50. 00   05000   OPERATI NG ROOM  | 268, 617, 129                | 0                   | 268, 617, 129                |              | 50.00              |
| 51. 00   05100   RECOVERY ROOM  | 37, 601, 491                 | 0                   | 37, 601, 491                 |              | 51.00              |
| 52. 00   05200   DELI VERY ROOM & LABOR ROOM<br>54. 00   05400   RADI OLOGY-DI AGNOSTI C          | 42, 927, 120<br>98, 824, 305 | 0                   | 42, 927, 120<br>98, 824, 305 |              | 52. 00<br>54. 00   |
| 55. 00 05500 RADIOLOGY - THERAPEUTIC  | 86, 139, 694                 | 0                   | 86, 139, 694                 |              | 55.00              |
| 56. 00   05600   RADI OI SOTOPE   | 9, 821, 759                  | o                   | 9, 821, 759                  |              | 56.00              |
| 60. 00   06000   LABORATORY   | 62, 769, 922                 | 0                   | 62, 769, 922                 |              | 60.00              |
| 65. 00 06500 RESPI RATORY THERAPY   | 16, 491, 145                 | 0                   | 16, 491, 145                 |              | 65. 00             |
| 66. 00   06600   PHYSI CAL THERAPY  | 8, 702, 550                  | 0                   | 8, 702, 550                  |              | 66.00              |
| 67. 00 06700 OCCUPATI ONAL THERAPY  | 4, 204, 874                  | 0                   | 4, 204, 874                  |              | 67.00              |
| 68. 00   06800   SPEECH   PATHOLOGY   69. 00   06900   ELECTROCARDI OLOGY                         | 2, 206, 119<br>16, 172, 899  | 0                   | 2, 206, 119<br>16, 172, 899  |              | 68. 00<br>69. 00   |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   | 4, 260, 790                  | ő                   | 4, 260, 790                  |              | 70.00              |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS   | 43, 615, 158                 | o                   | 43, 615, 158                 |              | 71.00              |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT   | 102, 846, 024                | 0                   | 102, 846, 024                |              | 72.00              |
| 73.00 07300 DRUGS CHARGED TO PATIENTS   | 264, 916, 837                | 0                   | 264, 916, 837                |              | 73. 00             |
| 75. 00 07500 ASC (NON-DISTINCT PART)  | 0                            | 0                   | 0                            |              | 75.00              |
| 75. 01 O7501 CARDI AC CATHERI ZATI ON LABORATORY OUTPATI ENT SERVI CE COST CENTERS                | 36, 471, 944                 | 0                   | 36, 471, 944                 |              | 75. 01             |
| 91. 00   O9100   EMERGENCY  | 127, 272, 762                | ol                  | 127, 272, 762                |              | 91.00              |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)   | 127,272,702                  |                     | 127,272,702                  |              | 92.00              |
| OTHER REIMBURSABLE COST CENTERS   |                              |                     |                              |              |                    |
| 102.00 10200 OPIOLD TREATMENT PROGRAM   | 0                            | 0                   | 0                            |              | 102. 00            |
| SPECIAL PURPOSE COST CENTERS  | 1 105 050 510                | 20.055              | 4.05.050.540                 |              |                    |
| 118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS                        | 1, 405, 059, 542             | 38, 255             | 1, 405, 059, 542             |              | 118. 00            |
| 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES  | 0                            | 0                   | 0                            |              | 192.00             |
| 192. 01 19201 OTHER NON-REI MBURSABLE   | 0                            | o                   | 0                            |              | 192.01             |
| 192. 02 19202 CHI LDBI RTH EDUCATI ON   | 0                            | 0                   | 0                            |              | 192. 02            |
| 192.03 19203 PHYSICIANS' PRIVATE OFFICES  | 0                            | 0                   | 0                            |              | 192. 03            |
| 192. 04 19204 PHYSI CI ANS' PRI VATE OFFI CES   | 0                            | 0                   | 0                            |              | 192.04             |
| 192. 05 19205 PHYSI CI AN PRACTI CE   | 0                            | 0                   | 0                            |              | 192.05             |
| 192.06 19206 TI PTON HOSPI TAL  | 0                            | 0                   | 0                            |              | 192.06             |
| 192. 07 19207 WEST HOSPI TAL<br>192. 08 19208 SAXONY HOSPI TAL                                    | 0                            | 0                   | 0                            |              | 192. 07<br>192. 08 |
| 200.00 Cross Foot Adjustments   |                              |                     | U                            |              | 200.00             |
| 201.00 Negative Cost Centers  |                              |                     |                              |              | 201.00             |
| 202.00 Cost to be allocated (per Wkst. B,   | 0                            | 3, 658, 052         | 435, 250                     |              | 202.00             |
| Part I)   | <u> </u>                     | <u> </u>            |                              |              | <u></u>            |
|   |                              |                     |                              |              |                    |

| Heal th Finan                 | cial Systems   | IU HEALTH NOR   | TH HOSPITAL                                     |   | In Lieu                                      | u of Form CMS-2                                 | 2552-10                       |
|-------------------------------|--|---|---|---|--|---|-------------------------------|
| COST ALLOCAT                  | TION - STATISTICAL BASIS   |   | Provider Co                                     |   | Peri od:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet B-1<br>Date/Time Pre<br>5/25/2023 2:4 | pared:                        |
|                               | Cost Center Description  | MEDI CAL<br>RECORDS &<br>LI BRARY<br>(GROSS<br>CHARGES)<br>16, 00 | SOCI AL<br>SERVI CE<br>(TOTAL<br>PATI ENT DAYS) | OTHER GENERAL<br>SERVI CE<br>PATI ENT<br>TRANSPORTATI (<br>N<br>(GROSS<br>CHARGES)<br>18.00 |  |   |                               |
| 203. 00<br>204. 00<br>205. 00 | Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B, Part II) Unit cost multiplier (Wkst. B, Part II) | 0. 000000<br>0<br>0. 000000                                       | 655, 498  | 16, 50  | 02   |   | 203. 00<br>204. 00<br>205. 00 |
| 206. 00                       | NAHE adjustment amount to be allocated (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, Parts III and IV)               |   |   |   |  |   | 206. 00<br>207. 00            |

| Health Financial Systems                 | IU HEALTH NORTH HOSPITAL | In Lieu of Form CMS-2552-10                   |
|--|--------------------------|---|
| COMPUTATION OF RATIO OF COSTS TO CHARGES | Provi der CCN: 15-0161   | Period: Worksheet C<br>From 01/01/2022 Part I |
|  |                          | To 12/31/2022 Date/Time Prepared:             |

|  |               |               |               | o 12/31/2022    |               |          |
|--|---------------|---------------|---------------|-----------------|---------------|----------|
|  |               | Title         | XVIII         | Hospi tal       | PPS           | <u> </u> |
|  |               | <u> </u>      |               | Costs           |               |          |
| Cost Center Description                          | Total Cost    | Therapy Limit | Total Costs   | RCE             | Total Costs   |          |
|  | (from Wkst.   | Adj .         |               | Di sal I owance |               |          |
|  | B, Part I,    | ·             |               |                 |               |          |
|  | col. 26)      |               |               |                 |               |          |
|  | 1. 00         | 2.00          | 3. 00         | 4. 00           | 5. 00         |          |
| INPATIENT ROUTINE SERVICE COST CENTERS           |               |               |               |                 |               |          |
| 30. 00  03000  ADULTS & PEDIATRICS               | 62, 921, 221  |               | 62, 921, 221  | 0               | 62, 921, 221  |          |
| 34.00   03400   SURGICAL INTENSIVE CARE UNIT     | 0             |               | (             | 0               | 0             | 34.00    |
| 34.01   03401   PEDIATRIC INTENSIVE CARE UNIT    | 0             |               | (             | 0               | 0             | 34. 01   |
| 34.02   03402   PREMATURE   NTENSIVE CARE UNIT   | 11, 398, 731  |               | 11, 398, 731  | 0               | 11, 398, 731  | 34.02    |
| 43. 00 04300 NURSERY                             | 3, 656, 477   |               | 3, 656, 477   | 0               | 3, 656, 477   | 43.00    |
| ANCILLARY SERVICE COST CENTERS                   |               |               |               |                 |               |          |
| 50.00   05000   OPERATING ROOM                   | 36, 132, 671  |               | 36, 132, 671  |                 | 36, 132, 671  |          |
| 51.00   05100   RECOVERY ROOM                    | 7, 378, 122   |               | 7, 378, 122   | 2 0             | 7, 378, 122   | 51.00    |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM       | 13, 889, 194  |               | 13, 889, 194  | 376, 565        | 14, 265, 759  |          |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C         | 14, 380, 361  |               | 14, 380, 361  | 0               | 14, 380, 361  |          |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C       | 15, 999, 917  |               | 15, 999, 917  |                 | 15, 999, 917  |          |
| 56. 00   05600   RADI 0I SOTOPE                  | 593, 010      |               | 593, 010      |                 | 593, 010      |          |
| 60. 00  06000 LABORATORY                         | 15, 710, 728  |               | 15, 710, 728  | 0               | 15, 710, 728  | 60.00    |
| 65. 00  06500 RESPIRATORY THERAPY                | 5, 393, 278   | 0             | 5, 393, 278   |                 | 5, 393, 278   |          |
| 66. 00 06600 PHYSI CAL THERAPY                   | 3, 167, 544   | 0             | 3, 167, 544   | ا<br>ا          | 3, 167, 544   | 66.00    |
| 67. 00 06700 OCCUPATI ONAL THERAPY               | 957, 081      | 0             | 957, 081      |                 | 957, 081      |          |
| 68.00 06800 SPEECH PATHOLOGY                     | 703, 053      | 0             | 703, 053      |                 | 703, 053      |          |
| 69. 00   06900   ELECTROCARDI OLOGY              | 1, 142, 353   |               | 1, 142, 353   |                 | 1, 142, 353   |          |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY              | 838, 220      |               | 838, 220      |                 | 838, 220      |          |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 9, 198, 698   |               | 9, 198, 698   | 8 0             | 9, 198, 698   |          |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT        | 14, 846, 558  |               | 14, 846, 558  |                 | 14, 846, 558  |          |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 61, 395, 033  |               | 61, 395, 033  | 0               | 61, 395, 033  |          |
| 75.00 07500 ASC (NON-DISTINCT PART)              | 0             |               | (             | 0               | 0             |          |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY | 7, 388, 041   |               | 7, 388, 041   | 0               | 7, 388, 041   | 75. 01   |
| OUTPATIENT SERVICE COST CENTERS                  |               |               |               |                 |               |          |
| 91. 00   09100   EMERGENCY                       | 12, 635, 623  |               | 12, 635, 623  |                 | 12, 635, 623  |          |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 6, 138, 835   |               | 6, 138, 835   | 5               | 6, 138, 835   | 92.00    |
| OTHER REIMBURSABLE COST CENTERS                  |               |               |               |                 |               |          |
| 102.00 10200 OPIOID TREATMENT PROGRAM            | 0             |               | (             | )               |               | 102.00   |
| 200.00 Subtotal (see instructions)               | 305, 864, 749 | 0             | 305, 864, 749 |                 | 306, 241, 314 |          |
| 201.00 Less Observation Beds                     | 6, 138, 835   |               | 6, 138, 835   |                 | 6, 138, 835   |          |
| 202.00 Total (see instructions)                  | 299, 725, 914 | 0             | 299, 725, 914 | 376, 565        | 300, 102, 479 | 202.00   |

| Health Financial Systems                 | IU HEALTH NORTH HOSPITAL | In Lieu of Form CMS-2552-10                   |
|--|--------------------------|---|
| COMPUTATION OF RATIO OF COSTS TO CHARGES | Provi der CCN: 15-0161   | Period: Worksheet C<br>From 01/01/2022 Part I |

|        |  |               |               |                  | rom 01/01/2022<br>o 12/31/2022 | Part I<br>Date/Time Pre | nared·   |
|--------|--|---------------|---------------|------------------|--------------------------------|-------------------------|----------|
|        |  |               |               | '                | 0 12/01/2022                   | 5/25/2023 2: 4          |          |
|        |  |               | Title         | XVIII            | Hospi tal                      | PPS                     | <u> </u> |
|        |  |               | Charges       |                  | ·                              |                         |          |
|        | Cost Center Description                    | I npati ent   | Outpati ent   | Total (col. 6    | Cost or Other                  | TEFRA                   |          |
|        |  |               |               | + col. 7)        | Ratio                          | I npati ent             |          |
|        |  |               |               |                  |                                | Ratio                   |          |
|        |  | 6. 00         | 7. 00         | 8.00             | 9. 00                          | 10.00                   |          |
|        | INPATIENT ROUTINE SERVICE COST CENTERS     |               |               |                  |                                |                         |          |
| 30.00  | 03000 ADULTS & PEDIATRICS                  | 115, 548, 575 |               | 115, 548, 575    |                                |                         | 30.00    |
| 34.00  | 03400 SURGICAL INTENSIVE CARE UNIT         | 0             |               | C                |                                |                         | 34.00    |
| 34. 01 | 03401 PEDIATRIC INTENSIVE CARE UNIT        | 0             |               | C                |                                |                         | 34.01    |
| 34.02  | 03402 PREMATURE INTENSIVE CARE UNIT        | 28, 183, 131  |               | 28, 183, 131     |                                |                         | 34.02    |
| 43.00  | 04300 NURSERY                              | 7, 054, 851   |               | 7, 054, 851      |                                |                         | 43.00    |
|        | ANCILLARY SERVICE COST CENTERS             |               |               |                  |                                |                         |          |
| 50.00  | 05000 OPERATING ROOM                       | 68, 719, 178  | 199, 897, 951 | 268, 617, 129    | 0. 134514                      | 0.000000                | 50.00    |
| 51.00  | 05100 RECOVERY ROOM                        | 5, 543, 489   | 32, 058, 002  | 37, 601, 491     | 0. 196219                      | 0.000000                | 51.00    |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM           | 34, 935, 004  | 7, 992, 116   | 42, 927, 120     | 0. 323553                      | 0.000000                | 52.00    |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C              | 16, 912, 632  | 81, 911, 673  | 98, 824, 305     | 0. 145514                      | 0.000000                | 54.00    |
| 55.00  | 05500 RADI OLOGY - THERAPEUTI C            | 882, 472      | 85, 257, 222  | 86, 139, 694     | 0. 185744                      | 0.000000                | 55.00    |
| 56.00  | 05600 RADI OI SOTOPE                       | 1, 135, 373   | 8, 686, 386   | 9, 821, 759      | 0. 060377                      | 0.000000                | 56.00    |
| 60.00  | 06000 LABORATORY                           | 27, 399, 780  | 35, 370, 142  | 62, 769, 922     | 0. 250291                      | 0.000000                | 60.00    |
| 65.00  | 06500 RESPI RATORY THERAPY                 | 11, 976, 216  | 4, 514, 929   | 16, 491, 145     | 0. 327041                      | 0.000000                | 65.00    |
| 66.00  | 06600 PHYSI CAL THERAPY                    | 4, 378, 356   | 4, 324, 194   | 8, 702, 550      | 0. 363979                      | 0.000000                | 66.00    |
| 67.00  | 06700 OCCUPATI ONAL THERAPY                | 2, 199, 392   | 2, 005, 482   | 4, 204, 874      | 0. 227612                      | 0.000000                | 67.00    |
| 68. 00 | 06800 SPEECH PATHOLOGY                     | 806, 385      | 1, 399, 734   | 2, 206, 119      | 0. 318683                      | 0.000000                | 68.00    |
| 69.00  | 06900 ELECTROCARDI OLOGY                   | 5, 856, 127   | 10, 316, 772  | 16, 172, 899     | 0. 070634                      | 0.000000                | 69.00    |
| 70.00  | 07000 ELECTROENCEPHALOGRAPHY               | 1, 957, 553   | 2, 303, 237   |                  | 0. 196729                      | 0.000000                | 70.00    |
| 71.00  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 18, 239, 367  | 25, 375, 791  | 43, 615, 158     | 0. 210906                      | 0.000000                | 71.00    |
| 72.00  | 07200 IMPL. DEV. CHARGED TO PATIENT        | 42, 227, 705  | 60, 618, 319  | 102, 846, 024    | 0. 144357                      | 0.000000                | 72.00    |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS            | 45, 363, 160  | 219, 553, 677 | 264, 916, 837    | 0. 231752                      | 0.000000                | 73.00    |
| 75.00  | 07500 ASC (NON-DISTINCT PART)              | o             | 0             | l                | 0. 000000                      | 0.000000                | 75.00    |
| 75. 01 | 07501 CARDI AC CATHERI ZATI ON LABORATORY  | 14, 353, 436  | 22, 118, 508  | 36, 471, 944     | 0. 202568                      | 0.000000                | 75. 01   |
|        | OUTPATIENT SERVICE COST CENTERS            | ,,            |               |                  |                                |                         |          |
| 91.00  | 09100 EMERGENCY                            | 30, 150, 456  | 97, 122, 306  | 127, 272, 762    | 0. 099280                      | 0.000000                | 91.00    |
| 92.00  | 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 207, 486      | 20, 202, 977  | 20, 410, 463     | 0. 300769                      | 0.000000                | 92.00    |
|        | OTHER REIMBURSABLE COST CENTERS            |               |               |                  |                                |                         |          |
| 102.00 | 10200 OPI OI D TREATMENT PROGRAM           | 0             | 0             | C                |                                |                         | 102.00   |
| 200.00 |  | 484, 030, 124 | 921, 029, 418 | 1, 405, 059, 542 | 2                              |                         | 200.00   |
| 201.00 | Less Observation Beds                      |               |               |                  |                                |                         | 201.00   |
| 202.00 | Total (see instructions)                   | 484, 030, 124 | 921, 029, 418 | 1, 405, 059, 542 | 2                              |                         | 202.00   |

| Health Financial Systems                 | IU HEALTH NORTH HOSPITAL | In Lieu | u of Form CMS-2552-10   |
|--|--------------------------|---------|---|
| COMPUTATION OF RATIO OF COSTS TO CHARGES |                          |         | Worksheet C<br>Part I<br>Date/Time Prepared:<br>5/25/2023 2:40 pm |
|  | T1 11 \0.011             |         | 200   |

|  |               |             | 10 12/31/2022 | 5/25/2023 2:40 pm | :  |
|--|---------------|-------------|---------------|-------------------|----|
|  |               | 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             |    |
| 34.00   03400   SURGI CAL INTENSIVE CARE UNIT                                    |               |             |               | 34.00             |    |
| 34.01 03401 PEDIATRIC INTENSIVE CARE UNIT  |               |             |               | 34.0              |    |
| 34.02 O3402 PREMATURE INTENSIVE CARE UNIT  |               |             |               | 34. 02            |    |
| 43. 00 04300 NURSERY   |               |             |               | 43.00             | 0  |
| ANCILLARY SERVICE COST CENTERS   |               |             |               |                   |    |
| 50.00   05000   OPERATING ROOM   | 0. 134514     |             |               | 50.00             |    |
| 51.00   05100   RECOVERY ROOM  | 0. 196219     |             |               | 51.00             |    |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM   | 0. 332325     |             |               | 52.00             |    |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C   | 0. 145514     |             |               | 54.00             |    |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C                                       | 0. 185744     |             |               | 55.00             |    |
| 56. 00   05600   RADI 0I SOTOPE  | 0. 060377     |             |               | 56.00             |    |
| 60. 00   06000   LABORATORY  | 0. 250291     |             |               | 60.00             |    |
| 65. 00 06500 RESPI RATORY THERAPY  | 0. 327041     |             |               | 65.00             |    |
| 66. 00   06600   PHYSI CAL THERAPY   | 0. 363979     |             |               | 66.00             |    |
| 67. 00 06700 OCCUPATI ONAL THERAPY   | 0. 227612     |             |               | 67.00             |    |
| 68. 00 06800 SPEECH PATHOLOGY  | 0. 318683     |             |               | 68.00             |    |
| 69. 00 06900 ELECTROCARDI OLOGY  | 0. 070634     |             |               | 69.00             |    |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY  | 0. 196729     |             |               | 70.00             |    |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                                | 0. 210906     |             |               | 71. 00            |    |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENT                                       | 0. 144357     |             |               | 72. 00            |    |
| 73.00 07300 DRUGS CHARGED TO PATIENTS  | 0. 231752     |             |               | 73. 00            |    |
| 75. 00   07500   ASC (NON-DISTINCT PART)   | 0. 000000     |             |               | 75. 00            |    |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY                                 | 0. 202568     |             |               | 75. 0             | 11 |
| OUTPATIENT SERVICE COST CENTERS  | 0.000000      |             |               |                   |    |
| 91. 00   09100   EMERGENCY   | 0. 099280     |             |               | 91.00             |    |
| 92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS | 0. 300769     |             |               | 92. 00            | U  |
| 102. 00 10200 OPI OI D TREATMENT PROGRAM   |               |             |               | 102.00            | Ω. |
| 200.00 Subtotal (see instructions)   |               |             |               | 200.00            |    |
| 201.00 Less Observation Beds   |               |             |               | 200.00            |    |
| 202.00 Total (see instructions)  |               |             |               | 202. 00           |    |
| 202.00   Total (See Histiactions)  | 1             |             |               | J202. 00          | U  |

| Health Financial Systems                 | IU HEALTH NORTH HOSPITAL | In Lieu of Form CMS-2552-10                   |
|--|--------------------------|---|
| COMPUTATION OF RATIO OF COSTS TO CHARGES | Provi der CCN: 15-0161   | Period: Worksheet C<br>From 01/01/2022 Part I |
|  |                          | To 12/31/2022 Date/Time Prepared              |

|        |  |               |               | Τ̈́           | o 12/31/2022    | Date/Time Pre 5/25/2023 2:4 |         |
|--------|--|---------------|---------------|---------------|-----------------|-----------------------------|---------|
|        |  |               | Ti tl         | e XIX         | Hospi tal       | PPS                         | <u></u> |
|        |  |               | <u> </u>      |               | Costs           |                             |         |
|        | Cost Center Description                    | Total Cost    | Therapy Limit | Total Costs   | RCE             | Total Costs                 |         |
|        | ·  | (from Wkst.   | Adj .         |               | Di sal I owance |                             |         |
|        |  | B, Part I,    | •             |               |                 |                             |         |
|        |  | col. 26)      |               |               |                 |                             |         |
|        |  | 1. 00         | 2. 00         | 3.00          | 4. 00           | 5. 00                       |         |
|        | INPATIENT ROUTINE SERVICE COST CENTERS     |               |               |               |                 |                             |         |
| 30.00  | 03000 ADULTS & PEDIATRICS                  | 62, 921, 221  |               | 62, 921, 221  | 0               | 62, 921, 221                | 30.00   |
| 34.00  | 03400 SURGICAL INTENSIVE CARE UNIT         | 0             |               | C             | 0               | 0                           | 34.00   |
| 34. 01 | 03401 PEDIATRIC INTENSIVE CARE UNIT        | 0             |               | C             | 0               | 0                           | 34. 01  |
| 34.02  | 03402 PREMATURE INTENSIVE CARE UNIT        | 11, 398, 731  |               | 11, 398, 731  | 0               | 11, 398, 731                | 34. 02  |
| 43.00  | 04300 NURSERY                              | 3, 656, 477   |               | 3, 656, 477   | 0               | 3, 656, 477                 | 43.00   |
|        | ANCILLARY SERVICE COST CENTERS             |               |               |               |                 |                             |         |
| 50.00  | 05000 OPERATING ROOM                       | 36, 132, 671  |               | 36, 132, 671  | 0               | 36, 132, 671                | 50.00   |
| 51.00  | 05100 RECOVERY ROOM                        | 7, 378, 122   |               | 7, 378, 122   | . 0             | 7, 378, 122                 | 51.00   |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM           | 13, 889, 194  |               | 13, 889, 194  | 376, 565        | 14, 265, 759                | 52.00   |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C              | 14, 380, 361  |               | 14, 380, 361  | 0               | 14, 380, 361                | 54.00   |
| 55.00  | 05500 RADI OLOGY - THERAPEUTI C            | 15, 999, 917  |               | 15, 999, 917  | 0               | 15, 999, 917                | 55.00   |
| 56.00  | 05600 RADI 0I SOTOPE                       | 593, 010      |               | 593, 010      | 0               | 593, 010                    | 56.00   |
| 60.00  | 06000 LABORATORY                           | 15, 710, 728  |               | 15, 710, 728  | 0               | 15, 710, 728                | 60.00   |
| 65.00  | 06500 RESPI RATORY THERAPY                 | 5, 393, 278   | 0             | 5, 393, 278   | 0               | 5, 393, 278                 | 65.00   |
| 66.00  | 06600 PHYSI CAL THERAPY                    | 3, 167, 544   | 0             | 3, 167, 544   | . 0             | 3, 167, 544                 | 66.00   |
| 67.00  | 06700 OCCUPATI ONAL THERAPY                | 957, 081      | 0             | 957, 081      | 0               | 957, 081                    | 67.00   |
| 68.00  | 06800 SPEECH PATHOLOGY                     | 703, 053      | 0             | 703, 053      | 0               | 703, 053                    | 68.00   |
| 69.00  | 06900 ELECTROCARDI OLOGY                   | 1, 142, 353   |               | 1, 142, 353   | 0               | 1, 142, 353                 | 69.00   |
| 70.00  | 07000 ELECTROENCEPHALOGRAPHY               | 838, 220      |               | 838, 220      | 0               | 838, 220                    | 70.00   |
| 71.00  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 9, 198, 698   |               | 9, 198, 698   | 0               | 9, 198, 698                 | 71.00   |
| 72.00  | 07200 IMPL. DEV. CHARGED TO PATIENT        | 14, 846, 558  |               | 14, 846, 558  | 0               | 14, 846, 558                | 72.00   |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS            | 61, 395, 033  |               | 61, 395, 033  | 0               | 61, 395, 033                | 73.00   |
| 75.00  | 07500 ASC (NON-DISTINCT PART)              | 0             |               | C             | 0               | 0                           | 75.00   |
| 75. 01 | 07501 CARDI AC CATHERI ZATI ON LABORATORY  | 7, 388, 041   |               | 7, 388, 041   | 0               | 7, 388, 041                 | 75. 01  |
|        | OUTPATIENT SERVICE COST CENTERS            |               |               |               |                 |                             |         |
| 91.00  | 09100 EMERGENCY                            | 12, 635, 623  |               | 12, 635, 623  | 0               | 12, 635, 623                | 91.00   |
| 92.00  | 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 6, 138, 835   |               | 6, 138, 835   |                 | 6, 138, 835                 | 92.00   |
|        | OTHER REIMBURSABLE COST CENTERS            |               |               |               |                 |                             |         |
| 102.00 | 10200 OPI OI D TREATMENT PROGRAM           | 0             |               | C             |                 |                             | 102.00  |
| 200.00 | Subtotal (see instructions)                | 305, 864, 749 | 0             | 305, 864, 749 | 376, 565        | 306, 241, 314               | 200.00  |
| 201.00 | Less Observation Beds                      | 6, 138, 835   |               | 6, 138, 835   |                 | 6, 138, 835                 |         |
| 202.00 | Total (see instructions)                   | 299, 725, 914 | 0             | 299, 725, 914 | 376, 565        | 300, 102, 479               | 202. 00 |

| Health Financial Systems                 | IU HEALTH NORTH HOSPITAL | In Lieu of Form CMS-2552-10                   |  |  |
|--|--------------------------|---|--|--|
| COMPUTATION OF RATIO OF COSTS TO CHARGES | Provi der CCN: 15-0161   | Period: Worksheet C<br>From 01/01/2022 Part I |  |  |
|  |                          | 11 011 017 2022   1 01 0 1                    |  |  |

|         |  |               |               |                  | Fo 12/31/2022 | Date/Time Pre<br>5/25/2023 2:4 |         |
|---------|--|---------------|---------------|------------------|---------------|--------------------------------|---------|
|         |  |               | Ti tl         | e XIX            | Hospi tal     | PPS                            |         |
|         |  |               | Charges       |                  |               |                                |         |
|         | Cost Center Description                    | I npati ent   | Outpati ent   | Total (col. 6    | Cost or Other | TEFRA                          |         |
|         |  |               |               | + col . 7)       | Rati o        | I npati ent                    |         |
|         |  |               |               |                  |               | Rati o                         |         |
|         |  | 6. 00         | 7. 00         | 8. 00            | 9. 00         | 10.00                          |         |
|         | INPATIENT ROUTINE SERVICE COST CENTERS     |               |               |                  |               |                                |         |
|         | 03000 ADULTS & PEDIATRICS                  | 115, 548, 575 |               | 115, 548, 57     | 5             |                                | 30.00   |
|         | 03400 SURGICAL INTENSIVE CARE UNIT         | 0             |               |                  | )             |                                | 34.00   |
|         | 03401 PEDIATRIC INTENSIVE CARE UNIT        | 0             |               |                  | )             |                                | 34. 01  |
|         | 03402 PREMATURE INTENSIVE CARE UNIT        | 28, 183, 131  |               | 28, 183, 13      |               |                                | 34. 02  |
| 43.00   | 04300 NURSERY                              | 7, 054, 851   |               | 7, 054, 85       | 1             |                                | 43.00   |
|         | ANCILLARY SERVICE COST CENTERS             |               |               |                  |               |                                |         |
|         | 05000 OPERATI NG ROOM                      | 68, 719, 178  | 199, 897, 951 |                  |               | 0.000000                       |         |
|         | 05100 RECOVERY ROOM                        | 5, 543, 489   | 32, 058, 002  |                  |               | 0.000000                       |         |
| 52.00   | 05200 DELIVERY ROOM & LABOR ROOM           | 34, 935, 004  | 7, 992, 116   | 42, 927, 120     | 0. 323553     | 0.000000                       | 52.00   |
| 54.00   | 05400 RADI OLOGY-DI AGNOSTI C              | 16, 912, 632  | 81, 911, 673  | 98, 824, 30      | 0. 145514     | 0.000000                       | 54.00   |
| 55.00   | 05500 RADI OLOGY - THERAPEUTI C            | 882, 472      | 85, 257, 222  | 86, 139, 69      | 0. 185744     | 0.000000                       | 55.00   |
| 56.00   | 05600 RADI 0I SOTOPE                       | 1, 135, 373   | 8, 686, 386   | 9, 821, 759      | 0. 060377     | 0.000000                       | 56.00   |
| 60.00   | 06000 LABORATORY                           | 27, 399, 780  | 35, 370, 142  | 62, 769, 92      | 0. 250291     | 0.000000                       | 60.00   |
| 65.00   | 06500 RESPI RATORY THERAPY                 | 11, 976, 216  | 4, 514, 929   | 16, 491, 14!     | 0. 327041     | 0.000000                       | 65.00   |
| 66.00   | 06600 PHYSI CAL THERAPY                    | 4, 378, 356   | 4, 324, 194   | 8, 702, 550      | 0. 363979     | 0.000000                       | 66.00   |
| 67.00   | 06700 OCCUPATI ONAL THERAPY                | 2, 199, 392   | 2, 005, 482   | 4, 204, 87       | 0. 227612     | 0.000000                       | 67.00   |
| 68.00   | 06800 SPEECH PATHOLOGY                     | 806, 385      | 1, 399, 734   | 2, 206, 119      | 0. 318683     | 0.000000                       | 68.00   |
| 69.00   | 06900 ELECTROCARDI OLOGY                   | 5, 856, 127   | 10, 316, 772  | 16, 172, 89      | 0. 070634     | 0.000000                       | 69. 00  |
| 70.00   | 07000 ELECTROENCEPHALOGRAPHY               | 1, 957, 553   | 2, 303, 237   | 4, 260, 790      | 0. 196729     | 0.000000                       | 70.00   |
| 71.00   | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 18, 239, 367  | 25, 375, 791  | 43, 615, 158     | 0. 210906     | 0.000000                       | 71.00   |
| 72.00   | 07200 IMPL. DEV. CHARGED TO PATIENT        | 42, 227, 705  | 60, 618, 319  | 102, 846, 02     | 0. 144357     | 0.000000                       | 72.00   |
| 73.00   | 07300 DRUGS CHARGED TO PATIENTS            | 45, 363, 160  | 219, 553, 677 | 264, 916, 83     | 0. 231752     | 0.000000                       | 73.00   |
| 75.00   | 07500 ASC (NON-DISTINCT PART)              | o             | 0             | )                | 0. 000000     | 0.000000                       | 75.00   |
| 75. 01  | 07501 CARDI AC CATHERI ZATI ON LABORATORY  | 14, 353, 436  | 22, 118, 508  | 36, 471, 94      | 0. 202568     | 0.000000                       | 75. 01  |
|         | OUTPATIENT SERVICE COST CENTERS            |               |               |                  |               |                                |         |
| 91.00   | 09100 EMERGENCY                            | 30, 150, 456  | 97, 122, 306  | 127, 272, 762    | 0. 099280     | 0.000000                       | 91.00   |
| 92.00   | 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 207, 486      | 20, 202, 977  | 20, 410, 46      | 0. 300769     | 0.000000                       | 92.00   |
|         | OTHER REIMBURSABLE COST CENTERS            |               |               |                  |               |                                |         |
| 102.00  | 10200 OPI OI D TREATMENT PROGRAM           | 0             | 0             | (                | D             |                                | 102.00  |
| 200.00  | Subtotal (see instructions)                | 484, 030, 124 | 921, 029, 418 | 1, 405, 059, 542 | 2             |                                | 200.00  |
| 201.00  | Less Observation Beds                      |               |               |                  |               |                                | 201.00  |
| 202. 00 | Total (see instructions)                   | 484, 030, 124 | 921, 029, 418 | 1, 405, 059, 54  | 2             |                                | 202. 00 |

| Health Financial Systems                 | IU HEALTH NORTH | H HOSPITAL            | In Lieu         | u of Form CMS-2   | 2552-10 |
|--|-----------------|-----------------------|-----------------|---|---------|
| COMPUTATION OF RATIO OF COSTS TO CHARGES |                 | Provider CCN: 15-0161 | From 01/01/2022 | Worksheet C<br>Part I<br>Date/Time Pre<br>5/25/2023 2:4 |         |
|  |                 | Title XIX             | Hospi tal       | PPS   |         |
| Cost Center Description                  | PPS Inpatient   |                       |                 |   |         |

|   |               |           |           | 5/25/2023 2:40 pm |
|---|---------------|-----------|-----------|-------------------|
|   |               | Title XIX | 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             |
| 34.00   03400   SURGI CAL INTENSIVE CARE UNIT     |               |           |           | 34.00             |
| 34.01   03401   PEDIATRIC INTENSIVE CARE UNIT     |               |           |           | 34.01             |
| 34.02 03402 PREMATURE INTENSIVE CARE UNIT         |               |           |           | 34.02             |
| 43. 00 04300 NURSERY                              |               |           |           | 43.00             |
| ANCILLARY SERVICE COST CENTERS                    |               |           |           |                   |
| 50.00   05000   OPERATING ROOM                    | 0. 134514     |           |           | 50.00             |
| 51.00 05100 RECOVERY ROOM                         | 0. 196219     |           |           | 51.00             |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM        | 0. 332325     |           |           | 52.00             |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C          | 0. 145514     |           |           | 54.00             |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C        | 0. 185744     |           |           | 55.00             |
| 56. 00  05600 RADI 0I SOTOPE                      | 0. 060377     |           |           | 56.00             |
| 60. 00   06000   LABORATORY                       | 0. 250291     |           |           | 60.00             |
| 65. 00 06500 RESPI RATORY THERAPY                 | 0. 327041     |           |           | 65. 00            |
| 66. 00   06600 PHYSI CAL THERAPY                  | 0. 363979     |           |           | 66. 00            |
| 67. 00   06700 OCCUPATI ONAL THERAPY              | 0. 227612     |           |           | 67.00             |
| 68. 00   06800   SPEECH PATHOLOGY                 | 0. 318683     |           |           | 68. 00            |
| 69. 00   06900   ELECTROCARDI OLOGY               | 0. 070634     |           |           | 69.00             |
| 70. 00   07000   ELECTROENCEPHALOGRAPHY           | 0. 196729     |           |           | 70.00             |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 0. 210906     |           |           | 71.00             |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT         | 0. 144357     |           |           | 72.00             |
| 73.00 07300 DRUGS CHARGED TO PATIENTS             | 0. 231752     |           |           | 73.00             |
| 75.00 07500 ASC (NON-DISTINCT PART)               | 0. 000000     |           |           | 75.00             |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY  | 0. 202568     |           |           | 75. 01            |
| OUTPATIENT SERVICE COST CENTERS                   |               |           |           |                   |
| 91. 00   09100   EMERGENCY                        | 0. 099280     |           |           | 91.00             |
| 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0. 300769     |           |           | 92.00             |
| 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            |

| Health Financial Systems        | IU HEALTH NORTH                 | HOSPI TAL             | In Lieu         | u of Form CMS-2552-10 |
|---------------------------------|---------------------------------|-----------------------|-----------------|-----------------------|
| CALCULATION OF OUTPATIENT SERVI | CE COST TO CHARGE RATIOS NET OF | Provider CCN: 15-0161 |                 | Worksheet C           |
| DEDUCTIONS FOR MEDICALD ONLY    |                                 |                       | Erom 01/01/2022 | Dort II               |

REDUCTIONS FOR MEDICALD ONLY To 12/31/2022 Date/Time Prepared: 5/25/2023 2:40 pm Title XIX Hospi tal PPS Operating Operati ng Cost Center Description Total Cost Capital Cost Capi tal (Wkst. B, Cost Net of (Wkst. B, Reducti on Cost Part II col Reducti on Part I, col Capital Cost 26) 26) (col . 1 Amount col. 2) 1. 00 2.00 3.00 4.00 5. 00 ANCILLARY SERVICE COST CENTERS 50 00 29, 360, 232 50 00 05000 OPERATING ROOM 36, 132, 671 6, 772, 439 0 51.00 05100 RECOVERY ROOM 7, 378, 122 832, 770 6, 545, 352 0 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 11, 773, 623 52.00 13, 889, 194 2, 115, 571 0 0 0 0 0 0 0 0 0 0 52.00 05400 RADI OLOGY-DI AGNOSTI C 14, 380, 361 3, 357, 843 11, 022, 518 54.00 0 54.00 05500 RADI OLOGY - THERAPEUTI C 15, 999, 917 55.00 4, 794, 805 11, 205, 112 0 55.00 56.00 05600 RADI OI SOTOPE 593, 010 118, 831 474, 179 0 56.00 60.00 06000 LABORATORY 15, 710, 728 971, 590 14, 739, 138 0 60.00 5, 393, 278 5, 097, 912 06500 RESPIRATORY THERAPY 65.00 295, 366 0 65.00 66.00 06600 PHYSI CAL THERAPY 3, 167, 544 180, 475 2, 987, 069 0 66.00 67.00 06700 OCCUPATI ONAL THERAPY 957, 081 24, 531 932, 550 0 67.00 68.00 06800 SPEECH PATHOLOGY 703, 053 33, 234 669, 819 0 68.00 06900 ELECTROCARDI OLOGY 1, 142, 353 220, 947 921, 406 69.00 69.00 0 70.00 07000 ELECTROENCEPHALOGRAPHY 838, 220 87, 958 750, 262 0 70.00 8, 847, 995 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 9, 198, 698 350, 703 0 0 0 71.00 07200 I MPL. DEV. CHARGED TO PATIENT 72 00 14, 846, 558 14, 280, 403 72.00 566, 155 0 73.00 07300 DRUGS CHARGED TO PATIENTS 61, 395, 033 1, 525, 561 59, 869, 472 0 73.00 07500 ASC (NON-DISTINCT PART) 0 0 75.00 75.00 07501 CARDI AC CATHERIZATION LABORATORY 7, 388, 041 1,637,796 5, 750, 245 0 75.01 75.01 0 OUTPATIENT SERVICE COST CENTERS 91.00 09100 EMERGENCY 12, 635, 623 1, 218, 082 11, 417, 541 0 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 6, 138, 835 797, 165 5, 341, 670 0 0 OTHER REIMBURSABLE COST CENTERS 0 102.00 102.00 10200 OPIOLD TREATMENT PROGRAM 200.00 Subtotal (sum of lines 50 thru 199) 227, 888, 320 25, 901, 822 201, 986, 498 0 0 200.00 0 Less Observation Beds 0 201.00 201.00 6, 138, 835 797, 165 5, 341, 670

221, 749, 485

25, 104, 657

196, 644, 828

0 202.00

202.00

Total (line 200 minus line 201)

Heal th Financial Systems IU HEALTH NORTH HOSPITAL In Lieu of Form CMS-2552-10 CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY Provider CCN: 15-0161 Period: From 01/01/2022 To 12/31/2022 Date/Time Prepared:

|  |               |                  |              | 10 12/31/2022 | 5/25/2023 2: 40 |        |
|--|---------------|------------------|--------------|---------------|-----------------|--------|
|  |               |                  | e XIX        | Hospi tal     | PPS             |        |
| Cost Center Description                          | Cost Net of   | Total Charges    | Outpati ent  |               |                 |        |
|  | Capi tal and  | (Worksheet C,    | Cost to      |               |                 |        |
|  | Operati ng    | Part I,          | Charge Ratio |               |                 |        |
|  | Cost          | column 8)        | (col. 6 /    |               |                 |        |
|  | Reducti on    |                  | col. 7)      |               |                 |        |
|  | 6. 00         | 7. 00            | 8. 00        |               |                 |        |
| ANCILLARY SERVICE COST CENTERS                   |               |                  | •            |               |                 |        |
| 50.00   05000   OPERATING ROOM                   | 36, 132, 671  |                  |              |               |                 | 50.00  |
| 51.00   05100   RECOVERY ROOM                    | 7, 378, 122   |                  | 0. 196219    |               |                 | 51.00  |
| 52.00  05200   DELIVERY ROOM & LABOR ROOM        | 13, 889, 194  |                  |              |               |                 | 52.00  |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C         | 14, 380, 361  |                  |              |               |                 | 54.00  |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C       | 15, 999, 917  | 86, 139, 694     |              |               |                 | 55.00  |
| 56. 00   05600   RADI 0I SOTOPE                  | 593, 010      |                  |              |               |                 | 56.00  |
| 60. 00   06000   LABORATORY                      | 15, 710, 728  |                  |              |               |                 | 60.00  |
| 65. 00 06500 RESPIRATORY THERAPY                 | 5, 393, 278   | 16, 491, 145     | 0. 32704     | 1             |                 | 65.00  |
| 66. 00 06600 PHYSI CAL THERAPY                   | 3, 167, 544   | 8, 702, 550      | 0. 363979    | 9             |                 | 66.00  |
| 67. 00 06700 OCCUPATI ONAL THERAPY               | 957, 081      | 4, 204, 874      | 0. 227612    | 2             |                 | 67.00  |
| 68. 00   06800   SPEECH PATHOLOGY                | 703, 053      | 2, 206, 119      | 0. 318683    | 3             |                 | 68.00  |
| 69. 00 06900 ELECTROCARDI OLOGY                  | 1, 142, 353   | 16, 172, 899     | 0. 070634    | 4             |                 | 69.00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY              | 838, 220      | 4, 260, 790      | 0. 196729    | 9             |                 | 70.00  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 9, 198, 698   | 43, 615, 158     | 0. 21090     | 5             |                 | 71.00  |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT        | 14, 846, 558  | 102, 846, 024    | 0. 14435     | 7             |                 | 72.00  |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 61, 395, 033  | 264, 916, 837    | 0. 231752    | 2             |                 | 73.00  |
| 75.00 07500 ASC (NON-DISTINCT PART)              | 0             | 0                | 0. 000000    | o l           |                 | 75.00  |
| 75. 01 07501 CARDIAC CATHERIZATION LABORATORY    | 7, 388, 041   | 36, 471, 944     | 0. 202568    | 3             |                 | 75. 01 |
| OUTPATIENT SERVICE COST CENTERS                  |               |                  |              | <u>'</u>      |                 |        |
| 91. 00 09100 EMERGENCY                           | 12, 635, 623  | 127, 272, 762    | 0. 099280    | )             |                 | 91.00  |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 6, 138, 835   | 20, 410, 463     | 0. 300769    | 9             |                 | 92.00  |
| OTHER REIMBURSABLE COST CENTERS                  |               |                  |              | <u>'</u>      |                 |        |
| 102.00 10200 OPIOLD TREATMENT PROGRAM            | 0             | 0                | 0. 000000    | )             | 1               | 02.00  |
| 200.00 Subtotal (sum of lines 50 thru 199)       | 227, 888, 320 | 1, 254, 272, 985 |              |               | 2               | 00.00  |
| 201.00 Less Observation Beds                     | 6, 138, 835   | 0                |              |               | 2               | 01.00  |
| 202.00 Total (line 200 minus line 201)           | 221, 749, 485 | 1, 254, 272, 985 |              |               | 2               | 02.00  |

| Health Financial Systems                           | IU HEALTH NOR | TH HOSPITAL  |              | In Lie                                      | u of Form CMS-2 | 2552-10        |
|--|---------------|--------------|--------------|---|-----------------|----------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL | COSTS         | Provi der C  |              | Period:<br>From 01/01/2022<br>To 12/31/2022 |                 | pared:<br>O pm |
|  |               | Title        | XVIII        | Hospi tal                                   | PPS             |                |
| Cost Center Description                            | Capi tal      | Swi ng Bed   | Reduced      | Total Patient                               | Per Diem        |                |
|  | Related Cost  | Adjustment   | Capi tal     | Days  | (col. 3 /       |                |
|  | (from Wkst.   |              | Related Cost |   | col. 4)         |                |
|  | B, Part II,   |              | (col. 1 -    |   |                 |                |
|  | col. 26)      |              | col. 2)      |   |                 |                |
|  | 1. 00         | 2. 00        | 3.00         | 4. 00                                       | 5. 00           |                |
| INPATIENT ROUTINE SERVICE COST CENTERS             |               |              |              |   |                 |                |
| 30.00 ADULTS & PEDIATRICS                          | 8, 170, 720   | 0            | 8, 170, 72   | 32, 307                                     | 252. 91         | 30.00          |
| 34.00 SURGICAL INTENSIVE CARE UNIT                 | 0             |              |              | 0   | 0.00            | 34.00          |
| 34.01 PEDIATRIC INTENSIVE CARE UNIT                | 0             |              |              | 0   | 0.00            | 34. 01         |
| 34.02 PREMATURE INTENSIVE CARE UNIT                | 1, 731, 420   |              | 1, 731, 42   | 5, 089                                      | 340. 23         |                |
| 43. 00 NURSERY                                     | 686, 670      |              | 686, 67      | 4, 011                                      | 171. 20         | 43.00          |
| 200.00 Total (lines 30 through 199)                | 10, 588, 810  |              | 10, 588, 81  | 3 41, 407                                   |                 | 200.00         |
| Cost Center Description                            | I npati ent   | Inpatient    |              |   |                 |                |
|  | Program days  | Program      |              |   |                 |                |
|  |               | Capital Cost |              |   |                 |                |
|  |               | (col. 5 x    |              |   |                 |                |
|  |               | col. 6)      |              |   |                 |                |
|  | 6. 00         | 7. 00        |              |   |                 |                |
| INPATIENT ROUTINE SERVICE COST CENTERS             |               |              |              |   |                 |                |
| 30.00 ADULTS & PEDIATRICS                          | 8, 199        | 2, 073, 609  |              |   |                 | 30.00          |
| 34.00 SURGICAL INTENSIVE CARE UNIT                 | 0             | 0            |              |   |                 | 34.00          |
| 34. 01 PEDIATRIC INTENSIVE CARE UNIT               | 0             | 0            |              |   |                 | 34. 01         |
| 34.02 PREMATURE INTENSIVE CARE UNIT                | 0             | 0            |              |   |                 | 34. 02         |
| 43. 00 NURSERY                                     | 0             | 0            | 1            |   |                 | 43.00          |
| 200.00 Total (lines 30 through 199)                | 8, 199        | 2, 073, 609  | 1            |   |                 | 200. 00        |

| Health Financial Systems                            | IU HEALTH NOR                          | TH HOSPI TAL                               |         | In Lie                                       | u of Form CMS-2  | 2552-10 |
|---|--|--|---------|--|--|---------|
| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA | AL COSTS                               | Provi der C                                |         | Peri od:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet D<br>Part II<br>Date/Time Pre<br>5/25/2023 2:4 |         |
|   |  | Title                                      | : XVIII | Hospi tal                                    | PPS  |         |
| Cost Center Description                             | Capital<br>Related Cost<br>(from Wkst. | Total Charges<br>(from Wkst.<br>C, Part I, |         | t Inpatient<br>Program<br>Charges            | Capital Costs<br>(column 3 x<br>column 4)                |         |

|  |              |                  |            | 10 12/31/2022 | 5/25/2023 2: 4 | 0 pm    |
|--|--------------|------------------|------------|---------------|----------------|---------|
|  |              | Title            | XVIII      | Hospi tal     | PPS            |         |
| Cost Center Description                          |              | Total Charges    |            |               | Capital Costs  |         |
|  | Related Cost | (from Wkst.      | to Charges | Program       | (column 3 x    |         |
|  | (from Wkst.  | C, Part I,       | (col. 1 ÷  | Charges       | column 4)      |         |
|  | B, Part II,  | col. 8)          | col. 2)    |               |                |         |
|  | col. 26)     |                  |            |               |                |         |
|  | 1. 00        | 2. 00            | 3. 00      | 4. 00         | 5. 00          |         |
| ANCILLARY SERVICE COST CENTERS                   |              |                  |            | .T            |                |         |
| 50. 00   05000   OPERATI NG ROOM                 | 6, 772, 439  |                  |            |               | •              |         |
| 51. 00   05100   RECOVERY ROOM                   | 832, 770     |                  |            |               |                | 51.00   |
| 52. 00 05200 DELIVERY ROOM & LABOR ROOM          | 2, 115, 571  |                  |            |               | •              | 52.00   |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C         | 3, 357, 843  |                  |            |               |                | 54.00   |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C       | 4, 794, 805  |                  |            |               | •              | 55.00   |
| 56. 00   05600   RADI OI SOTOPE                  | 118, 831     |                  |            |               | •              | 56.00   |
| 60. 00  06000   LABORATORY                       | 971, 590     |                  |            |               | •              | 60.00   |
| 65. 00 06500 RESPIRATORY THERAPY                 | 295, 366     |                  |            |               | •              | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                   | 180, 475     |                  |            |               | •              | 66. 00  |
| 67. 00 06700 OCCUPATI ONAL THERAPY               | 24, 531      |                  |            |               | •              | 67. 00  |
| 68. 00   06800   SPEECH PATHOLOGY                | 33, 234      |                  |            |               | •              | 68. 00  |
| 69. 00  06900   ELECTROCARDI OLOGY               | 220, 947     |                  |            |               |                | 69. 00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY              | 87, 958      |                  |            | ·             | 11, 306        |         |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 350, 703     |                  |            |               | •              | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT        | 566, 155     | 102, 846, 024    |            |               | •              |         |
| 73.00 O7300 DRUGS CHARGED TO PATIENTS            | 1, 525, 561  | 264, 916, 837    |            |               | 77, 232        | 73.00   |
| 75.00 07500 ASC (NON-DISTINCT PART)              | 0            | 0                | 0. 000000  |               | 0              | 75. 00  |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY | 1, 637, 796  | 36, 471, 944     | 0. 04490   | 5, 145, 925   | 231, 083       | 75. 01  |
| OUTPATIENT SERVICE COST CENTERS                  |              |                  |            |               |                |         |
| 91. 00  09100   EMERGENCY                        | 1, 218, 082  |                  |            |               | 116, 452       |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 797, 165     |                  |            | 7 0           | 0              | 92.00   |
| 200.00   Total (lines 50 through 199)            | 25, 901, 822 | 1, 254, 272, 985 |            | 94, 493, 925  | 1, 579, 342    | 200. 00 |
|  |              |                  |            |               |                |         |

| Health Financial Systems   | IU HEALTH NOR   | TH HOSPITAL  |                             | In Lie                                       | u of Form CMS-  | 2552-10   |
|--|---|--|-----------------------------|--|---|---|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA  | ASS THROUGH COS   |  |                             | Peri od:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet D<br>Part III<br>Date/Time Pre<br>5/25/2023 2:4 |   |
|  |   | Title  | XVIII                       | Hospi tal                                    | PPS   |   |
| Cost Center Description  | Nursi ng<br>Program<br>Post-Stepdown<br>Adj ustments        | Nursi ng<br>Program                                  | Post-Stepdow<br>Adjustments |  | All Other<br>Medical<br>Education<br>Cost                 |   |
|  | 1A  | 1. 00  | 2A                          | 2. 00  | 3. 00   |   |
| INPATIENT ROUTINE SERVICE COST CENTERS   |   |  |                             |  |   |   |
| 30.00   03000   ADULTS & PEDIATRICS<br>34.00   03400   SURGICAL   INTENSIVE CARE UNIT<br>34.01   03401   PEDIATRIC   INTENSIVE CARE UNIT<br>34.02   03402   PREMATURE   INTENSIVE CARE UNIT  | 0 0   |  |                             | 0 0<br>0 0<br>0 0                            | 0 0   | 34. 00<br>34. 01  |
| 43. 00   04300   NURSERY   | 0   | 0  |                             | 0  |   |   |
| 200.00 Total (lines 30 through 199)  | 0   | 0  |                             | 0  |   | 200.00  |
| Cost Center Description  | Swi ng-Bed<br>Adj ustment<br>Amount (see<br>i nstructi ons) | Total Costs (sum of cols. 1 through 3, minus col. 4) | Total Patier<br>Days        | Per Di em (col. 5 ÷ col. 6)                  | Inpatient<br>Program Days                                 | 200.00  |
|  | 4, 00   | 5, 00  | 6.00                        | 7. 00  | 8. 00   |   |
| INPATIENT ROUTINE SERVICE COST CENTERS   |   |  |                             |  | •   |   |
| 30. 00   03000   ADULTS & PEDIATRICS   34. 00   03400   SURGICAL   INTENSIVE CARE UNIT   34. 01   03401   PEDIATRIC   INTENSIVE CARE UNIT   34. 02   03402   PREMATURE   INTENSIVE CARE UNIT   43. 00   04300   NURSERY   200. 00   Total (Lines 30 through 199) | 0   | 0<br>0<br>0<br>0<br>0                                | 5, 08<br>4, 0               | 0 0.00<br>0 0.00<br>39 0.00<br>11 0.00       | 0<br>0<br>0<br>0  | 34. 00<br>34. 01<br>34. 02                                |
| Cost Center Description  | Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00  |  | 41,41                       | <u> </u>                                     | 0, 177  | 200.00  |
| INPATIENT ROUTINE SERVICE COST CENTERS   |   |  |                             |  |   |   |
| 30.00  | 0<br>0<br>0<br>0<br>0                                       |  |                             |  |   | 30. 00<br>34. 00<br>34. 01<br>34. 02<br>43. 00<br>200. 00 |

| Health Financial Systems                            | IU HEALTH NORTH HOSPITAL                          | In Lieu of Form CMS-2552-10   |
|---|---|---|
| APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS | ANCILLARY SERVICE OTHER PASS Provider CCN: 15-016 | Period: Worksheet D<br>From 01/01/2022 Part IV<br>To 12/31/2022 Date/Time Prepared: |

|        |  |               |               |          | To 12/31/2022 | Date/Time Pre 5/25/2023 2:4 |         |
|--------|--|---------------|---------------|----------|---------------|-----------------------------|---------|
|        |  |               | Title         | XVIII    | Hospi tal     | PPS                         | Орш     |
|        | Cost Center Description                    | Non Physician |               | Nursi ng | Allied Health | 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             |               |               |          |               |                             |         |
|        | 05000 OPERATING ROOM                       | 0             | 0             |          | 0             | 0                           | 50.00   |
|        | 05100 RECOVERY ROOM                        | 0             | 0             |          | 0             | 0                           | 51.00   |
|        | 05200 DELIVERY ROOM & LABOR ROOM           | 0             | 0             |          | 0             | 0                           | 52.00   |
|        | 05400 RADI OLOGY-DI AGNOSTI C              | 0             | 0             |          | 0             | 0                           | 54.00   |
|        | 05500 RADI OLOGY - THERAPEUTI C            | 0             | 0             |          | 0             | 0                           | 55.00   |
|        | 05600 RADI 0I S0T0PE                       | 0             | 0             |          | 0             | 0                           | 56.00   |
|        | 06000 LABORATORY                           | 0             | 0             |          | 0             | 0                           | 60.00   |
|        | 06500 RESPI RATORY THERAPY                 | 0             | 0             |          | 0             | 0                           | 65.00   |
|        | 06600 PHYSI CAL THERAPY                    | 0             | 0             |          | 0             | 0                           | 66.00   |
|        | 06700 OCCUPATI ONAL THERAPY                | 0             | 0             |          | 0             | 0                           | 67.00   |
| 68. 00 | 06800 SPEECH PATHOLOGY                     | 0             | 0             |          | 0             | 0                           | 68.00   |
| 69. 00 | 06900 ELECTROCARDI OLOGY                   | 0             | 0             |          | 0             | 0                           | 69.00   |
|        | 07000 ELECTROENCEPHALOGRAPHY               | 0             | 0             |          | 0             | 0                           | 70.00   |
| 71. 00 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0             | 0             |          | 0             | 0                           | 71.00   |
|        | 07200 IMPL. DEV. CHARGED TO PATIENT        | 0             | 0             |          | 0             | 0                           | 72.00   |
| 73. 00 | 07300 DRUGS CHARGED TO PATIENTS            | 0             | 0             |          | 0             | 0                           | 73.00   |
| 75. 00 | 07500 ASC (NON-DISTINCT PART)              | 0             | 0             |          | 0             | 0                           | 75.00   |
|        | 07501 CARDI AC CATHERI ZATI ON LABORATORY  | 0             | 0             |          | 0 0           | 0                           | 75. 01  |
|        | OUTPATIENT SERVICE COST CENTERS            |               |               |          |               |                             |         |
|        | 09100 EMERGENCY                            | 0             | 0             |          | 0             | 0                           | ,       |
|        | 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0             |               |          | 0             | 0                           | 92.00   |
| 200.00 | Total (lines 50 through 199)               | 0             | 0             |          | 0             | 0                           | 200. 00 |

|             | control 6 others                          |                | THE HOODE TAL |              |                            | C. F OHC. O            | 2550 40 |
|-------------|---|----------------|---------------|--------------|----------------------------|------------------------|---------|
|             | ancial Systems                            | IU HEALTH NOR  |               | ON 45 04/4 5 |                            | u of Form CMS-2        | 2552-10 |
|             | ENT OF INPATIENT/OUTPATIENT ANCILLARY SER | VICE OTHER PAS | S Provider C  |              | Period:<br>From 01/01/2022 | Worksheet D<br>Part IV |         |
| THROUGH CO  | 515                                       |                |               |              | o 12/31/2022               | Date/Time Pre          | pared:  |
|             |   |                |               |              |                            | 5/25/2023 2: 4         |         |
|             |   |                |               | XVIII        | Hospi tal                  | PPS                    |         |
|             | Cost Center Description                   | All Other      | Total Cost    | Total        |                            | Ratio of Cost          |         |
|             |   | Medi cal       | (sum of cols. | Outpati ent  | (from Wkst.                | to Charges             |         |
|             |   | Educati on     | 1, 2, 3, and  | Cost (sum of | C, Part I,                 | (col. 5 ÷              |         |
|             |   | Cost           | 4)            | col s. 2, 3, | col. 8)                    | col. 7)                |         |
|             |   |                |               | and 4)       |                            | (see                   |         |
|             |   |                |               |              |                            | instructions)          |         |
| 144404      | LLADY OFFICE OCCUPANTED                   | 4. 00          | 5. 00         | 6. 00        | 7. 00                      | 8. 00                  |         |
|             | LLARY SERVICE COST CENTERS                |                |               | 1            | 0.0.47.400                 | 0.00000                |         |
|             | OO OPERATING ROOM                         | 0              | 0             |              |                            | 0.000000               |         |
|             | OO RECOVERY ROOM                          | 0              | 0             | (            | ,,                         | 0. 000000              | 51.00   |
|             | DO DELIVERY ROOM & LABOR ROOM             | 0              | 0             | (            | ,,                         |                        |         |
|             | OO RADI OLOGY-DI AGNOSTI C                | 0              | 0             | (            | 98, 824, 305               | 0. 000000              |         |
|             | DO RADI OLOGY - THERAPEUTI C              | 0              | 0             | (            | 86, 139, 694               |                        |         |
|             | OO RADI OI SOTOPE                         | 0              | 0             | (            | 9, 821, 759                |                        |         |
|             | OO LABORATORY                             | 0              | 0             |              | , ,                        |                        | 60.00   |
|             | OO RESPIRATORY THERAPY                    | 0              | 0             | (            | 16, 491, 145               |                        |         |
|             | OO PHYSI CAL THERAPY                      | 0              | 0             | (            | 8, 702, 550                |                        |         |
|             | OO OCCUPATI ONAL THERAPY                  | 0              | 0             | (            | 4, 204, 874                | 0. 000000              |         |
|             | OO SPEECH PATHOLOGY                       | 0              | 0             | (            | 2, 206, 119                |                        |         |
|             | DO ELECTROCARDI OLOGY                     | 0              | 0             | (            | 16, 172, 899               |                        |         |
|             | DO ELECTROENCEPHALOGRAPHY                 | 0              | 0             | (            | 4, 260, 790                |                        |         |
|             | DO MEDICAL SUPPLIES CHARGED TO PATIENTS   | 0              | 0             | (            |                            |                        |         |
|             | OO IMPL. DEV. CHARGED TO PATIENT          | 0              | 0             |              |                            | 0. 000000              | 72.00   |
|             | DO DRUGS CHARGED TO PATIENTS              | 0              | 0             | (            | 264, 916, 837              |                        |         |
|             | OO ASC (NON-DISTINCT PART)                | 0              | 0             | )            | 0                          | 0. 000000              |         |
| 75. 01 0750 | 01 CARDI AC CATHERI ZATI ON LABORATORY    | 0              | 0             | (            | 36, 471, 944               | 0.000000               | 75. 01  |

0 0 0

0 0

0 127, 272, 762 0 20, 410, 463 0 1, 254, 272, 985

0.000000

0.000000

91.00

92.00 200.00

OUTPATIENT SERVICE COST CENTERS

92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)
200.00 Total (lines 50 through 199)

91. 00 09100 EMERGENCY

|        | Financial Systems   | IU HEALTH NORT                                |                                 |  |   | u of Form CMS-2  | 2552-10 |
|--------|---|---|---------------------------------|--|---|--|---------|
|        | TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE<br>SH COSTS | RVICE OTHER PASS                              | Provi der CC                    |  | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet D<br>Part IV<br>Date/Time Pre<br>5/25/2023 2:4 |         |
|        |   |   | Title                           | XVIII  | Hospi tal                                   | PPS  |         |
|        | Cost Center Description                                   | Outpatient Ratio of Cost to Charges (col. 6 ÷ | Inpatient<br>Program<br>Charges | Inpatient Program Pass-Through Costs (col. 8 |   | Outpatient Program Pass-Through Costs (col. 9            |         |
|        |   | col. 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                                     | 19, 363, 683                    | (  | 27, 607, 342                                | 0  | 50.00   |
| 51.00  | 05100 RECOVERY ROOM                                       | 0. 000000                                     | 1, 651, 638                     |  | 4, 749, 724                                 | 0  | 51.00   |
| 52.00  | 05200 DELIVERY ROOM & LABOR ROOM                          | 0. 000000                                     | 42, 486                         |  | 64, 435                                     | 0  | 52.00   |
| 54.00  | 05400 RADI OLOGY-DI AGNOSTI C                             | 0. 000000                                     | 6, 474, 589                     |  | 14, 473, 032                                | 0  | 54.00   |
| 55.00  | 05500 RADI OLOGY - THERAPEUTI C                           | 0. 000000                                     | 503, 134                        |  | 28, 494, 669                                | 0  | 55.00   |
| 56.00  | 05600 RADI OI SOTOPE                                      | 0. 000000                                     | 420, 334                        |  | 2, 959, 734                                 | 0  | 56.00   |
| 60.00  | 06000 LABORATORY  | 0. 000000                                     | 7, 986, 113                     |  | 3, 888, 985                                 | 0  | 60.00   |
| 65.00  | 06500 RESPI RATORY THERAPY                                | 0. 000000                                     | 2, 768, 602                     |  | 1, 069, 137                                 | 0  | 65.00   |
| 66.00  | 06600 PHYSI CAL THERAPY                                   | 0. 000000                                     | 1, 536, 900                     |  | 26, 257                                     | 0  | 66.00   |
| 67.00  | 06700 OCCUPATI ONAL THERAPY                               | 0. 000000                                     | 833, 149                        |  | 66, 728                                     | 0  | 67.00   |
| 68.00  | 06800 SPEECH PATHOLOGY                                    | 0. 000000                                     | 336, 068                        |  | 3, 120                                      | 0  | 68.00   |
| 69.00  | 06900 ELECTROCARDI OLOGY                                  | 0. 000000                                     | 2, 317, 654                     |  | 2, 526, 880                                 | 0  | 69.00   |
| 70.00  | 07000 ELECTROENCEPHALOGRAPHY                              | 0. 000000                                     | 547, 641                        |  | 260, 631                                    | 0  | 70.00   |
| 71.00  | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS                | 0. 000000                                     | 4, 778, 260                     |  | 5, 119, 569                                 | 0  | 71.00   |
| 72.00  | 07200 IMPL. DEV. CHARGED TO PATIENT                       | 0. 000000                                     | 14, 209, 988                    |  | 13, 470, 373                                | 0  | 72.00   |
| 73.00  | 07300 DRUGS CHARGED TO PATIENTS                           | 0. 000000                                     | 13, 410, 635                    |  | 78, 899, 827                                | 0  | 73.00   |
| 75.00  | 07500 ASC (NON-DISTINCT PART)                             | 0. 000000                                     | 0                               |  | 0   | 0  | 75. 00  |
| 75. 01 | 07501 CARDI AC CATHERI ZATI ON LABORATORY                 | 0. 000000                                     | 5, 145, 925                     |  | 6, 115, 370                                 | 0  | 75. 01  |
|        | OUTPATIENT SERVICE COST CENTERS                           |   |                                 |  |   |  |         |
| 91.00  | 09100 EMERGENCY   | 0. 000000                                     | 12, 167, 126                    | (  | 11, 711, 287                                | 0  | 91.00   |
| 92 00  | 09200 OBSERVATION BEDS (NON-DISTINCT PART)                | 0,00000                                       | 0                               | 1  | 1 536 345                                   | l o  | 92 00   |

0.000000

94, 493, 925

0 92.00 0 200.00

1, 536, 345 203, 043, 445

0 0 0

92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)
200.00 Total (lines 50 through 199)

| Health Finar | ncial Systems                            | IU HEALIH NOR  | TH HOSPITAL   |               | In Lie          | u of Form CMS-2 | 2552-10 |
|--------------|--|----------------|---------------|---------------|-----------------|-----------------|---------|
| APPORTI ONME | NT OF MEDICAL, OTHER HEALTH SERVICES ANI | D VACCINE COST | Provi der C   |               | Peri od:        | Worksheet D     |         |
|              |  |                |               |               | From 01/01/2022 |                 |         |
|              |  |                |               |               | To 12/31/2022   |                 | :pared: |
|              |  |                |               |               |                 | 5/25/2023 2: 4  | 0 pm    |
|              |  |                | litle         | XVIII         | Hospi tal       | PPS             |         |
|              |  |                |               | Charges       |                 | Costs           |         |
|              | Cost Center Description                  | Cost to        | PPS           | Cost          | Cost            | PPS Services    |         |
|              |  | Charge Ratio   | Rei mbursed   | Reimbursed    | Rei mbursed     | (see inst.)     |         |
|              |  | From           | Services (see | Servi ces     | Servi ces Not   |                 |         |
|              |  | Worksheet C,   | inst.)        | Subject To    | Subj ect To     |                 |         |
|              |  | Part I, col.   |               | Ded. & Coins. |                 |                 |         |
|              |  | 9              |               | (see inst.)   | (see inst.)     |                 |         |
|              |  | 1. 00          | 2. 00         | 3. 00         | 4. 00           | 5. 00           |         |
|              | LARY SERVICE COST CENTERS                | ,              |               |               |                 |                 |         |
| 50.00 05000  | OPERATING ROOM                           | 0. 134514      | 27, 607, 342  |               | 0               | 3, 713, 574     | 50.00   |
| 51.00 05100  | RECOVERY ROOM                            | 0. 196219      | 4, 749, 724   |               | 0               | 931, 986        | 51.00   |
| 52.00 05200  | DELIVERY ROOM & LABOR ROOM               | 0. 323553      | 64, 435       |               | 0               | 20, 848         | 52.00   |
| 54.00 05400  | RADI OLOGY-DI AGNOSTI C                  | 0. 145514      | 14, 473, 032  |               | 0               | 2, 106, 029     | 54.00   |
| 55.00 05500  | RADIOLOGY - THERAPEUTIC                  | 0. 185744      | 28, 494, 669  |               | 0 0             | 5, 292, 714     | 55.00   |
| 56.00 05600  | RADI OI SOTOPE                           | 0. 060377      | 2, 959, 734   |               | 0 0             | 178, 700        | 56.00   |
|              | LABORATORY                               | 0. 250291      | 3, 888, 985   |               | o o             | 973, 378        |         |
| 65. 00 06500 | RESPIRATORY THERAPY                      | 0. 327041      | 1, 069, 137   |               | 0               | 349, 652        |         |
|              | PHYSI CAL THERAPY                        | 0. 363979      |               |               | 0               | 9, 557          |         |
|              | OCCUPATI ONAL THERAPY                    | 0. 227612      |               |               | 0 0             | 15, 188         |         |
|              | SPEECH PATHOLOGY                         | 0. 318683      |               |               | 0 0             | 994             |         |
|              | ELECTROCARDI OLOGY                       | 0. 070634      |               | 1             | 0 0             | 178, 484        |         |
|              | DELECTROENCEPHALOGRAPHY                  | 0. 196729      |               |               | 0 0             | 51, 274         |         |
|              | MEDICAL SUPPLIES CHARGED TO PATIENTS     | 0. 210906      |               | 1             | 0 0             | 1, 079, 748     |         |
|              | IMPL. DEV. CHARGED TO PATIENT            | 0. 144357      |               | •             | 0 0             | 1, 944, 543     |         |
|              | D DRUGS CHARGED TO PATIENTS              | 0. 231752      |               | 86            | 0               |                 |         |
|              | ASC (NON-DISTINCT PART)                  | 0. 000000      |               | 1             | 0 01, 133       | 10, 203, 173    | 1       |
|              | CARDI AC CATHERI ZATI ON LABORATORY      | 0. 202568      |               | l .           | 0 0             |                 |         |
|              | ATIENT SERVICE COST CENTERS              | 0. 202508      | 0, 115, 370   |               | <u>U</u>        | 1, 238, 778     | 1 /5.01 |
|              | EMERGENCY                                | 0. 099280      | 11, 711, 287  | I             | 0 0             | 1 1/2 /07       | 01 00   |
|              |  |                |               |               | ٥               | 1, 162, 697     |         |
|              | OBSERVATION BEDS (NON-DISTINCT PART)     | 0. 300769      |               |               | 0               | 102,000         |         |
| 200.00       | Subtotal (see instructions)              |                | 203, 043, 445 | 86            | 6 81, 153       |                 |         |
| 201. 00      | Less PBP Clinic Lab. Services-Program    |                |               |               | U 0             |                 | 201.00  |
|              | Only Charges                             |                |               |               |                 | 07.005          |         |
| 202. 00      | Net Charges (line 200 - line 201)        | 1              | 203, 043, 445 | 86            | 6 81, 153       | 37, 995, 422    | 202.00  |
|              |  |                |               |               |                 |                 |         |

| Health Financial Systems  | IU HEALTH NORTH                        | HOSPI TAL             | In Lie                      | u of Form CMS-2552-10 |
|---------------------------|--|-----------------------|-----------------------------|-----------------------|
| APPORTIONMENT OF MEDICAL, | OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0161 | Peri od:<br>From 01/01/2022 | Worksheet D<br>Part V |

| AFFORTIONWENT OF WEDICAL, OTHER HEALTH SERVICES AND                                       | D VACCINE COST         | Frovider C                 |       | From 01/01/2022<br>To 12/31/2022 | Part V<br>Date/Time Pro<br>5/25/2023 2: |                   |
|---|------------------------|----------------------------|-------|----------------------------------|---|-------------------|
|   |                        |                            | XVIII | Hospi tal                        | PPS                                     |                   |
|   |                        | sts                        | -     |                                  |   |                   |
| Cost Center Description   | Cost                   | Cost                       |       |                                  |   |                   |
|   | Reimbursed<br>Services | Reimbursed<br>Services Not |       |                                  |   |                   |
|   | Subject To             | Subject To                 |       |                                  |   |                   |
|   | Ded. & Coi ns.         | Ded. & Coins.              |       |                                  |   |                   |
|   | (see inst.)            | (see inst.)                |       |                                  |   |                   |
|   | 6.00                   | 7. 00                      | -     |                                  |   |                   |
| ANCILLARY SERVICE COST CENTERS  | 0.00                   | 7.00                       | 1     |                                  |   |                   |
| 50. 00 05000 OPERATI NG ROOM  | 0                      | 0                          |       |                                  |   | 50.00             |
| 51.00 05100 RECOVERY ROOM   | 0                      | 0                          |       |                                  |   | 51.00             |
| 52.00 05200 DELIVERY ROOM & LABOR ROOM  | 0                      | 0                          |       |                                  |   | 52.00             |
| 54. 00 05400 RADI OLOGY-DI AGNOSTI C  | 0                      | 0                          | )     |                                  |   | 54.00             |
| 55. 00   05500 RADI OLOGY - THERAPEUTI C  | 0                      | 0                          | )     |                                  |   | 55.00             |
| 56. 00   05600   RADI 01 SOTOPE   | 0                      | 0                          |       |                                  |   | 56.00             |
| 60. 00   06000   LABORATORY   | 0                      | 0                          |       |                                  |   | 60.00             |
| 65. 00 06500 RESPIRATORY THERAPY  | 0                      | 0                          |       |                                  |   | 65.00             |
| 66. 00 06600 PHYSI CAL THERAPY  | 0                      | 0                          | )     |                                  |   | 66. 00            |
| 67. 00 06700 OCCUPATI ONAL THERAPY  | 0                      | 0                          | )     |                                  |   | 67. 00            |
| 68. 00  06800 SPEECH PATHOLOGY  | 0                      | 0                          | )     |                                  |   | 68. 00            |
| 69. 00   06900   ELECTROCARDI OLOGY   | 0                      | 0                          | )     |                                  |   | 69. 00            |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY   | 0                      | 0                          |       |                                  |   | 70.00             |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS  | 0                      | 0                          |       |                                  |   | 71. 00            |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT   | 0                      | 0                          | 1     |                                  |   | 72.00             |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS  | 201                    | 18, 807                    |       |                                  |   | 73. 00            |
| 75. 00 07500 ASC (NON-DISTINCT PART)  | 0                      | 0                          | 1     |                                  |   | 75. 00            |
| 75. 01 O7501 CARDI AC CATHERI ZATI ON LABORATORY  | 0                      | 0                          | 1     |                                  |   | 75. 01            |
| OUTPATIENT SERVICE COST CENTERS   |                        |                            |       |                                  |   |                   |
| 91. 00 09100 EMERGENCY  | 0                      | 0                          |       |                                  |   | 91.00             |
| 92.00   09200   0BSERVATION BEDS (NON-DISTINCT PART) 200.00   Subtotal (see instructions) | 201                    | 10 007                     |       |                                  |   | 92. 00<br>200. 00 |
|   | 201                    | 18, 807                    |       |                                  |   | 200.00            |
| 201.00 Less PBP Clinic Lab. Services-Program Only Charges                                 |                        |                            |       |                                  |   | 201.00            |
| 202.00 Net Charges (line 200 - line 201)  | 201                    | 18, 807                    |       |                                  |   | 202. 00           |
| 202.00  | 201                    | 10,007                     | 1     |                                  |   | 1202.00           |

| Health Financial Systems                           | IU HEALTH NOR | TH HOSPITAL  |              | In Lie                                      | u of Form CMS-2 | 2552-10        |
|--|---------------|--------------|--------------|---|-----------------|----------------|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL | COSTS         | Provider Co  |              | Period:<br>From 01/01/2022<br>Fo 12/31/2022 |                 | pared:<br>O pm |
|  |               | Ti tl        | e XIX        | Hospi tal                                   | PPS             |                |
| Cost Center Description                            | Capi tal      | Swi ng Bed   | Reduced      | Total Patient                               | Per Diem        |                |
|  | Related Cost  | Adjustment   | Capi tal     | Days  | (col. 3 /       |                |
|  | (from Wkst.   |              | Related Cost |   | col. 4)         |                |
|  | B, Part II,   |              | (col. 1 -    |   |                 |                |
|  | col . 26)     |              | col. 2)      |   |                 |                |
|  | 1. 00         | 2.00         | 3.00         | 4.00  | 5. 00           |                |
| INPATIENT ROUTINE SERVICE COST CENTERS             |               |              |              |   |                 |                |
| 30.00 ADULTS & PEDIATRICS                          | 8, 170, 720   | 0            | 8, 170, 720  | 32, 307                                     | 252. 91         | 30.00          |
| 34.00 SURGICAL INTENSIVE CARE UNIT                 | 0             |              |              | 0   | 0.00            | 34.00          |
| 34. 01 PEDIATRIC INTENSIVE CARE UNIT               | 0             |              |              | 0   | 0.00            | 34.01          |
| 34.02 PREMATURE INTENSIVE CARE UNIT                | 1, 731, 420   |              | 1, 731, 420  | 5, 089                                      | 340. 23         | 34.02          |
| 43. 00 NURSERY                                     | 686, 670      |              | 686, 670     | 4, 011                                      | 171. 20         | 43.00          |
| 200.00 Total (lines 30 through 199)                | 10, 588, 810  |              | 10, 588, 810 | 41, 407                                     |                 | 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                          | 680           | 171, 979     |              |   |                 | 30.00          |
| 34.00 SURGICAL INTENSIVE CARE UNIT                 | 0             | 0            |              |   |                 | 34.00          |
| 34.01 PEDIATRIC INTENSIVE CARE UNIT                | 0             | 0            |              |   |                 | 34. 01         |
| 34.02 PREMATURE INTENSIVE CARE UNIT                | 135           | 45, 931      |              |   |                 | 34.02          |
| 43. 00 NURSERY                                     | 946           | 161, 955     |              |   |                 | 43.00          |
| 200.00 Total (lines 30 through 199)                | 1, 761        | 379, 865     |              |   |                 | 200. 00        |

| Health Financial Systems   | IU HEALTH NORTH HOSPITAL                                     | In Lieu of Form CMS-2552-10 |
|----------------------------|--|-----------------------------|
| APPORTIONMENT OF INPATIENT | ANCILLARY SERVICE CAPITAL COSTS Provider CCN: 15-0161 Period | d: Worksheet D              |

| Health Financial Systems                            | IU HEALTH NOR | TH HOSPITAL      |               | In Lie                                      | u of Form CMS-2  | 2552-10 |
|---|---------------|------------------|---------------|---|--|---------|
| APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA | AL COSTS      | Provi der Co     |               | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet D<br>Part II<br>Date/Time Pre<br>5/25/2023 2:4 |         |
|   |               | Ti tl            | e XIX         | Hospi tal                                   | PPS  |         |
| Cost Center Description                             | Capi tal      | Total Charges    | Ratio of Cost | Inpatient                                   | Capital Costs  |         |
|   | Related Cost  | (from Wkst.      | to Charges    | Program                                     | (column 3 x  |         |
|   | (from Wkst.   | C, Part I,       | (col. 1 ÷     | Charges                                     | column 4)  |         |
|   | B, Part II,   | col. 8)          | col. 2)       |   |  |         |
|   | col. 26)      |                  |               |   |  |         |
|   | 1. 00         | 2. 00            | 3. 00         | 4. 00                                       | 5. 00  |         |
| ANCILLARY SERVICE COST CENTERS                      |               |                  |               |   |  |         |
| 50.00   05000   OPERATING ROOM                      | 6, 772, 439   |                  |               |   | ·  | 1       |
| 51.00   05100   RECOVERY ROOM                       | 832, 770      |                  | 0. 02214      |   |  | 51.00   |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM          | 2, 115, 571   |                  | •             |   |  | 52.00   |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C            | 3, 357, 843   |                  | •             |   | 7, 723   | 54.00   |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C          | 4, 794, 805   |                  |               |   | 0  | 55.00   |
| 56. 00   05600   RADI OI SOTOPE                     | 118, 831      |                  |               |   |  | 56.00   |
| 60. 00   06000   LABORATORY                         | 971, 590      |                  |               |   |  | 60.00   |
| 65. 00   06500   RESPI RATORY THERAPY               | 295, 366      |                  |               |   | ·  | 65. 00  |
| 66. 00 06600 PHYSI CAL THERAPY                      | 180, 475      |                  |               |   | 1, 760   | 66. 00  |
| 67. 00 06700 OCCUPATI ONAL THERAPY                  | 24, 531       |                  |               |   | 258  | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                        | 33, 234       |                  |               |   |  | 68. 00  |
| 69. 00   06900   ELECTROCARDI OLOGY                 | 220, 947      |                  |               |   | 825  | 69. 00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                 | 87, 958       |                  |               |   |  | 70. 00  |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 350, 703      |                  |               |   | 1, 185   | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT           | 566, 155      |                  |               |   |  | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 1, 525, 561   | 264, 916, 837    |               |   | 3, 882   |         |
| 75.00 07500 ASC (NON-DISTINCT PART)                 | 0             | 0                | 0.00000       |   | 0  | 75.00   |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY    | 1, 637, 796   | 36, 471, 944     | 0. 04490      | 6 150, 258                                  | 6, 747   | 75. 01  |
| OUTPAȚI ENT SERVI CE COST CENTERS                   |               |                  |               |   |  |         |
| 91. 00   09100   EMERGENCY                          | 1, 218, 082   |                  |               |   |  | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)    | 797, 165      |                  |               |   | 0  | 92.00   |
| 200.00   Total (lines 50 through 199)               | 25, 901, 822  | 1, 254, 272, 985 |               | 3, 342, 676                                 | 57, 967  | 200. 00 |
|   |               |                  |               |   |  |         |

| Health Financial Systems   | IU HEALTH NOR  | TH HOSPITAL  |                             | In Lie                                      | u of Form CMS-  | 2552-10  |
|--|--|--|-----------------------------|---|---|--|
| APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA  | ASS THROUGH COS  |  |                             | Period:<br>From 01/01/2022<br>To 12/31/2022 | Worksheet D<br>Part III<br>Date/Time Pre<br>5/25/2023 2:4 |  |
|  |  | Ti tl  | e XIX                       | Hospi tal                                   | PPS   |  |
| Cost Center Description  | Nursi ng<br>Program<br>Post-Stepdown<br>Adj ustments       | Nursi ng<br>Program                                  | Post-Stepdow<br>Adjustments |   | All Other<br>Medical<br>Education<br>Cost                 |  |
|  | 1A   | 1. 00  | 2A                          | 2. 00                                       | 3. 00   |  |
| INPATIENT ROUTINE SERVICE COST CENTERS   |  |  |                             |   |   |  |
| 30.00   03000   ADULTS & PEDIATRICS<br>34.00   03400   SURGICAL INTENSIVE CARE UNIT<br>34.01   03401   PEDIATRIC INTENSIVE CARE UNIT   | 0  | 0 0  |                             | 0<br>0<br>0<br>0                            | 0<br>0<br>0   | 34.00  |
| 34. 02   03402   PREMATURE   INTENSIVE CARE UNIT<br>43. 00   04300   NURSERY   | 0  | 0  |                             | 0 0 0                                       | 0   | 43.00  |
| 200.00   Total (lines 30 through 199)  Cost Center Description   | Swi ng-Bed Adj ustment Amount (see i nstructi ons)         | Total Costs (sum of cols. 1 through 3, minus col. 4) | Total Patien<br>Days        | Per Diem (col. 5 ÷ col. 6)                  | Inpatient<br>Program Days                                 | 200. 00  |
|  | 4. 00  | 5. 00  | 6. 00                       | 7. 00                                       | 8. 00   |  |
| INPATIENT ROUTINE SERVICE COST CENTERS   |  | 3. 33  |                             |   |   |  |
| 30.00   03000   ADULTS & PEDIATRICS   34.00   03400   SURGICAL INTENSIVE CARE UNIT   34.01   03401   PEDIATRIC INTENSIVE CARE UNIT   34.02   03402   PREMATURE INTENSIVE CARE UNIT   43.00   04300   NURSERY   200.00   Total (lines 30 through 199) | 0  | 0<br>0<br>0<br>0<br>0                                | 5, 08<br>4, 01              | 0 0.00<br>0 0.00<br>9 0.00<br>1 0.00        | 680<br>0<br>0<br>135<br>946                               | 34. 00<br>34. 01<br>34. 02                     |
| Cost Center Description  | Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00 |  | 71, 40                      | ,   | 1, 701  | 200.00   |
| INPATIENT ROUTINE SERVICE COST CENTERS   |  | ı  |                             |   |   |  |
| 30. 00   03000   ADULTS & PEDIATRICS   34. 00   03400   SURGICAL INTENSIVE CARE UNIT   34. 01   03401   PEDIATRIC INTENSIVE CARE UNIT   34. 02   03402   PREMATURE INTENSIVE CARE UNIT   43. 00   04300   NURSERY                                    | 0<br>0<br>0<br>0   |  |                             |   |   | 30. 00<br>34. 00<br>34. 01<br>34. 02<br>43. 00 |
| 200.00   Total (lines 30 through 199)  | 0  |  |                             |   |   | 200.00   |

| Health Financial Systems                            | IU HEALTH NORTH              | HOSPI TAL              | In Lieu         | of Form CMS-2552-10                           |
|---|------------------------------|------------------------|-----------------|---|
| APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS | ANCILLARY SERVICE OTHER PASS | Provi der CCN: 15-0161 | From 01/01/2022 | Worksheet D<br>Part IV<br>Date/Time Prepared: |

|  |               |               |          | To 12/31/2022 | Date/Time Pre 5/25/2023 2:4 |         |
|--|---------------|---------------|----------|---------------|-----------------------------|---------|
|  |               | Ti tl         | e XIX    | Hospi tal     | PPS                         | Орш     |
| Cost Center Description                          | Non Physician | Nursi ng      | Nursi ng | Allied Health |                             |         |
| · ·  | Anesthetist   | 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             | 0             |          | 0             | 0                           | 50.00   |
| 51.00  05100 RECOVERY ROOM                       | 0             | 0             |          | 0             | 0                           | 51.00   |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM       | 0             | 0             |          | 0             | 0                           | 52.00   |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C         | 0             | 0             |          | 0             | 0                           | 54.00   |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C       | 0             | 0             |          | 0             | 0                           | 55.00   |
| 56. 00   05600   RADI OI SOTOPE                  | 0             | 0             |          | 0             | 0                           | 56.00   |
| 60. 00  06000  LABORATORY                        | 0             | 0             |          | 0             | 0                           | 60.00   |
| 65. 00   06500   RESPI RATORY THERAPY            | 0             | 0             |          | 0             | 0                           | 65.00   |
| 66. 00   06600   PHYSI CAL THERAPY               | 0             | 0             |          | 0             | 0                           | 66.00   |
| 67. 00  06700 OCCUPATI ONAL THERAPY              | 0             | 0             |          | 0             | 0                           | 67.00   |
| 68.00   06800   SPEECH PATHOLOGY                 | 0             | 0             |          | 0             | 0                           | 68. 00  |
| 69. 00  06900 ELECTROCARDI OLOGY                 | 0             | 0             |          | 0             | 0                           | 69. 00  |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY              | 0             | 0             |          | 0             | 0                           | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0             | 0             |          | 0             | 0                           | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT        | 0             | 0             |          | 0             | 0                           | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 0             | 0             |          | 0             | 0                           | 73.00   |
| 75.00 07500 ASC (NON-DISTINCT PART)              | 0             | 0             |          | 0             | 0                           | 75. 00  |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY | 0             | 0             |          | 0 0           | 0                           | 75. 01  |
| OUTPATIENT SERVICE COST CENTERS                  | ,             |               |          |               |                             |         |
| 91. 00   09100   EMERGENCY                       | 0             | 0             |          | 0             | ľ                           |         |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0             |               |          | 0             | 0                           | ,       |
| 200.00   Total (lines 50 through 199)            | 0             | 0             | 1        | 0 0           | 0                           | 200. 00 |

| Health Financial Systems                            | IU HEALTH NOR   | TH HOSPITAL   |              | In Lie          | u of Form CMS-2 | 2552-10 |
|---|-----------------|---------------|--------------|-----------------|-----------------|---------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF | RVICE OTHER PAS | S Provider C  |              | Peri od:        | Worksheet D     |         |
| THROUGH COSTS                                       |                 |               |              | From 01/01/2022 |                 |         |
|   |                 |               |              | To 12/31/2022   |                 |         |
|   |                 |               |              |                 | 5/25/2023 2: 4  | O pm    |
|   |                 | Ti tl         | e XIX        | Hospi tal       | PPS             |         |
| Cost Center Description                             | All Other       | Total Cost    | Total        |                 | Ratio of Cost   |         |
|   | Medi cal        | (sum of cols. | Outpati ent  | (from Wkst.     | to Charges      |         |
|   | Educati on      | 1, 2, 3, and  | Cost (sum of | C, Part I,      | (col. 5 ÷       |         |
|   | Cost            | 4)            | col s. 2, 3, | col. 8)         | col. 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             |              | 0 268, 617, 129 | 0.000000        | 50.00   |
| 51.00   05100   RECOVERY ROOM                       | 0               | 0             |              | 0 37, 601, 491  | 0. 000000       | 51.00   |

| Cost Center Description                          | All Other  | Total Cost    | Total        | Total Charges    | Ratio of Cost |         |
|--|------------|---------------|--------------|------------------|---------------|---------|
|  | Medi cal   | (sum of cols. | Outpati ent  | (from Wkst.      | to Charges    |         |
|  | Educati on | 1, 2, 3, and  | Cost (sum of | C, Part I,       | (col. 5 ÷     |         |
|  | Cost       | 4)            | col s. 2, 3, | col. 8)          | col. 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            | 268, 617, 129    |               |         |
| 51. 00   05100   RECOVERY ROOM                   | 0          | 0             | 0            | 37, 601, 491     | 0. 000000     | 51.00   |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM       | 0          | 0             | 0            | 42, 927, 120     |               |         |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C         | 0          | 0             | 0            | 98, 824, 305     |               |         |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C       | 0          | 0             | 0            | 86, 139, 694     | 0.000000      | 55.00   |
| 56. 00   05600   RADI 0I SOTOPE                  | 0          | 0             | 0            | 9, 821, 759      | 0.000000      | 56.00   |
| 60. 00   06000   LABORATORY                      | 0          | 0             | 0            | 62, 769, 922     | 0.000000      | 60.00   |
| 65. 00 06500 RESPI RATORY THERAPY                | 0          | 0             | 0            | 16, 491, 145     | 0.000000      | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                   | 0          | 0             | 0            | 8, 702, 550      | 0.000000      | 66.00   |
| 67. 00 06700 OCCUPATI ONAL THERAPY               | 0          | 0             | 0            | 4, 204, 874      | 0.000000      | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                     | 0          | 0             | 0            | 2, 206, 119      | 0.000000      | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                  | 0          | 0             | 0            | 16, 172, 899     | 0.000000      | 69.00   |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY              | 0          | 0             | 0            | 4, 260, 790      | 0.000000      | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0          | 0             | 0            | 43, 615, 158     | 0.000000      | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT        | 0          | 0             | 0            | 102, 846, 024    | 0.000000      | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 0          | 0             | 0            | 264, 916, 837    | 0.000000      | 73.00   |
| 75.00 07500 ASC (NON-DISTINCT PART)              | 0          | 0             | 0            | 0                | 0.000000      | 75.00   |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY | 0          | 0             | 0            | 36, 471, 944     | 0.000000      | 75. 01  |
| OUTPATIENT SERVICE COST CENTERS                  |            |               |              |                  |               |         |
| 91. 00 09100 EMERGENCY                           | 0          | 0             | 0            | 127, 272, 762    | 0.000000      | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0          | 0             | 0            | 20, 410, 463     | 0.000000      | 92.00   |
| 200.00 Total (lines 50 through 199)              | 0          | 0             | 0            | 1, 254, 272, 985 |               | 200. 00 |
|  |            |               |              |                  |               |         |

| Health Financial Systems IU HEALTH NORTH HOSPITAL In Lie   | u of Form CMS-25  | 552-10 |
|--|-------------------|--------|
| APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS   Provider CCN: 15-0161   Period: | Worksheet D       |        |
| THROUGH COSTS From 01/01/2022  | Part IV           |        |
| To 12/31/2022  | Date/Time Prepare | ared:  |
|  | 5/25/2023 2: 40   | pm     |
| Title XIX Hospital   | PPS               |        |
| Cost Center Description Outpatient Inpatient Inpatient Outpatient                                    | Outpati ent       |        |
| Ratio of Cost   Program   Program   Program  | Program           |        |
| to Charges   Charges   Pass-Through   Charges  | Pass-Through      |        |
| (col. 6 ÷   Costs (col. 8  | Costs (col. 9     |        |

|  |               |             | e XIX         | 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  |             | Pass-Through  |         |
|  | (col. 6 ÷     |             | Costs (col. 8 |             | Costs (col. 9 |         |
|  | col. 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     | 372, 254    |               | 0           | 0             | 50.00   |
| 51.00  05100 RECOVERY ROOM                       | 0. 000000     | 17, 600     |               | 0           | 0             | 51.00   |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM       | 0.000000      | 64, 833     |               | 0           | 0             | 52.00   |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C         | 0. 000000     | 227, 301    |               | 0           | 0             | 54.00   |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C       | 0.000000      | 0           |               | 0           | 0             | 55.00   |
| 56. 00   05600   RADI 01 SOTOPE                  | 0. 000000     | 28, 950     |               | 0           | 0             | 56.00   |
| 60. 00  06000 LABORATORY                         | 0. 000000     | 392, 563    |               | 0           | 0             | 60.00   |
| 65. 00 06500 RESPIRATORY THERAPY                 | 0. 000000     | 701, 791    |               | 0           | 0             | 65.00   |
| 66. 00   06600 PHYSI CAL THERAPY                 | 0. 000000     | 84, 861     |               | 0           | 0             | 66.00   |
| 67. 00  06700 OCCUPATI ONAL THERAPY              | 0. 000000     | 44, 261     |               | 0           | 0             | 67.00   |
| 68.00 06800 SPEECH PATHOLOGY                     | 0. 000000     | 11, 876     |               | 0           | 0             | 68. 00  |
| 69. 00   06900   ELECTROCARDI OLOGY              | 0. 000000     | 60, 421     |               | 0           | 0             | 69.00   |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY              | 0. 000000     | 10, 198     |               | 0           | 0             | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 0. 000000     | 147, 331    |               | 0           | 0             | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT        | 0. 000000     | 39, 104     |               | 0           | 0             | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS            | 0. 000000     | 673, 996    |               | 0           | 0             | 73.00   |
| 75.00 07500 ASC (NON-DISTINCT PART)              | 0. 000000     | 0           |               | 0           | 0             | 75. 00  |
| 75. 01 07501 CARDIAC CATHERIZATION LABORATORY    | 0. 000000     | 150, 258    |               | 0           | 0             | 75. 01  |
| OUTPATIENT SERVICE COST CENTERS                  |               |             |               |             |               |         |
| 91. 00 09100 EMERGENCY                           | 0.000000      | 315, 078    | (             | 0           | 0             | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) | 0. 000000     | 0           |               | 0           | 0             | 92.00   |
| 200.00 Total (lines 50 through 199)              |               | 3, 342, 676 |               | 0           | 0             | 200. 00 |
|  |               |             |               |             |               |         |

| Health Financial Systems                            | IU HEALTH NOR  | RTH_HOSPITAL  |               | In Lie                                      | u of Form CMS-2 | 2552-10 |
|---|----------------|---------------|---------------|---|-----------------|---------|
| APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND | O VACCINE COST | Provi der C   |               | Period:<br>From 01/01/2022<br>To 12/31/2022 |                 |         |
|   |                | Ti tl         | e XIX         | Hospi tal                                   | PPS             |         |
|   |                |               | Charges       |   | Costs           |         |
| Cost Center Description                             | Cost to        | PPS           | Cost          | Cost  | PPS Services    |         |
|   | Charge Ratio   | Rei mbursed   | Rei mbursed   | Rei mbursed                                 | (see inst.)     |         |
|   | From           | Services (see |               | Services Not                                |                 |         |
|   | Worksheet C,   | inst.)        | Subject To    | Subj ect To                                 |                 |         |
|   | Part I, col.   |               | Ded. & Coins. |   |                 |         |
|   | 9              |               | (see inst.)   | (see inst.)                                 |                 |         |
|   | 1. 00          | 2.00          | 3. 00         | 4. 00                                       | 5. 00           |         |
| ANCILLARY SERVICE COST CENTERS                      |                |               |               | _   |                 |         |
| 50.00   05000   OPERATING ROOM                      | 0. 134514      | l .           | .,            |   | 0               |         |
| 51. 00   05100   RECOVERY ROOM                      | 0. 196219      | 0             | 299, 75       | 0   | 0               | 51.00   |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM          | 0. 323553      | 0             | 37, 73        | 0   | 0               | 52.00   |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C            | 0. 145514      | 0             | 587, 98       | 3 0   | 0               | 54.00   |
| 55. 00   05500 RADI OLOGY - THERAPEUTI C            | 0. 185744      | 0             | 278, 25       | 8 0   | 0               | 55.00   |
| 56. 00   05600   RADI 0I SOTOPE                     | 0. 060377      | 0             | 69, 91        | 3 0   | 0               | 56.00   |
| 60. 00   06000   LABORATORY                         | 0. 250291      | 0             | 227, 90       | 3 0   | 0               | 60.00   |
| 65. 00 06500 RESPIRATORY THERAPY                    | 0. 327041      | 0             | 26, 23        | 7 0   | 0               | 65.00   |
| 66. 00 06600 PHYSI CAL THERAPY                      | 0. 363979      | 0             | 80, 33        | 5 0   | 0               | 66.00   |
| 67. 00 06700 OCCUPATI ONAL THERAPY                  | 0. 227612      | 0             | 45, 89        | 2 0   | 0               | 67.00   |
| 68. 00 06800 SPEECH PATHOLOGY                       | 0. 318683      | 0             | 48, 18        | 7 0   | 0               | 68.00   |
| 69. 00 06900 ELECTROCARDI OLOGY                     | 0. 070634      | 0             | 57, 77        | 3 0   | 0               | 69.00   |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY                 | 0. 196729      | 0             | 44, 01        |   | 0               | 70.00   |
| 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS    | 0. 210906      | l 0           | 271, 12       | 5 0   | 0               | 71.00   |
| 72.00 07200 IMPL. DEV. CHARGED TO PATIENT           | 0. 144357      | 0             | 807, 41       |   | 0               | 72.00   |
| 73.00 07300 DRUGS CHARGED TO PATIENTS               | 0. 231752      | 0             | 803, 47       | 9 0   | 0               | 73.00   |
| 75. 00   07500   ASC (NON-DISTINCT PART)            | 0. 000000      | 0             | 1             | o o   | 0               | 75.00   |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY    | 0. 202568      |               | 306, 77       | 7 0   | 0               | 1       |
| OUTPATIENT SERVICE COST CENTERS                     |                | -             |               | -   |                 | 1       |
| 91. 00 09100 EMERGENCY                              | 0. 099280      | 0             | 1, 268, 07    | 4 0   | 0               | 91.00   |
| 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)    | 0. 300769      |               | 349, 82       |   | l o             |         |
| 200.00 Subtotal (see instructions)                  | 1              | 1 0           | 7, 208, 94    |   | ا م             | 200.00  |
| 201.00 Less PBP Clinic Lab. Services-Program        |                |               |               | ol o  |                 | 201.00  |
| Only Charges  |                |               |               | -   |                 |         |
| 202.00   Net Charges (line 200 - line 201)          |                | 0             | 7, 208, 94    | 1 0   | 0               | 202. 00 |

| Health Financial Systems  | IU HEALTH NORTH                        | HOSPI TAL             | In Lieu  | of Form CMS-2552-10 |
|---------------------------|--|-----------------------|----------|---------------------|
| APPORTIONMENT OF MEDICAL, | OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-0161 | Peri od: | Worksheet D         |

Form 01/01/2022 Part V
To 12/31/2022 Date/Time Prepared: 5/25/2023 2: 40 pm Title XIX Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6. 00 7. 00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 214, 990 05100 RECOVERY ROOM 58, 817 0 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 12, 208 52.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 85, 560 0 54.00 55.00 05500 RADI OLOGY - THERAPEUTI C 51, 685 0 55.00 0 56.00 05600 RADI OI SOTOPE 4, 221 56.00 06000 LABORATORY 60.00 57,042 60.00 65.00 06500 RESPIRATORY THERAPY 8, 581 65.00 06600 PHYSI CAL THERAPY 0 66.00 29, 240 66.00 06700 OCCUPATI ONAL THERAPY 0 10, 446 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 15, 356 0 68.00 69.00 06900 ELECTROCARDI OLOGY 4, 081 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 70.00 8,658 57, 182 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 116, 556 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 186, 208 73.00 07500 ASC (NON-DISTINCT PART) 0 75.00 75 00 07501 CARDI AC CATHERI ZATI ON LABORATORY 75.01 62, 143 0 75.01 OUTPATIENT SERVICE COST CENTERS 91.00 09100 EMERGENCY 125, 894 0 91.00 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 105, 217 0 92.00 Subtotal (see instructions) Less PBP Clinic Lab. Services-Program 200.00 1, 214, 085 0 200.00 201.00 201.00 Only Charges 202.00 Net Charges (line 200 - line 201) 0 202.00 1, 214, 085

| Health Financial Systems                | IU HEALTH NORTH HOSPITAL | In Lie                      | u of Form CMS-2                | 2552-10 |
|---|--------------------------|-----------------------------|--------------------------------|---------|
| COMPUTATION OF INPATIENT OPERATING COST | Provi der CCN: 15-0161   | Peri od:<br>From 01/01/2022 | Worksheet D-1                  |         |
|   |                          |                             | Date/Time Pre<br>5/25/2023 2:4 |         |
|   | Title XVIII              | Hospi tal                   | PPS                            |         |
| Cost Center Description                 |                          |                             |                                |         |

| Date 1.00   1.00 |        |   | Title XVIII                   | Hospi tal         | 5/25/2023 2: 4<br>PPS | U pili |
|--|--------|---|-------------------------------|-------------------|-----------------------|--------|
| NeXTLIFE IDMS   Next    |        | Cost Center Description                                       |                               | •                 |                       |        |
| Impart In MAN  |        | DADT I ALL DROWLDED COMPONENTS                                |                               |                   | 1. 00                 |        |
| Inpatient days (including private room days and swing-bed days, excluding newborn)   32,307   1.00   |        |   |                               |                   |                       |        |
| Private room days (excluding swing-bed and observation bed days). If you have only private room days. do 0 alon of complete this line.  4.00 Semi-private room days (excluding swing-bed and observation bed days). 29.155  5.00 Total swing-bed SWF type inpatient days (including private room days) through December 31 of the cost reporting period (if cale andary year, enter 0 on this line).  7.00 Total swing-bed SWF type inpatient days (including private room days) after December 31 of the cost reporting period (if cale andary year, enter 0 on this line).  7.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if cale andary year, enter 0 on this line).  8.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (see instructions).  9.00 Swing-bed SWF type inpatient days applicable to the Program (excluding swing-bed and newborn days). (see Instructions) are provided SWF type inpatient days applicable to the Itie XVIII only (including private room days) after December 31 of the cost reporting period (if calendary year, enter 0 on this line).  10. Swing-bed SWF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendary year, enter 0 on this line).  11.00 Swing-bed SWF type inpatient days applicable to title SV or XIX only (including private room days).  12. On Instructional December 31 of the cost reporting period (if calendary year, enter 0 on this line).  13. On Swing-bed SWF type inpatient days applicable to title SV or XIX only (including private room days).  14. On Instructional December 31 of the cost reporting period (if calendary year, enter 0 on this line).  15. On Total swing-bed SWF type inpatient days applicable to services through December 31 of the cost private room days applicable to the Program (excluding swing-bed days).  15. On Total swing-bed SWF type inpatient days applicable to services a | 1.00   |   | s, excluding newborn)         |                   | 32, 307               | 1.00   |
| do not cosplete this line.  4. 00. Sein-private room days (sectualing saring-bed and observation bed days)  7. 00 Total saving-bed SMF type inpatient days (including private room days) after December 31 of the cost reporting period (if callendar year, enter 0 on this line)  7. 00 Total saving-bed FMF type inpatient days (including private room days) after December 31 of the cost reporting period (if callendar year, enter 0 on this line)  7. 00 Total sing-bed MF type inpatient days (including private room days) through December 31 of the cost reporting period (if callendar year, enter 0 on this line)  7. 00 Total sing-bed MF type inpatient days (including private room days) after December 31 of the cost reporting period (if callendar year, enter 0 on this line)  7. 00 Total sing-bed SMF type inpatient days (including private room days) after December 31 of the cost reporting period (if callendar year, enter 0 on this line)  7. 00 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  8. 10 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  8. 10 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  8. 10 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  8. 10 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  8. 10 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  8. 10 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  8. 10 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  10 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  11 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  12 Sing-bed SMF type inpatient days applicable to title XVIII only (including private room days)  13 Sing |        |   |                               |                   |                       |        |
| 29, 155   4.00   50mi-p-private room days (excluding saving-bed and observation bed days) through December 31 of the cost of properting period reporting period of type inpatient days (including private room days) after December 31 of the cost of properting period of the cost of t   | 3. 00  |   | ys). If you have only pr      | rivate room days, | 0                     | 3.00   |
| Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period (if cal endar year, enter 0 on this line)  Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if cal endar year, enter 0 on this line)  Total swing-bed SNF type inpatient days (including private room days) brough December 31 of the cost reporting period (if cal endar year, enter 0 on this line)  Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if cal endar year, enter 0 on this line)  Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if cal endar year, enter 0 on this line)  SNF one-bed SNF type inpatient days applicable to the Program (excluding swing-bed and swing-bed SNF type inpatient days applicable to the swing-ter toom days)  SNF one-bed SNF type inpatient days applicable to the swing-ter toom days after December 31 of the cost reporting period (if cal endar year, enter 0 on this line)  SNF one-bed SNF type inpatient days applicable to title SNF or XIX only (including private room days)  SNF one-bed SNF type inpatient days applicable to title SNF or XIX only (including private room days)  SNF one-bed SNF type inpatient days applicable to titles V or XIX only (including private room days)  SNF one-bed SNF type inpatient days applicable to titles V or XIX only (including private room days)  Total supplied SNF type inpatient days applicable to titles V or XIX only (including private room days)  Total supplied SNF type inpatient days applicable to the Program (excluding swing-bed days)  Total supplied SNF type inpatient days applicable to the Program (excluding swing-bed days)  Total supplied SNF type supplied SNF services applicable to services through December 31 of the cost reporting period (including SNF services applicable to services after December 31 of the cost reporting period (incl | 4 00   | •   | ed days)                      |                   | 29 155                | 4 00   |
| Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if cal endar year, enter 0 on this line)   |        |   |                               | er 31 of the cost |                       |        |
| reporting period (if Calendar year, enter 0 on this line) 7.00 Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period (if Calendar year, enter 0 on this line) 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.0   |        |   |                               |                   | _                     |        |
| 7.00 Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost proporting period (if calendar year, enter 0 on this line)  7.00 Total inpatient days including private room days) after December 31 of the cost proporting period (if calendar year, enter 0 on this line)  7.00 Total inpatient days including private room days applicable to the Program (excluding swing-bed and spine)  8.10 Cost of the cost reporting period (in only (including private room days) through December 31 of the cost reporting period (see instructions)  8.10 Cost of the cost reporting period (see instructions)  10.00 Swing-bed SNF type inpatient days applicable to title XVII only (including private room days) after becember 31 of the cost reporting period (if calendar year, enter 0 on this line)  10.00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)  11.00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)  12.00 Total nursery days (title V or XIX only)  13.00 Nursery days (title V or XIX only)  14.00 Medicar prate for swing-bed SNF services applicable to services through December 31 of the cost post of the cost reporting period (in cost proporting period in cost proporting period (in cost proporting period in cost proporting period (in cost period (in cost period in reporting period (in cost period (in cost period in patient period (in cost period in patient routine service after December 31 of the cost period (in cost period in patient period (in cost period in patient period (in cost period in patient period (in cost period (in c | 6. 00  |   | om days) after December       | 31 of the cost    | 0                     | 6.00   |
| reporting period  8. 00 Total sing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  9. 00 Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)  10. 00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after 0 becomes 31 of the cost reporting period (see instructions)  11. 00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after 0 becomes 31 of the cost reporting period (see instructions)  12. 00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after 0 becomes 31 of the cost reporting period (see instructions)  13. 00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 0 12.00 through December 31 of the cost reporting period (see instructions)  14. 00 Medically necessary private room days applicable to titles V or XIX only (including private room days) 0 13.00 after December 31 of the cost reporting period (see instructions) 0 15.00 Total nursery days (title V or XIX only) 0 15.00 Necessary private room days applicable to the Program (excluding swing-bed days) 0 15.00 Necessary private room days applicable to services through December 31 of the cost proporting period (see instructions) 1 10.00 Necessary private room says applicable to services after December 31 of the cost proporting period (see instructions) 1 10.00 Necessary private period Necessary private room days applicable to services after December 31 of the cost proporting period (see instructions) 1 10.00 Necessary applicable to SNF services applicable to services after December 31 of the cost proporting period (see instructions) 1 10.00 Necessary applicable to SNF type services through December 31 of the cost reporting period (line 6 22.90 Necessary applicable to SNF type services through December | 7. 00  |   | m davs) through December      | 31 of the cost    | 0                     | 7. 00  |
| reporting period (if calendar year, enter 0 on this line)  9   |        |   | ,g                            |                   |                       |        |
| Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)   0.00  | 8. 00  |   | m days) after December 3      | 31 of the cost    | 0                     | 8. 00  |
| newborn days) (see instructions)   0,00      | 9 00   |   | o the Program (excluding      | swing-bod and     | 9 100                 | 9 00   |
| 10.00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) on 10.00 through December 31 of the cost reporting period (see instructions) on 11.00 Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (incl calendar year, enter 0 on this line) on 11.00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) on 12.00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (incl calendar year, enter 0 on this line) on 11.00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (including private room days) on 14.00 Nursery days (title V or XIX only) 0.15.00 Total nursery days (title V or XIX only) 0.15.00 Nursery days (title V or XIX only) 0.16.00 SWING BED ADUSTMENT OF SWING-BED ADUSTMENT OF SWING-B | 7. 00  |   | o the rrogram (excruding      | 3 Swifig-bed and  | 0, 177                | 7.00   |
| 11.00 Swing-bed SNF type Inpatient days applicable to title XVIII only (Including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  12.00 Swing-bed NF type Inpatient days applicable to 11 ties V or XIX only (Including private room days)  13.00 Swing-bed NF type Inpatient days applicable to 11 ties V or XIX only (Including private room days)  14.00 Medically necessary private room days applicable to 11 ties V or XIX only (Including private room days)  15.00 Total nursery days (11 tel V or XIX only)  16.00 Nursery days (11 tel V or XIX only)  17.00 Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost  18.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost  18.00 Medicare rate for swing-bed NF services applicable to services after December 31 of the cost reporting period (line 6 x 11 inc 11)  28.00 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 6 x 11 inc 18)  28.00 Swing-bed cost applicable to SNF type services after December 31 o | 10.00  |   |                               | oom days)         | 0                     | 10.00  |
| December 31 of the cost reporting period (if calendar year, enter 0 on this line)  12.00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)  13.00 Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)  14.00 Medical line in the cost reporting period (if calendar year, enter 0 on this line)  15.00 Total nursery days (title V or XIX only)  16.00 No Nursery days (title V or XIX only)  17.00 Nedicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period (including swing-bed days)  18.00 Nedicare rate for swing-bed SNF services applicable to services after December 31 of the cost 0.00 reporting period (including private room days applicable to services after December 31 of the cost 0.00 reporting period (including private room days)  18.00 Nedicare rate for swing-bed SNF services applicable to services after December 31 of the cost 0.00 reporting period (including private room days)  18.00 Nedicare rate for swing-bed NF services applicable to services after December 31 of the cost 0.00 reporting period (including private room days)  18.00 Nedicare rate for swing-bed NF services applicable to services after December 31 of the cost 0.00 reporting period (including private room days applicable to services after December 31 of the cost 0.00 reporting period (including private room days applicable to SNF type services through December 31 of the cost 1.00 private room days applicable to SNF type services after December 31 of the cost reporting period (line 0.00 private room days applicable to SNF type services after December 31 of the cost reporting period (line 0.00 private room days applicable to SNF type services after December 31 of the cost reporting period (line 0.00 private room days applicable to SNF type services after December 31 of the cost reporting period (line 0.00 private room days applicable to SNF type services after December 31 of the cost reporting period (line 0.0 | 11 00  |   |                               | soom daya) aftar  | 0                     | 11 00  |
| 12.00   Swing-bed NF type inpatient days applicable to titles \( \tilde{\tilde{V}} \) or XIX only (including private room days)   0   12.00  | 11.00  |   |                               | oom days) arter   | 0                     | 11.00  |
| 13.00   Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days)   0   13.00  | 12.00  |   |                               | e room days)      | 0                     | 12.00  |
| after December 31 of the cost reporting period (if calendar year, enter 0 on this line)  |        |   |                               |                   | _                     |        |
| 14.00   Medically necessary private room days applicable to the Program (excluding swing-bed days)   0   14.00   0   15.00   16.00   Nursery days (title V or XIX only)   0   15.00   16.00   Nursery days (title V or XIX only)   0   15.00   16.00   Nursery days (title V or XIX only)   16.00   16.00   Nursery days (title V or XIX only)   16.00   16.   | 13. 00 |   |                               |                   | 0                     | 13.00  |
| 15.00   Total nursery days (title V or XIX only)   0   15.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   16.00   17.00   17.00   18.00   | 14. 00 |   |                               |                   | 0                     | 14. 00 |
| SWING BED ADJUSTMENT   | 15. 00 | Total nursery days (title V or XIX only)                      |                               |                   | 0                     |        |
| 17. 00   Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost   0.00   17. 00   18. 00   18. 00   19.    | 16. 00 |   |                               |                   | 0                     | 16. 00 |
| reporting period  18.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period  19.00 Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost 0.00 p. 00 periting period  20.00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost 0.00 p. 00 periting period  21.00 Total general inpatient routine service cost (see instructions) 62,921,221 p. 00 p | 17 00  |   | os through Docombor 21 o      | of the cost       | 0.00                  | 17 00  |
| 19.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period (19.00 Medicald rate for swing-bed NF services applicable to services after December 31 of the cost reporting period (20.00 Medicald rate for swing-bed NF services applicable to services after December 31 of the cost (20.00 Teaporting period (20.00 Teaporting  | 17.00  |   | es till odgir becember 31 c   | or the cost       | 0.00                  | 17.00  |
| 19.00   Medical drate for swing-bed NF services applicable to services through December 31 of the cost reporting period   20.00   20   | 18. 00 |   | es after December 31 of       | the cost          | 0. 00                 | 18. 00 |
| reporting period  Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period  10 Total general inpatient routine service cost (see instructions)  20 Total general inpatient routine service cost (see instructions)  21 Total general inpatient routine service cost (see instructions)  22 Total general inpatient routine service sthrough December 31 of the cost reporting period (line 5 x line 17)  23 Total general inpatient routine services after December 31 of the cost reporting period (line 6 x line 18)  24 Total swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)  25 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26 Total swing-bed cost (see instructions)  27 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  28 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  29 Total swing-bed cost (see instructions)  20 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  29 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  20 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 30)  20 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 3 x line 31)  21 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 3 x line 31)  22 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 3 x line 31)  23 Total swing-bed cost applicable to NF type services af | 10.00  |   | - thursuph December 21 -4     |                   | 0.00                  | 10.00  |
| 20.00   Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period   21.00   20.00  | 19.00  |   | s through December 31 01      | the cost          | 0.00                  | 19.00  |
| 21.00 Total general inpatient routine service cost (see instructions)  22.00 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)  23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 6 x line 18)  25.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 8 x line 19)  26.00 Total swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26.00 Total swing-bed cost (see instructions)  26.00 Total swing-bed cost (see instructions)  27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  28.00 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  29.00 Private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  31.00 General inpatient routine service cost/charge ratio (line 27 + line 28)  32.00 Average private room per diem charge (line 29 + line 3)  33.00 Average semi-private room per diem charge (line 29 + line 3)  34.00 Average per diem private room cost differential (line 3 x line 31)  35.00 Average per diem private room cost differential (line 3 x line 31)  37.00 Frivate room cost differential (line 3 x line 35)  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  39.00 Program general inpatient routine service cost per diem (see instructions)  40.00 Wedically necessary private room cost applicable to the Program (line 14 x line 35)  40.00 Wedically necessary private room cost applicable to the Program (line 14 x line 35)   | 20.00  |   | s after December 31 of t      | he cost           | 0.00                  | 20.00  |
| 22.00   Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)   23.00   Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)   24.00   Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 8 x line 19)   25.00   Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)   26.00   Total swing-bed cost (see instructions)   0 26.00   27.00   General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)   62, 921, 221   28.00   General inpatient routine service charges (excluding swing-bed and observation bed charges)   0 29, 00 0   29.00   Private room charges (excluding swing-bed charges)   0 29, 00 0   31.00   General inpatient routine service cost/charge ratio (line 27 + line 28)   0 0, 00 0   32.00   Average private room per diem charge (line 29 + line 3)   0 0, 00   33.00   Average semi-private room cost differential (line 30 + line 4)   0 0, 00   34.00   Average per diem private room cost differential (line 34 x line 31)   0 0, 00   35.00   Average per diem private room cost differential (line 34 x line 31)   0 0, 00   37.00   PRIVATE INDICATED (PREVINTE ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS   1,947.60   38.00   Adjusted general inpatient routine service cost (line 9 x line 38)   15,968,372   9,00   39.00   Program general inpatient routine service cost (line 9 x line 38)   15,968,372   9,00   |        | ' 3 '   |                               |                   |                       |        |
| 5 x line 17)  23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)  24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26.00 Total swing-bed cost (see instructions)  27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  29.00 Private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Average private room per diem charge (line 29 + line 3)  30.00 Average semi-private room per diem charge (line 30 + line 31)  30.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  30.00 Frivate room cost differential (line 3 x line 31)  30.00 Private room cost differential adjustment (line 3 x line 35)  31.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  32.00 Average per diem private room cost differential (line 3 x line 31)  33.00 Average per diem private room cost differential (line 3 x line 35)  34.00 Average per diem private room cost differential (line 3 x line 35)  35.00 Average per diem private room cost differential (line 3 x line 35)  37.00 General inpatient routine service cost per diem (see instructions)  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  40.00 Wedically necessary private room cost applicable to the Program (line 14 x line 35)  40.00 Wedically necessary private room cost applicable to the Program (line 14 x line 35)  |        |   |                               | ing ported (line  |                       |        |
| 23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line of x line 18)  24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line of x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line of x line 20)  26.00 Total swing-bed cost (see instructions)  27.00 Provide a linpatient routine service cost net of swing-bed cost (line 21 minus line 26)  28.00 General inpatient routine service cost net of swing-bed and observation bed charges)  29.00 Private room charges (excluding swing-bed charges)  29.00 General inpatient routine service cost charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Semi-private room per diem charges (line 29 + line 3)  30.00 Average per diem private room charge (line 29 + line 3)  30.00 Average per diem private room charge (line 30 + line 4)  30.00 Average per diem private room cost differential (line 34 x line 31)  30.00 Average per diem private room cost differential (line 34 x line 31)  30.00 Frivate room cost differential djustment (line 3 x line 35)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost differential (line 62, 921, 221)  3 | 22.00  |   | er 31 of the cost report      | ing period (inte  | 0                     | 22.00  |
| 24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26.00 Total swing-bed cost (see instructions)  27.00 Deneral inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  29.00 Private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  31.00 General inpatient routine service cost/charge ratio (line 27 + line 28)  32.00 Average perivate room per diem charge (line 29 + line 3)  33.00 Average semi-private room per diem charge (line 30 + line 4)  34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 32, minus line 36)  28.00 Applicable to the Program (line 14 x line 35)  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  38.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  | 23. 00 | Swing-bed cost applicable to SNF type services after December | 31 of the cost reportin       | ng period (line 6 | 0                     | 23. 00 |
| 7 x line 19)  25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8   | 04.00  |   | 24 - 6 11 1                   |                   |                       | 04.00  |
| 25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)  26.00 Total swing-bed cost (see instructions)  27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  28.00 PRI VATE ROOM DIFFERENTIAL ADJUSTMENT  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  29.00 Private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  32.00 Average private room per diem charge (line 29 ÷ line 3)  33.00 Average semi-private room per diem charge (line 30 ÷ line 4)  34.00 Average per diem private room cost differential (line 32 minus line 33)(see instructions)  35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 62, 921, 221 and 52)  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  39.00 Program general inpatient routine service cost per diem (see instructions)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  45.00 Adverage per diem private room cost applicable to the Program (line 14 x line 35)  46.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  | 24.00  | 1 3 11 31   | r 31 of the cost reporti      | ng period (line   | 0                     | 24.00  |
| Total swing-bed cost (see instructions)  Total swing-bed cost (see instructions)  General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  PRI VATE ROOM DIFFERENTIAL ADJUSTMENT  General inpatient routine service charges (excluding swing-bed and observation bed charges)  Pri vate room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  Semi-private room charges (excluding swing-bed charges)  General inpatient routine service cost/charge ratio (line 27 + line 28)  Average private room per diem charge (line 29 + line 3)  Average semi-private room per diem charge (line 30 + line 4)  Average per diem private room cost differential (line 32 minus line 33)(see instructions)  Average per diem private room cost differential (line 34 x line 31)  Average per diem private room cost differential (line 3 x line 35)  Private room cost differential adjustment (line 3 x line 35)  PART II - HOSPITAL AND SUBPROVI DERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38. 00  Medically necessary private room cost applicable to the Program (line 14 x line 35)  Medically necessary private room cost applicable to the Program (line 14 x line 35)  O 26. 00  Condition 27 minus line 36)  Program general inpatient routine service cost (line 9 x line 38)  15, 968, 372  39. 00  Medically necessary private room cost applicable to the Program (line 14 x line 35)   | 25. 00 | · · · · · · · · · · · · · · · · · · ·                         | 31 of the cost reporting      | period (line 8    | 0                     | 25. 00 |
| 27. 00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)  PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  28. 00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  29. 00 Private room charges (excluding swing-bed charges)  30. 00 Semi-private room charges (excluding swing-bed charges)  30. 00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  30. 00 Average private room per diem charge (line 29 ÷ line 3)  30. 00 Average semi-private room per diem charge (line 30 ÷ line 4)  Average per diem private room charge differential (line 32 minus line 33) (see instructions)  30. 00 Average per diem private room cost differential (line 34 x line 31)  30. 00 Average per diem private room cost differential (line 34 x line 31)  30. 00 Ceneral inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38. 00 Adjusted general inpatient routine service cost per diem (see instructions)  15, 968, 372 Adjusted general inpatient routine service cost (line 9 x line 38)  15, 968, 372 Ado 00 Medically necessary private room cost applicable to the Program (line 14 x line 35)  0 40. 00  |        | l   |                               |                   |                       |        |
| PRI VATE ROOM DIFFERENTIAL ADJUSTMENT  28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  29.00 Pri vate room charges (excluding swing-bed charges)  30.00 Semi-pri vate room charges (excluding swing-bed charges)  31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  32.00 Average pri vate room per diem charge (line 29 ÷ line 3)  32.00 Average semi-pri vate room per diem charge (line 30 ÷ line 4)  32.00 Average per diem pri vate room charge differential (line 32 minus line 33) (see instructions)  33.00 Average per diem pri vate room cost differential (line 34 x line 31)  35.00 Average per diem pri vate room cost differential (line 34 x line 31)  36.00 Pri vate room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 62, 921, 221 37. 00 27 minus line 36)  PART II - HOSPITAL AND SUBPROVI DERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost (line 9 x line 38)  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)  0 28.00 28.00  29.00 29.00  20.00 30. |        | , ,   | (Line 21 minus line 24)       |                   |                       |        |
| 28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)  29.00 Private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Semi-private room charges (excluding swing-bed charges)  30.00 Average private room per diem charge (line 27 ÷ line 28)  30.00 Average private room per diem charge (line 29 ÷ line 3)  30.00 Average semi-private room per diem charge (line 30 ÷ line 4)  30.00 Average per diem private room charge differential (line 32 minus line 33) (see instructions)  30.00 Average per diem private room cost differential (line 34 x line 31)  30.00 Average per diem private room cost differential (line 34 x line 31)  30.00 Average per diem private room cost differential (line 34 x line 31)  30.00 Average per diem private room cost differential (line 3 x line 35)  30.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  30.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  31.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  32.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  32.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  33.00 Average per diem private room cost net of swing-bed cost and private room cost differential (line 62, 921, 221)  34.00 Average per diem private room cost net of swing-bed cost and private room cost different | 27.00  |   | (TITIE 21 IIII IIUS TITIE 26) |                   | 02, 921, 221          | 27.00  |
| 30.00 Semi-private room charges (excluding swing-bed charges) 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 62, 921, 221 and 034 )  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)  0 30.00 3 | 28. 00 |   | d and observation bed ch      | narges)           | 0                     | 28. 00 |
| 31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)  32.00 Average private room per diem charge (line 29 ÷ line 3)  32.00 Average semi-private room per diem charge (line 30 ÷ line 4)  34.00 Average per diem private room cost differential (line 32 minus line 33) (see instructions)  35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 62, 921, 221 and 1)  37.00 PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  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)  0 0.00 000 32.00  0 0.00 33.00  0 0.00 33.00  1.00 34.00  35.00 36.00  36.00 36.00  37.00 62, 921, 221  37.00 38.00  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  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)  |        |   |                               | _                 |                       | 29. 00 |
| 32.00 Average private room per diem charge (line 29 ÷ line 3) 33.00 Average semi-private room per diem charge (line 30 ÷ line 4) 34.00 Average per diem private room charge differential (line 32 minus line 33) (see instructions) 35.00 Average per diem private room cost differential (line 34 x line 31) 36.00 Private room cost differential adjustment (line 3 x line 35) 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 62, 921, 221) 37.00 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)  0.00 32.00 0.00 33.00 0.00 34.00 0.00 35.00 0.00 36.00 0.00 36.00 0.00 36.00 0.00 37.00 0.00 37.00 0.00 38.00 0.00 39.00 0 |        |   | . line 29)                    |                   |                       |        |
| 33.00 Average semi-private room per diem charge (line 30 ÷ line 4)  34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)  35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost (line 9 x line 38)  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)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |        | i i   | - 111le 26)                   |                   |                       |        |
| 35.00 Average per diem private room cost differential (line 34 x line 31)  36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 62, 921, 221 37.00 PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  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)  0 0 35.00 36.00 36.00 37. |        |   |                               |                   |                       |        |
| 36.00 Private room cost differential adjustment (line 3 x line 35)  37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  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)  0 36.00  1, 947.60  1, 947.60  15, 968, 372  39.00  |        | ,                       |                               | ctions)           |                       |        |
| 37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)  PART II - HOSPITAL AND SUBPROVIDERS ONLY  PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  Adjusted general inpatient routine service cost per diem (see instructions)  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)  37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 221 37.00 62, 921, 921 62, 921 62, 921 62, 921 62, 921, 921 62, 921 62, 921 62, 921, 921 62, 92 |        | ,   | ne 31)                        |                   |                       |        |
| 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions)  1,947.60 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)  0 40.00  |        | ,   | and private room cost di      | fferential (line  |                       |        |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS  38.00 Adjusted general inpatient routine service cost per diem (see instructions) 1,947.60 38.00 Program general inpatient routine service cost (line 9 x line 38) 15,968,372 90.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00   | 37.00  | 27 minus line 36)   |                               |                   | 32, 721, 221          | 37.00  |
| 38.00 Adjusted general inpatient routine service cost per diem (see instructions)  1,947.60 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)  1,947.60 38.00  15,968,372 39.00  40.00   |        |   | UOTHENTO                      |                   |                       |        |
| 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) 15,968,372 39.00 40.00   | 20 00  |   |                               |                   | 1 047 /0              | 20 00  |
| 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 0 40.00  |        |   | •                             |                   |                       |        |
| 41.00   Total Program general inpatient routine service cost (line 39 + line 40)   15,968,372   41.00  |        | ,   | *                             |                   | 0                     | 40.00  |
|  | 41. 00 | Total Program general inpatient routine service cost (line 39 | + line 40)                    |                   | 15, 968, 372          | 41.00  |

|                  | Financial Systems ATION OF INPATIENT OPERATING COST   | IU HEALTH NOR              |                            | CN: 15-0161                            | Peri od:<br>From 01/01/2022 |                                      |                  |
|------------------|---|----------------------------|----------------------------|--|-----------------------------|--------------------------------------|------------------|
|                  |   |                            |                            |  | To 12/31/2022               | Date/Time Pre 5/25/2023 2:4          |                  |
|                  |   | <del>-</del>               |                            | XVIII                                  | Hospi tal                   | PPS                                  |                  |
|                  | Cost Center Description   | Total<br>Inpatient<br>Cost | Total<br>Inpatient<br>Days | Average Per<br>Diem (col.<br>÷ col. 2) |                             | Program Cost<br>(col. 3 x<br>col. 4) |                  |
| 42.00            | NUDCEDY (+; +1 o V e VIV only)  | 1. 00                      | 2. 00                      | 3.00                                   | 4.00                        | 5. 00                                | 42.00            |
| 42. 00           | NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units   | U                          | (                          | <u>)</u>                               | 00 0                        | 0                                    | 42.00            |
| 43.00            | INTENSIVE CARE UNIT   |                            |                            |  |                             |                                      | 43.00            |
| 44.00            | CORONARY CARE UNIT  |                            |                            |  |                             |                                      | 44.00            |
| 45. 00<br>46. 00 | BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT   | 0                          | (                          | 0.                                     | 00 0                        | 0                                    | 45. 00<br>46. 00 |
|                  | PEDIATRIC INTENSIVE CARE UNIT   | 0                          | (                          | 1                                      |                             | -                                    |                  |
| 46. 02           | PREMATURE INTENSIVE CARE UNIT   | 11, 398, 731               | 5, 089                     | 2, 239.                                | 88 0                        | 0                                    | 46. 02           |
| 47. 00           | OTHER SPECIAL CARE (SPECIFY)  |                            |                            |  |                             |                                      | 47.00            |
|                  | Cost Center Description   |                            |                            |  |                             | 1. 00                                |                  |
| 48. 00           | Program inpatient ancillary service cost (Wks   | st. D-3, col. 3            | B, line 200)               |  |                             | 16, 453, 105                         | 48.00            |
|                  | Program inpatient cellular therapy acquisition  |                            |                            |  | D, column 1)                | 0                                    |                  |
| 49. 00           | Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS   | 41 through 48.0            | 01)(see instru             | ctions)                                |                             | 32, 421, 477                         | 49. 00           |
| 50. 00           | Pass through costs applicable to Program inpa   | atient routine             | services (fro              | m Wkst. D, sı                          | um of Parts I and           | 2, 073, 609                          | 50.00            |
| 51. 00           | III) Pass through costs applicable to Program inpa  |                            | ·                          |  |                             |                                      |                  |
|                  | and IV)   |                            | y services (i              | TOIII WKSt. D,                         | Sum of Farts II             | 1, 579, 342                          |                  |
| 52. 00<br>53. 00 | Total Program excludable cost (sum of lines!<br>Total Program inpatient operating cost exclud   | ,                          | lated non nh               | velelan anos                           | thatist and                 | 3, 652, 951<br>28, 768, 526          |                  |
| 33.00            | medical education costs (line 49 minus line !   |                            | rateu, non-pr              | iysi Ci aii ailes                      | inetist, and                | 26, 766, 526                         | 33.00            |
|                  | TARGET AMOUNT AND LIMIT COMPUTATION   | ,                          |                            |  |                             |                                      |                  |
|                  | Program di scharges   |                            |                            |  |                             | 0.00                                 | 1                |
| 55. 00<br>55. 01 | Target amount per discharge Permanent adjustment amount per discharge   |                            |                            |  |                             | 0.00                                 | 1                |
| 55. 02           | Adjustment amount per discharge (contractor   | use only)                  |                            |  |                             | 0.00                                 |                  |
| 56.00            | Target amount (line 54 x sum of lines 55, 55  |                            |                            |  | 50)                         | 0                                    |                  |
| 57. 00<br>58. 00 | Difference between adjusted inpatient operations between adjusted inpatient operations between the between adjusted inpatient operations. | ing cost and ta            | irget amount (             | line 56 minus                          | s line 53)                  | 0                                    |                  |
| 59. 00           | Trended costs (lesser of line 53 ÷ line 54, c   | or line 55 from            | the cost rep               | orting period                          | d ending 1996,              | 0.00                                 |                  |
| 40.00            | updated and compounded by the market basket)  |                            |                            |  |                             | 0.00                                 | (0.00            |
| 60. 00           | Expected costs (lesser of line 53 ÷ line 54, market basket)   | or tine 55 fro             | om prior year              | cost report,                           | updated by the              | 0.00                                 | 60.00            |
| 61. 00           | Continuous improvement bonus payment (if line   |                            |                            |  |                             | 0                                    | 61.00            |
|                  | 55.01, or line 59, or line 60, enter the less $53$ ) are less than expected costs (lines $54 \times 10^{-2}$                              |                            |                            |  |                             |                                      |                  |
|                  | enter zero. (see instructions)  | 00), 01 1 % 01             | the target a               | illount (Trie (                        | oo), Otherwise              |                                      |                  |
| 62.00            | Relief payment (see instructions)   |                            |                            |  |                             | 0                                    |                  |
| 63. 00           | Allowable Inpatient cost plus incentive payme   | ent (see instru            | ictions)                   |  |                             | 0                                    | 63.00            |
| 64. 00           | PROGRAM INPATIENT ROUTINE SWING BED COST  Medicare swing-bed SNF inpatient routine cos  | ts through Dece            | ember 31 of th             | e cost report                          | ting period (See            | 0                                    | 64.00            |
|                  | instructions) (title XVIII only)  |                            |                            |  | 3 1 2 (22)                  |                                      |                  |
| 65. 00           | Medicare swing-bed SNF inpatient routine cos  | ts after Decemb            | er 31 of the               | cost reporti                           | ng period (See              | 0                                    | 65.00            |
| 66. 00           | <pre>instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi</pre>   | ne costs (line             | 64 plus line               | 65)(title XVI                          | II only); for               | 0                                    | 66.00            |
|                  | CAH, see instructions   | ·                          | •                          | , ,                                    | 3,                          |                                      |                  |
| 67. 00           | Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)   | e costs through            | December 31                | of the cost i                          | reporting period            | 0                                    | 67.00            |
| 68. 00           | Title V or XIX swing-bed NF inpatient routing   | e costs after [            | ecember 31 of              | the cost re                            | porting period              | 0                                    | 68.00            |
|                  | (line 13 x line 20)   |                            |                            | ·                                      | <b>.</b>                    |                                      |                  |
| 69. 00           | Total title V or XIX swing-bed NF inpatient   PART III - SKILLED NURSING FACILITY, OTHER NU   |                            |                            |  |                             | 0                                    | 69.00            |
| 70. 00           | Skilled nursing facility/other nursing facility   |                            |                            |  | 7)                          |                                      | 70.00            |
| 71. 00           | Adjusted general inpatient routine service co   | ost per diem (I            |                            |  |                             |                                      | 71.00            |
| 72.00            | Program routine service cost (line 9 x line 1)  |                            | o (lino 14 v l             | ino 2E)                                |                             |                                      | 72.00            |
| 73. 00<br>74. 00 | Medically necessary private room cost application of the Program general inpatient routine services.                                      |                            |                            |  |                             |                                      | 73. 00<br>74. 00 |
| 75. 00           | Capital -related cost allocated to inpatient  |                            |                            |  | Part II, column             |                                      | 75. 00           |
| 76 00            | 26, line 45)  Per diem capital related costs (line 75 : line  | 20. 2)                     |                            |  |                             |                                      | 74 00            |
| 76. 00<br>77. 00 | Per diem capital-related costs (line 75 ÷ line Program capital-related costs (line 9 x line   |                            |                            |  |                             |                                      | 76. 00<br>77. 00 |
| 78. 00           | Inpatient routine service cost (line 74 minus   |                            |                            |  |                             |                                      | 78.00            |
| 79.00            | Aggregate charges to beneficiaries for excess   |                            |                            |  |                             |                                      | 79.00            |
| 80. 00<br>81. 00 | Total Program routine service costs for comparing the routine service cost per diem limit   |                            | cost limitatio             | n (IIne 78 mi                          | nus line 79)                |                                      | 80. 00<br>81. 00 |
| 82. 00           | Inpatient routine service cost per drem rimi  |                            | )                          |  |                             |                                      | 82.00            |
|                  | Reasonable inpatient routine service costs (  |                            | •                          |  |                             | 1                                    | 83.00            |
| 83. 00           |   |                            |                            |  |                             |                                      |                  |
| 84. 00           | ·   |                            | unc)                       |  |                             |                                      | 84. 00<br>85. 00 |

| Health Financial Systems                           | IU HEALTH NOR   | TH 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<br>To 12/31/2022 |                 |         |
|  |                 | Title        | XVIII      | Hospi tal                        | PPS             |         |
| Cost Center Description                            |                 |              |            |                                  |                 |         |
|  |                 |              |            |                                  | 1.00            |         |
| PART IV - COMPUTATION OF OBSERVATION BED PAS       | S THROUGH COST  |              |            |                                  |                 |         |
| 87.00 Total observation bed days (see instructions | )               |              |            |                                  | 3, 152          | 87.00   |
| 88.00 Adjusted general inpatient routine cost per  | diem (line 27 – | ÷ line 2)    |            |                                  | 1, 947. 60      | 88. 00  |
| 89.00 Observation bed cost (line 87 x line 88) (se | e instructions  | )            |            |                                  | 6, 138, 835     | 89.00   |
| Cost Center Description                            | Cost            | Routine Cost | column 1 ÷ | Total                            | Observation     |         |
|  |                 | (from line   | column 2   | Observati on                     | Bed Pass        |         |
|  |                 | 21)          |            | Bed Cost                         | Through Cost    |         |
|  |                 |              |            | (from line                       | (col. 3 x       |         |
|  |                 |              |            | 89)                              | col. 4) (see    |         |
|  |                 |              |            |                                  | instructions)   |         |
|  | 1. 00           | 2.00         | 3.00       | 4. 00                            | 5. 00           |         |
| COMPUTATION OF OBSERVATION BED PASS THROUGH        | COST            |              |            |                                  |                 |         |
| 90.00 Capital -related cost                        | 8, 170, 720     | 62, 921, 221 | 0. 12985   | 6 6, 138, 835                    | 797, 165        | 90.00   |
| 91.00 Nursing Program cost                         | 0               | 62, 921, 221 | 0. 00000   | 0 6, 138, 835                    | l ol            | 91.00   |
| 92.00 Allied health cost                           | 0               | 62, 921, 221 | 0. 00000   | 0 6, 138, 835                    | l ol            | 92.00   |
| 93.00 All other Medical Education                  | 0               | 62, 921, 221 | 0. 00000   | 0 6, 138, 835                    | 0               | 93.00   |

| Health Financial Systems                | IU HEALTH NORTH HOSPITAL | In Lie                      | u of Form CMS-2552-1                  | 10 |
|---|--------------------------|-----------------------------|---------------------------------------|----|
| COMPUTATION OF INPATIENT OPERATING COST | Provi der CCN: 15-0161   | Peri od:<br>From 01/01/2022 | Worksheet D-1                         |    |
|   |                          |                             | Date/Time Prepared: 5/25/2023 2:40 pm | :  |
|   | Title XIX                | Hospi tal                   | PPS                                   |    |
| Cost Center Description                 |                          |                             |                                       |    |

| -                |   | Title XIX                   | Hospi tal         | 5/25/2023 2: 4<br>PPS | 0 pm           |  |  |  |
|------------------|---|-----------------------------|-------------------|-----------------------|----------------|--|--|--|
|                  | Cost Center Description   | II LIE XIX                  | nospi tai         | 113                   |                |  |  |  |
|                  |   |                             |                   | 1. 00                 |                |  |  |  |
|                  | PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS   |                             |                   |                       |                |  |  |  |
| 1. 00            | Inpatient days (including private room days and swing-bed day   | s, excluding newborn)       |                   | 32, 307               | 1.00           |  |  |  |
| 2.00             | Inpatient days (including private room days, excluding swing-   | bed and newborn days)       |                   | 32, 307               | 2. 00          |  |  |  |
| 3.00             | Private room days (excluding swing-bed and observation bed da   | ys). If you have only pr    | ivate room days,  | 0                     | 3.00           |  |  |  |
| 4 00             | do not complete this line.  | ad daya)                    |                   | 20 155                | 4 00           |  |  |  |
| 4. 00<br>5. 00   | Semi-private room days (excluding swing-bed and observation be<br>Total swing-bed SNF type inpatient days (including private ro |                             | or 31 of the cost | 29, 155<br>0          | 4. 00<br>5. 00 |  |  |  |
| 3.00             | reporting period  | om days) trii ough beecimbe | 7 31 01 the cost  |                       | 3.00           |  |  |  |
| 6.00             | Total swing-bed SNF type inpatient days (including private ro   | om days) after December     | 31 of the cost    | 0                     | 6.00           |  |  |  |
|                  | reporting period (if calendar year, enter 0 on this line)   |                             |                   |                       |                |  |  |  |
| 7. 00            | Total swing-bed NF type inpatient days (including private roo reporting period  | m days) through December    | 31 of the cost    | 0                     | 7. 00          |  |  |  |
| 8. 00            | Total swing-bed NF type inpatient days (including private roo   | m days) after December 3    | 11 of the cost    | 0                     | 8. 00          |  |  |  |
| 0.00             | reporting period (if calendar year, enter 0 on this line)   | iii days) arter becember e  | or or the cost    |                       | 0.00           |  |  |  |
| 9.00             | Total inpatient days including private room days applicable t   | o the Program (excluding    | swing-bed and     | 680                   | 9. 00          |  |  |  |
| 40.00            | newborn days) (see instructions)  |                             |                   |                       | 40.00          |  |  |  |
| 10. 00           | Swing-bed SNF type inpatient days applicable to title XVIII o<br>through December 31 of the cost reporting period (see instruc  |                             | room days)        | 0                     | 10. 00         |  |  |  |
| 11. 00           | Swing-bed SNF type inpatient days applicable to title XVIII o   |                             | room days) after  | 0                     | 11.00          |  |  |  |
|                  | December 31 of the cost reporting period (if calendar year, e   |                             |                   | _                     |                |  |  |  |
| 12.00            | Swing-bed NF type inpatient days applicable to titles V or XI   | X only (including privat    | e room days)      | 0                     | 12. 00         |  |  |  |
| 10.00            | through December 31 of the cost reporting period  | V and Carl Barrell at       |                   |                       | 40.00          |  |  |  |
| 13.00            | Swing-bed NF type inpatient days applicable to titles V or XI after December 31 of the cost reporting period (if calendar y     |                             |                   | 0                     | 13. 00         |  |  |  |
| 14. 00           | Medically necessary private room days applicable to the Progr   |                             |                   | 0                     | 14. 00         |  |  |  |
| 15. 00           | Total nursery days (title V or XIX only)  |                             | 4, 011            |                       |                |  |  |  |
| 16.00            | 00 Nursery days (title V or XIX only)   |                             |                   |                       |                |  |  |  |
| 47.00            | SWI NG BED ADJUSTMENT   |                             | 6.11              | 0.00                  | 17.00          |  |  |  |
| 17. 00           | Medicare rate for swing-bed SNF services applicable to servic reporting period  | 0.00                        | 17. 00            |                       |                |  |  |  |
| 18. 00           | Medicare rate for swing-bed SNF services applicable to servic   | 0.00                        | 18. 00            |                       |                |  |  |  |
|                  | reporting period  |                             |                   |                       |                |  |  |  |
| 19. 00           |   |                             |                   |                       |                |  |  |  |
| 20.00            | reporting period  | <del></del>                 |                   | 0. 00                 | 20. 00         |  |  |  |
| 20. 00           | 00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period                |                             |                   |                       |                |  |  |  |
| 21. 00           | Total general inpatient routine service cost (see instruction   | s)                          |                   | 62, 921, 221          | 21.00          |  |  |  |
| 22. 00           | Swing-bed cost applicable to SNF type services through Decemb   | er 31 of the cost report    | ing period (line  |                       | 22. 00         |  |  |  |
| 00.00            | 5 x line 17)  | 04 - 6 11 1                 |                   |                       | 00.00          |  |  |  |
| 23. 00           | Swing-bed cost applicable to SNF type services after December x line 18)  | 31 of the cost reportin     | ng period (line e | 0                     | 23. 00         |  |  |  |
| 24. 00           |   | r 31 of the cost reporti    | na period (line   | 0                     | 24. 00         |  |  |  |
|                  | 7 x line 19)  |                             | 3   1   1   1     |                       |                |  |  |  |
| 25. 00           | Swing-bed cost applicable to NF type services after December  | 31 of the cost reporting    | period (line 8    | 0                     | 25. 00         |  |  |  |
| 26. 00           | x line 20) Total swing-bed cost (see instructions)  |                             |                   | 0                     | 26. 00         |  |  |  |
|                  | General inpatient routine service cost net of swing-bed cost  | (line 21 minus line 26)     |                   | 62, 921, 221          | 27.00          |  |  |  |
| 27.00            | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT  | ( 2                         |                   | 02/ /21/ 221          | 27.00          |  |  |  |
| 28. 00           | General inpatient routine service charges (excluding swing-be   | d and observation bed ch    | narges)           | 0                     | 28. 00         |  |  |  |
| 29. 00           |   |                             |                   | 0                     |                |  |  |  |
| 30.00            | Semi-private room charges (excluding swing-bed charges)   | 1: 20)                      |                   | 0                     |                |  |  |  |
| 31. 00<br>32. 00 | General inpatient routine service cost/charge ratio (line 27 Average private room per diem charge (line 29 ÷ line 3)            | ÷ ITNE 28)                  |                   | 0. 000000<br>0. 00    |                |  |  |  |
| 33. 00           | Average semi-private room per diem charge (line 30 ÷ line 4)  |                             |                   | 0.00                  | •              |  |  |  |
| 34. 00           | Average per diem private room charge differential (line 32 mi   | nus line 33)(see instrud    | ctions)           | 0.00                  |                |  |  |  |
| 35.00            | Average per diem private room cost differential (line 34 x li   |                             |                   | 0. 00                 | 35.00          |  |  |  |
| 36.00            | Private room cost differential adjustment (line 3 x line 35)  |                             | EE                | 0                     | 36.00          |  |  |  |
| 37. 00           | General inpatient routine service cost net of swing-bed cost 27 minus line 36)  | and private room cost di    | rrerential (line  | 62, 921, 221          | 37. 00         |  |  |  |
|                  | PART II - HOSPITAL AND SUBPROVIDERS ONLY  |                             |                   |                       |                |  |  |  |
|                  | PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ   | USTMENTS                    |                   |                       |                |  |  |  |
|                  | Adjusted general inpatient routine service cost per diem (see   | instructions)               |                   | 1, 947. 60            | •              |  |  |  |
| 39.00            | Program general inpatient routine service cost (line 9 x line   | *                           |                   | 1, 324, 368           |                |  |  |  |
|                  | Medically necessary private room cost applicable to the Progr<br>Total Program general inpatient routine service cost (line 39  | •                           |                   | 0<br>1, 324, 368      | 40.00          |  |  |  |
| 11.00            | 1.043 Sgram general impatrent routine service cost (IIIIe 57  |                             |                   | 1, 324, 300           | 1 00           |  |  |  |

| Heal th  | Financial Systems   | IU HEALTH NORTH                                       | HOSPITAL          |                           | In Lie                                      | u of Form CMS-2       | 2552-10          |
|--|---|---|-------------------|---------------------------|---|-----------------------|------------------|
| COMPUT   | ATION OF INPATIENT OPERATING COST   |   | Provi der Co      | 1                         | Period:<br>From 01/01/2022<br>To 12/31/2022 | Date/Time Pre         | pared:           |
|  |   |   | Ti +I             | e XIX                     | Hospi tal                                   | 5/25/2023 2: 4<br>PPS | ·U pm            |
|  | Cost Center Description   | Total   | Total             | Average Per               | Program Days                                | Program Cost          |                  |
|  |   | Inpatient<br>Cost                                     | Inpatient<br>Days | Diem (col. 1<br>÷ col. 2) | g ,   | (col. 3 x<br>col. 4)  |                  |
| 40.00  | NUDGERY (1211 - M. o. M.M )   | 1.00  | 2.00              | 3.00                      | 4.00  | 5. 00                 | 40.00            |
| 42.00  | NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units                     | 3, 656, 477   | 4, 011            | 911. 6                    | 1 946                                       | 862, 383              | 42.00            |
| 43.00  | INTENSIVE CARE UNIT   |   |                   |                           |   |                       | 43.00            |
| 44. 00   | CORONARY CARE UNIT  |   |                   |                           |   |                       | 44.00            |
|  | BURN INTENSIVE CARE UNIT  |   |                   |                           |   |                       | 45.00            |
|  | SURGI CAL I NTENSI VE CARE UNIT   | 0   | 0                 |                           |   | 0                     |                  |
|  | PEDIATRIC INTENSIVE CARE UNIT PREMATURE INTENSIVE CARE UNIT                                   | 11 200 721  | 0<br>5, 089       |                           |   | 0<br>302, 384         |                  |
|  | OTHER SPECIAL CARE (SPECIFY)  | 11, 398, 731  | 5, 069            | 2, 239. 00                | 133   | 302, 304              | 47.00            |
| 171.00   | Cost Center Description   |   |                   |                           |   |                       | 171.00           |
|  | ·   |   |                   |                           |   | 1. 00                 |                  |
|  | Program inpatient ancillary service cost (WH  |   |                   |                           | 45  | 743, 321              | 1                |
| 48. 01<br>49. 00   | Program inpatient cellular therapy acquisiti<br>Total Program inpatient costs (sum of lines   |   |                   |                           | column I)                                   | 2 222 454             |                  |
| 49.00  | PASS THROUGH COST ADJUSTMENTS   | 41 till ough 46.01                                    | ) (See This true  | CTI OHS)                  |   | 3, 232, 456           | 49.00            |
| 50.00  | Pass through costs applicable to Program in   | oatient routine s                                     | ervi ces (fro     | m Wkst. D, sun            | n of Parts I and                            | 379, 865              | 50.00            |
|  | [111)   |   |                   |                           |   |                       |                  |
| 51. 00   | Pass through costs applicable to Program in   | oatient ancillary                                     | services (fi      | rom Wkst. D, s            | sum of Parts II                             | 57, 967               | 51.00            |
| 52. 00   | and IV)  Total Program excludable cost (sum of lines  | 50 and 51)  |                   |                           |   | 437, 832              | 52.00            |
| 53. 00   | Total Program inpatient operating cost exclu  |   | ated, non-ph      | ysician anesth            | netist, and                                 | 2, 794, 624           |                  |
|  | medical education costs (line 49 minus line   |   |                   |                           |   |                       | ]                |
| F.4.00   | TARGET AMOUNT AND LIMIT COMPUTATION   |   |                   |                           |   |                       |                  |
|  | Program discharges<br>Target amount per discharge   |   |                   |                           |   | 0<br>0.00             |                  |
| 55. 00<br>55. 01   | Permanent adjustment amount per discharge   |   |                   |                           |   | 0.00                  |                  |
|  | Adjustment amount per discharge (contractor   | use only)   |                   |                           |   | 0.00                  | 1                |
| 56.00  | Target amount (line 54 x sum of lines 55, 55  |   | 0                 | 56.00                     |   |                       |                  |
|  | Difference between adjusted inpatient operation   | line 53)  | 0                 |                           |   |                       |                  |
| 58. 00<br>59. 00   | Bonus payment (see instructions)<br>Trended costs (lesser of line 53 ÷ line 54,               | 0.00  |                   |                           |   |                       |                  |
| 37.00  | updated and compounded by the market basket)  | 0.00  | 37.00             |                           |   |                       |                  |
| 60.00  | Expected costs (lesser of line 53 ÷ line 54,  | or line 55 from                                       | prior year        | cost report, ι            | updated by the                              | 0. 00                 | 60.00            |
| (4.00  | market basket)  |   |                   |                           | L   |                       | /4 00            |
| 61. 00   | Continuous improvement bonus payment (if lin<br>55.01, or line 59, or line 60, enter the les  |   |                   |                           |   | 0                     | 61.00            |
|  | 53) are less than expected costs (lines 54)   |   |                   |                           |   |                       |                  |
|  | enter zero. (see instructions)  |   |                   |                           |   |                       |                  |
|  | Relief payment (see instructions)   | mont (oog i notuu                                     | +! ana)           |                           |   | 0                     |                  |
| 63.00  | Allowable Inpatient cost plus incentive payr<br>PROGRAM INPATIENT ROUTINE SWING BED COST      | ment (see mstruc                                      | ti ons)           |                           |   | 0                     | 63.00            |
| 64.00  | Medicare swing-bed SNF inpatient routine cos  | sts through Decem                                     | ber 31 of the     | e cost reporti            | ng period (See                              | 0                     | 64.00            |
|  | instructions)(title XVIII only)   |   |                   |                           |   |                       |                  |
| 65. 00   | Medicare swing-bed SNF inpatient routine cos  | sts after Decembe                                     | r 31 of the o     | cost reporting            | g period (See                               | 0                     | 65.00            |
| 66. 00   | instructions)(title XVIII only)<br> Total Medicare swing-bed SNF inpatient routi              | ne costs (line 6                                      | 4 plus line o     | 65)(title XVII            | I only): for                                | 0                     | 66.00            |
|  | CAH, see instructions   |   |                   |                           | 377   |                       |                  |
| 67. 00   | Title V or XIX swing-bed NF inpatient routin  | ne costs through                                      | December 31 o     | of the cost re            | eporting period                             | 0                     | 67.00            |
| 68. 00   | (line 12 x line 19)<br> Title V or XIX swing-bed NF inpatient routin                          | ne costs after Do                                     | cember 31 of      | the cost reno             | orting period                               | 0                     | 68.00            |
| 55.00  | (line 13 x line 20)   | costs arter De  | COMPONE OF OF     | the cost rept             | g periou                                    |                       | 55.00            |
| 69. 00   | Total title V or XIX swing-bed NF inpatient   | routine costs (I                                      | ine 67 + line     | e 68)                     |   | 0                     | 69.00            |
| 70.00  | PART III - SKILLED NURSING FACILITY, OTHER N  |   |                   |                           |   |                       |                  |
|  | Skilled nursing facility/other nursing facil<br>Adjusted general inpatient routine service of |   |                   |                           |   |                       | 70.00            |
|  | Program routine service cost (line 9 x line   |   | ne 70 - Tine      | 2)                        |   |                       | 72.00            |
|  | Medically necessary private room cost applic  |   | (line 14 x li     | ine 35)                   |   |                       | 73.00            |
| 74.00  | Total Program general inpatient routine serv  |   |                   |                           |   |                       | 74.00            |
| 75. 00   | Capital-related cost allocated to inpatient   | routine service                                       | costs (from \     | Worksheet B, F            | Part II, column                             |                       | 75.00            |
| 76. 00   | 26, line 45)<br> Per diem capital-related costs (line 75 ÷ li                                 | ne 2)   |                   |                           |   |                       | 76.00            |
|  | Program capital-related costs (line 9 x line  |   |                   |                           |   |                       | 77. 00           |
|  | Inpatient routine service cost (line 74 minu  |   |                   |                           |   |                       | 78.00            |
| 79.00  | Aggregate charges to beneficiaries for excess   |   |                   |                           | oue Line 70)                                |                       | 79.00            |
|  | Total Program routine service costs for comp<br>Inpatient routine service cost per diem limi  |   | st iimitatioi     | n (iine 78 mir            | ius iine 79)                                |                       | 80.00            |
| 80.00  |   |   |                   |                           |   |                       | 82.00            |
| 80. 00<br>81. 00   | Inpatient routine service cost limitation (I  | ine 9 x line 81)                                      |                   |                           |   |                       | 02.00            |
| 80. 00<br>81. 00<br>82. 00<br>83. 00                     | Reasonable inpatient routine service costs  | (see instructions                                     |                   |                           |   |                       | 83.00            |
| 80. 00<br>81. 00<br>82. 00<br>83. 00<br>84. 00           | Reasonable inpatient routine service costs<br>Program inpatient ancillary services (see in    | (see instructions<br>nstructions)                     | )                 |                           |   |                       | 83. 00<br>84. 00 |
| 80. 00<br>81. 00<br>82. 00<br>83. 00<br>84. 00<br>85. 00 | Reasonable inpatient routine service costs  | (see instructions<br>nstructions)<br>(see instruction | )<br>s)           |                           |   |                       | 83.00            |

| Health Financial Systems                           | IU HEALTH NORTH HOSPITAL |              |            | In Lieu of Form CMS-2552-10 |               |       |  |
|--|--------------------------|--------------|------------|-----------------------------|---------------|-------|--|
| COMPUTATION OF INPATIENT OPERATING COST            |                          | Provi der Co |            | Peri od:                    | Worksheet D-1 |       |  |
| From 01/01/2022<br>To 12/31/2022                   |                          |              |            |                             |               |       |  |
|  |                          | Ti tl        | e XIX      | Hospi tal                   | PPS           |       |  |
| Cost Center Description                            |                          |              |            |                             |               |       |  |
|  |                          |              |            |                             | 1.00          |       |  |
| PART IV - COMPUTATION OF OBSERVATION BED PAS       | S THROUGH COST           |              |            |                             |               |       |  |
| 87.00 Total observation bed days (see instructions | 5)                       |              |            |                             | 3, 152        | 87.00 |  |
| 88.00 Adjusted general inpatient routine cost per  |                          | 1, 947. 60   | 88. 00     |                             |               |       |  |
| 89.00 Observation bed cost (line 87 x line 88) (se | e instructions           | )            |            |                             | 6, 138, 835   | 89.00 |  |
| Cost Center Description                            | Cost                     | Routine Cost | column 1 ÷ | Total                       | Observation   |       |  |
|  |                          | (from line   | column 2   | Observati on                | Bed Pass      |       |  |
|  |                          | 21)          |            | Bed Cost                    | Through Cost  |       |  |
|  |                          |              |            | (from line                  | (col. 3 x     |       |  |
|  |                          |              |            | 89)                         | col. 4) (see  |       |  |
|  |                          |              |            |                             | instructions) |       |  |
|  | 1. 00                    | 2. 00        | 3. 00      | 4. 00                       | 5. 00         |       |  |
| COMPUTATION OF OBSERVATION BED PASS THROUGH        | COST                     |              |            |                             |               |       |  |
| 90.00 Capital-related cost                         | 8, 170, 720              | 62, 921, 221 | 0. 12985   | 6, 138, 835                 | 797, 165      | 90.00 |  |
| 91.00 Nursing Program cost                         | 0                        | 62, 921, 221 | 0. 00000   | 6, 138, 835                 | 0             | 91.00 |  |
| 92.00 Allied health cost                           | 0                        | 62, 921, 221 | 0. 00000   | 6, 138, 835                 | 0             | 92.00 |  |
| 93.00 All other Medical Education                  | 0                        | 62, 921, 221 | 0. 00000   | 6, 138, 835                 | 0             | 93.00 |  |

|             |  | LIEAL TU NODTU LIOCDI TAL |              | 1 . 12 .        | . C. F OHC .                     | 0550 40 |
|-------------|--|---------------------------|--------------|-----------------|----------------------------------|---------|
|             | INCIAL Systems IU ANCILLARY SERVICE COST APPORTIONMENT     | HEALTH NORTH HOSPITAL     | CCN: 15-0161 | Period:         | u of Form CMS-2<br>Worksheet D-3 |         |
| INPAILENT / | ANCILLARY SERVICE COST APPORTIONMENT                       | Provider                  | CCN. 13-0101 | From 01/01/2022 | WOLKSHEEL D-3                    | 1       |
|             |  |                           |              | To 12/31/2022   | Date/Time Pre 5/25/2023 2:4      |         |
|             | Titl   |                           |              | Hospi tal       | PPS                              |         |
|             | Cost Center Description                                    |                           | Ratio of Cos |                 | I npati ent                      |         |
|             |  |                           | To Charges   |                 | Program Costs                    |         |
|             |  |                           |              | Charges         | (col. 1 x                        |         |
|             |  |                           |              |                 | col . 2)                         |         |
|             | TI FUT POUTLING OFFICE OF CONTROL                          |                           | 1.00         | 2. 00           | 3. 00                            |         |
|             | TIENT ROUTINE SERVICE COST CENTERS                         |                           |              | 20.010.007      |                                  |         |
|             | O ADULTS & PEDIATRICS                                      |                           |              | 33, 212, 836    |                                  | 30.00   |
|             | O SURGICAL INTENSIVE CARE UNIT                             |                           |              | 0               |                                  | 34.00   |
|             | 1 PEDIATRIC INTENSIVE CARE UNIT                            |                           |              | 0               |                                  | 34. 01  |
|             | 2 PREMATURE INTENSIVE CARE UNIT                            |                           |              | 0               |                                  | 34. 02  |
| 43.00 0430  |  |                           |              |                 |                                  | 43.00   |
|             | LLARY SERVICE COST CENTERS O OPERATING ROOM                |                           | 0. 1345      | 10 2/2 /02      | 2 (04 (0)                        |         |
|             | O RECOVERY ROOM  |                           | 0. 1345      |                 |                                  | 1       |
|             | O DELIVERY ROOM & LABOR ROOM                               |                           | 0. 1962      | · · ·           |                                  | 1       |
|             | O RADI OLOGY-DI AGNOSTI C                                  |                           | 0. 3323      | · ·             |                                  | 1       |
|             | O RADI OLOGY - DI AGNOSTI C<br>O RADI OLOGY - THERAPEUTI C |                           | 0. 1455      |                 | 942, 143                         |         |
|             | O RADI OLOGY - THERAPEUTI C                                |                           | 0. 1857      | · ·             |                                  |         |
|             | O LABORATORY   |                           | 0. 0603      |                 |                                  |         |
|             | O RESPI RATORY THERAPY                                     |                           | 0. 2502      |                 | 905, 446                         |         |
|             | O PHYSI CAL THERAPY  |                           | 0. 3270      |                 |                                  |         |
|             | O OCCUPATIONAL THERAPY                                     |                           | 0. 3034      |                 |                                  |         |
|             | O SPEECH PATHOLOGY   |                           | 0. 2270      | ·               | 107, 033                         | 1       |
|             | O ELECTROCARDI OLOGY                                       |                           | 0. 0706      | ·               | •                                |         |
|             | O ELECTROENCEPHALOGRAPHY                                   |                           | 0. 1967      | · · ·           | 107, 737                         |         |
|             | O MEDICAL SUPPLIES CHARGED TO PATIENTS                     |                           | 0. 2109      |                 |                                  |         |
|             | O IMPL. DEV. CHARGED TO PATIENT                            |                           | 0. 1443      | · · ·           |                                  |         |
|             | O DRUGS CHARGED TO PATIENTS                                |                           | 0. 2317      |                 | 3, 107, 941                      |         |
|             | O ASC (NON-DISTINCT PART)                                  |                           | 0.0000       |                 | 0, 107, 711                      | 1       |
|             | 1 CARDI AC CATHERI ZATI ON LABORATORY                      |                           | 0. 2025      |                 | _                                |         |
|             | ATIENT SERVICE COST CENTERS                                |                           | 0.2020       | 07 1 107 720    | 1,012,100                        | 70.0.   |
|             | O EMERGENCY  |                           | 0. 0992      | 80 12, 167, 126 | 1, 207, 952                      | 91.00   |
|             | O OBSERVATION BEDS (NON-DISTINCT PART)                     |                           | 0. 3007      |                 | 0                                |         |
| 200.00      | Total (sum of lines 50 through 94 and 96 t                 | hrough 98)                |              | 94, 493, 925    | 16, 453, 105                     |         |
| 201. 00     | Less PBP Clinic Laboratory Services-Progra                 |                           |              | 0               | , ,                              | 201.00  |
| 202. 00     | Net charges (line 200 minus line 201)                      | , , g., ( o.)             |              | 94, 493, 925    |                                  | 202.00  |
| 1           | 3  |                           | •            | 1               | ı                                |         |

| Health Financial Systems                          | IU HEALTH NORTH HOSPITAL |              | In Lie                           | u of Form CMS-2                 | 2552-10 |
|---|--------------------------|--------------|----------------------------------|---------------------------------|---------|
| INPATIENT ANCILLARY SERVICE COST APPORTIONMENT    |                          |              | Peri od:                         | Worksheet D-3                   |         |
|   |                          |              | From 01/01/2022<br>To 12/31/2022 | Date/Time Pre<br>5/25/2023 2:40 |         |
|   | Ti tl                    | e XIX        | Hospi tal                        | PPS                             |         |
| Cost Center Description                           | · ·                      | Ratio of Cos | t Inpatient                      | I npati ent                     |         |
|   |                          | To Charges   | Program                          | Program Costs                   |         |
|   |                          |              | Charges                          | (col. 1 x                       |         |
|   |                          |              |                                  | col . 2)                        |         |
|   |                          | 1.00         | 2. 00                            | 3. 00                           |         |
| INPATIENT ROUTINE SERVICE COST CENTERS            |                          |              |                                  |                                 |         |
| 30. 00 03000 ADULTS & PEDIATRICS                  |                          |              | 2, 102, 470                      |                                 | 30.00   |
| 34.00 03400 SURGICAL INTENSIVE CARE UNIT          |                          |              | 0                                |                                 | 34.00   |
| 34.01 03401 PEDIATRIC INTENSIVE CARE UNIT         |                          |              | 0                                |                                 | 34. 01  |
| 34.02 03402 PREMATURE INTENSIVE CARE UNIT         |                          |              | 2, 155, 749                      |                                 | 34. 02  |
| 43. 00 04300 NURSERY                              |                          |              | 97, 278                          |                                 | 43.00   |
| ANCILLARY SERVICE COST CENTERS                    |                          |              |                                  |                                 |         |
| 50. 00   05000   OPERATING ROOM                   |                          | 0. 13451     |                                  |                                 | 50.00   |
| 51. 00   05100   RECOVERY ROOM                    |                          | 0. 19621     |                                  |                                 | 51.00   |
| 52.00   05200   DELIVERY ROOM & LABOR ROOM        |                          | 0. 33232     |                                  |                                 | 52.00   |
| 54. 00   05400   RADI OLOGY-DI AGNOSTI C          |                          | 0. 14551     |                                  | 33, 075                         |         |
| 55. 00   05500   RADI OLOGY - THERAPEUTI C        |                          | 0. 18574     |                                  | 0                               | 55.00   |
| 56. 00   05600   RADI 01 SOTOPE                   |                          | 0. 06037     |                                  |                                 | 56.00   |
| 60. 00   06000   LABORATORY                       |                          | 0. 25029     |                                  |                                 |         |
| 65. 00 06500 RESPIRATORY THERAPY                  |                          | 0. 32704     |                                  | 229, 514                        |         |
| 66. 00   06600   PHYSI CAL THERAPY                |                          | 0. 36397     |                                  | 30, 888                         |         |
| 67. 00 06700 OCCUPATI ONAL THERAPY                |                          | 0. 22761     |                                  | 10, 074                         |         |
| 68. 00 06800 SPEECH PATHOLOGY                     |                          | 0. 31868     |                                  |                                 |         |
| 69. 00 06900 ELECTROCARDI OLOGY                   |                          | 0.07063      |                                  | 4, 268                          | 69.00   |
| 70. 00 07000 ELECTROENCEPHALOGRAPHY               |                          | 0. 19672     |                                  |                                 | 70.00   |
| 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS |                          | 0. 21090     |                                  | 31, 073                         | 71.00   |
| 72. 00 07200 IMPL. DEV. CHARGED TO PATIENT        |                          | 0. 14435     |                                  |                                 | 72.00   |
| 73. 00 07300 DRUGS CHARGED TO PATIENTS            |                          | 0. 23175     |                                  |                                 | 73.00   |
| 75. 00 07500 ASC (NON-DISTINCT PART)              |                          | 0.00000      |                                  | 0                               | 75.00   |
| 75. 01 07501 CARDI AC CATHERI ZATI ON LABORATORY  |                          | 0. 20256     | 8 150, 258                       | 30, 437                         | 75. 01  |
| OUTPATIENT SERVICE COST CENTERS                   |                          | 0 00029      | 215 070                          | 21 201                          | 01 00   |
|   |                          |              |                                  |                                 |         |

0. 099280

0. 300769

31, 281

743, 321 200. 00

315, 078

3, 342, 676

91.00

0 92.00

201. 00 202. 00

91. 00 | 09100 | EMERGENCY | 92. 00 | 09200 | 0BSERVATI ON BEDS (NON-DI STI NCT PART)

200.00

201. 00 202. 00 Total (sum of lines 50 through 94 and 96 through 98)
Less PBP Clinic Laboratory Services-Program only charges (line 61)
Net charges (line 200 minus line 201)

| Month  |        |  | Title XVIII            | Hospi tal        | 5/25/2023 2: 4<br>PPS | O pm             |
|--|--------|--|------------------------|------------------|-----------------------|------------------|
| APART A LIBRATIFIED HOSPITAL SERVICES LUBRE LEPS.  1.00 DISC amounts other than outlier payments for discharges occurring prior to October 1 (see 12,466.31 1.01 2.00 2.00 amounts other than outlier payments for discharges occurring or or after October 1 (see 12,466.31 1.01 2.00 2.00 amounts other than outlier payments for discharges occurring or or after October 1 (see 12,466.31 1.01 2.00 2.00 amounts other than outlier payments for discharges occurring or or after October 1 (see 12,466.31 1.01 2.00 2.00 2.00 2.00 2.00 2.00 2.0  |        |  | TI LIE XVIII           | Hospi tal        | PP3                   |                  |
| 1.00   1000 Amounts other than outilier payments for discharges occurring prior to October 1 (see   12.466, 13)   1.01   1000 Amounts other than outilier payments for discharges occurring on or after October 1 (see   4.966, 818   1.02   1.03   1       |        |  |                        |                  | 1. 00                 |                  |
| 1.01   1806 amounts other than outlier payments for discharges occurring on or after October 1 (see   12, 466, 13)   1.01  | 4 00   |  |                        | T                |                       | 1 4 00           |
| 1.02   10KG amounts other than outlier payments for discharges occurring on or after October 1 (see   4,96e,818   1.02   |        | DRG amounts other than outlier payments for discharges occurrin  | g prior to October 1 ( | see              |                       | 1.00             |
| 1.030   10       | 1. 02  | DRG amounts other than outlier payments for discharges occurrin  | g on or after October  | 1 (see           | 4, 966, 818           | 1. 02            |
| 1.64   Since To reduced specific operating payment for Model 4 BPCI for discharges occurring on or after   0   1.04  | 1. 03  | DRG for federal specific operating payment for Model 4 BPCI for  | di scharges occurri ng | prior to October | 0                     | 1.03             |
| 2.01   Out   or reconciliation amount   0   2.01   | 1. 04  | DRG for federal specific operating payment for Model 4 BPCI for  | di scharges occurri ng | on or after      | 0                     | 1. 04            |
| 0.00   1.312,501   2.03   2.04   2.04   2.05   2.       |        |  |                        |                  | 0                     | 2. 00<br>2. 01   |
| 0.011   cr   payments for discharges occurring on or after October 1 (see instructions)   160,734   2.04     0.08   langer Care Similar ted Payments   0.3.00     0.3.00   langer Care Similar ted Care Similar        |        | , ,  | •                      |                  | -                     | 2. 02<br>2. 03   |
| Bed days avail able divided by number of days in the cost reporting period (see Instructions)   155.88   4.00     Indirect Medical Education Agli ustnernt   File count for all opathic and osteopathic programs for the most recent cost reporting period ending of or before 12/31/1946 (see Instructions)   0.00   5.00     File count for all opathic and osteopathic programs for the most recent cost reporting period ending of or before 12/31/1946 (see Instructions)   0.00   5.00     File cap adjustment for qualifying hespitals programs for the most recent cost reporting period ending of or before 12/31/1946 (see Instructions)   0.00   6.00     File cap adjustment for qualifying hespitals programs for the CAA 2021 (see Instructions)   0.00   6.00     Rural Track programs in accordance with 42 CFR 413.796 (b)   0.00   0.00     Rural Track programs FIE cap Itimitation adjustment after the cap-building window closed under \$127 or the CAA 2021 (see Instructions)   0.00   0.00     Rural Track programs FIE cap Itimitation adjustment after the cap-building window closed under \$127 or the CAA 2021 (see Instructions)   0.00   0.00     Rural Track programs FIE cap Itimitation and push for the Instructions   0.00   0.00     Rural Track programs FIE cap Itimitation and programs in accordance with 413.75(b)   0.00   0.00     Rural Track programs in accordance with 42 CFR 413.75(b)   413.79(c) (2)(iv) 0.04 FIE 26340 (May 12. 1099), and 67 FR 80975 (August 10. 2002) (see Instructions)   0.00   0.00     Rural Track programs in accordance with 42 CFR 413.75(b)   413.79(c) (2)(iv) 0.04 FIE 26340 (May 12. 1099), and 67 FR 80966 (August 1). 2001). Sum of Itimitation and stood of FIE cap Slots under \$5506 of HACA. If the cost report straded should be supported by the cap Slots of HACA. If the cost report straded should be supported by the cap Slots of HACA. If the cost report should be supported by the cap Slots of HACA. If the cost report should be supported by the cap Slots of HACA. If the cost report should be supported by the cap Slo    |        | Outlier payments for discharges occurring on or after October 1  |                        |                  | 160, 734              | 2. 04<br>3. 00   |
| FTE count for all opathic and osteopathic programs for the most recent cost reporting period ending or or before 12/311/99(.) (see instructions)   0.00   5.00   |        | Bed days available divided by number of days in the cost report  | ing period (see instru | ictions)         | -                     | 4. 00            |
| FIE cap adjustment for qualifing hospitals under \$131 of the CAA 2021 (see instructions)  | 5. 00  | FTE count for allopathic and osteopathic programs for the most   | recent cost reporting  | period ending on | 0.00                  | 5. 00            |
| 2.00   Rural track program FTE cap   I mitation adjustment after the cap-building window closed under \$127 of the CAA 2021 (See Instructions)   0.00   0.0      |        | FTE cap adjustment for qualifing hospitals under §131 of the CA<br>FTE count for allopathic and osteopathic programs that meet the |                        |                  |                       | 5. 01<br>6. 00   |
| MAA Section 422 reduction amount to the IME cap as specified under 42 CFR \$412.105(ff)(1)(v)(8)(2) If the 0.00   7.01   ACA § 5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(ff)(1)(v)(8)(2) If The 0.00   7.01   Act of the content of the IME cap as specified under 42 CFR \$412.105(ff)(1)(v)(8)(2) If The 0.00   7.01   Adjustment (Increase or decrease) to the hospital's rural track programs FTE Ilmitation(s) for rural 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 all opathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(v), 64 FR 25430 (May 12, 1998), and 67 FR 59005 (August 1, 2002).   8.01   The amount of increase if the hospital was awarded FTE cap slots under \$5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.   8.02   The amount of increase if the hospital was awarded FTE cap slots under \$126 of the CAA 2021 (see Instructions)   8.02   The amount of increase if the hospital was awarded FTE cap slots under \$126 of the CAA 2021 (see Instructions)   9.00   9. | 6. 26  | Rural track program FTE cap limitation adjustment after the cap  | -building window close | ed under §127 of | 0. 00                 | 6. 26            |
| track programs FIL Initiation(s) for rural track for Medicare (BLE affiliated programs IT accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)  8.00 Adjustment (increase or decrease) to the FIE count for all opathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c) (2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).  8.01 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.  8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)  8.12 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)  8.21 The amount of increase if the hospital was awarded FTE cap slots under § 126 of the CAA 2021 (see instructions)  8.22 The amount of increase if the hospital was awarded FTE cap slots under § 126 of the CAA 2021 (see instructions)  9.00 Sum of lines 5 and 5.01, plus line 6, plus lines 8.01 through 8.27 (see instructions)  10.00 FTE count for allopathic and osteopathic programs in the current year from your records  10.00 FTE count for allopathic and osteopathic programs in the current year from your records  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for the prior year.  10.00 Adjustment for residents in initial years of the program (see instructions)  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for the prior year.  10.00 Total allowable FTE count for prior year.  10.00 Total a     |        | MMA Section 422 reduction amount to the IME cap as specified un ACA § 5503 reduction amount to the IME cap as specified under 4    |                        |                  |                       | 7. 00<br>7. 01   |
| Adjustment (Increase or decrease) to the FTE count for all opathic and osteopathic programs for affiliated programs in accordance with 42 CPR 413.75(b), 413.79(c)(2)(iv), 6 HR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).  8.01 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.  8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)  8.11 The amount of increase if the hospital was awarded FTE cap slots under § 126 of the CAA 2021 (see instructions)  9.00 Sum of Ilnes 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)  10.00 FTE count for allopathic and osteopathic programs in the current year from your records  10.00 ITE count for residents in dental and podiatric programs.  10.00 Long the count for residents in dental and podiatric programs.  10.00 ITE count for residents in dental and podiatric programs.  10.00 ITE and allowable FTE count for the prior year.  10.00 Sum of lines 12 through 14 divided by 3.  10.00 Adjustment for residents in initial years of the program (see instructions)  10.00 Adjustment for residents in initial years of the program (see instructions)  10.00 Adjustment for residents in initial years of the program (see instructions)  10.00 Adjustment for residents in initial years of the program (see instructions)  10.00 Adjustment for residents in program or hospital closure  10.00 Adjustment for residents in program or hospital closure  10.00 Adjustment for residents displaced by program or hospital closure  10.00 Adjustment for residents in program (see instructions)  10.00 Adjustment for residents in program (see instructions)  10.00 Adjustment for residents in program (see instructions)  10.00 Adjustment for residents in program or hospital closure  10.00 Adjustment for reside     | 7. 02  | Adjustment (increase or decrease) to the hospital's rural track<br>track programs with a rural track for Medicare GME affiliated p |                        |                  | 0. 00                 | 7. 02            |
| 8.01   The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddle sully 1, 2011, see instructions.  | 8. 00  | Adjustment (increase or decrease) to the FTE count for allopath affiliated programs in accordance with 42 CFR 413.75(b), 413.79    |                        |                  | 0. 00                 | 8. 00            |
| 8.02   The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)   The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)   The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see 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 minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)   Text   | 8. 01  | The amount of increase if the hospital was awarded FTE cap slot  | s under § 5503 of the  | ACA. If the cost | 0.00                  | 8. 01            |
| 8.21   The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)  | 8. 02  | The amount of increase if the hospital was awarded FTE cap slot  | s from a closed teachi | ng hospital      | 0. 00                 | 8. 02            |
| 9.00   Sum of Iines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus line 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)   10.00   10.00   10.00   11.0       | 8. 21  | The amount of increase if the hospital was awarded FTE cap slot  | s under §126 of the CA | A 2021 (see      | 0. 00                 | 8. 21            |
| 10.00   FTE count for allopathic and osteopathic programs in the current year from your records   0.00   10.00   | 9. 00  | Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6  |                        | l 7.01, plus or  | 0. 00                 | 9. 00            |
| 13.00   Total allowable FTE count for the prior year.   0.00   13.00   14.00   15.00   15.00   16.00       |        |  | t year from your recor | rds              |                       |                  |
| 14.00   Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.   15.00   Sum of lines 12 through 14 divided by 3.   0.00   15.00   16.00   Adjustment for residents in initial years of the program (see instructions)   0.00   16.00   17.00   Adjustment for residents displaced by program or hospital closure   0.00   17.00   Adjustment for residents displaced by program or hospital closure   0.00   18.00   19.00   1       |        |  |                        |                  |                       |                  |
| 15.00   Sum of lines 12 through 14 divided by 3.   0.00   15.00   16.00   Adjustment for residents in initial years of the program (see instructions)   0.00   16.00   17.00   Adjustment for residents displaced by program or hospital closure   0.00   17.00   17.00   Adjustment for residents displaced by program or hospital closure   0.00   17.00   18.00   17.00         |        | Total allowable FTE count for the penultimate year if that year  | ended on or after Sep  | tember 30, 1997, |                       | ı                |
| 17. 00       Adjustment for residents displaced by program or hospital closure       0.00       17. 00         18. 00       Adjusted rolling average FTE count       0.00       18. 00         19. 00       Current year resident to bed ratio (line 18 divided by line 4).       0.000000       19. 00         20. 00       Prior year resident to bed ratio (see instructions)       0.000000       20. 00         21. 00       Enter the lesser of lines 19 or 20 (see instructions)       0.000000       21. 00         22. 01       IME payment adjustment (see instructions)       0       22. 00         22. 01       IME payment adjustment - Managed Care (see instructions)       0       22. 01         1 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA       0.00       23. 00         23. 00       IME FTE Resident Count Over Cap (see instructions)       0.00       23. 00         25. 00       IME FTE Resident Count Over Cap (see instructions)       0.00       25. 00         25. 00       Resident to bed ratio (divide line 25 by line 4)       0.000000       25. 00         27. 00       IME payments adjustment factor. (see instructions)       0.000000       27. 00         28. 01       IME payments adjustment factor. (see instructions)       0.000000       28. 01         29. 00       Total IME payment (sum o   |        | Sum of lines 12 through 14 divided by 3.   | netructions)           |                  |                       |                  |
| 19.00   Current year resident to bed ratio (line 18 divided by line 4).   0.000000   19.00   20.00   Prior year resident to bed ratio (see instructions)   0.0000000   20.00   0.0000000   21.00   22.00   Enter the lesser of lines 19 or 20 (see instructions)   0.000000   21.00   22.00   IME payment adjustment (see instructions)   0.200000   22.00   IME payment adjustment - Managed Care (see instructions)   0.200000   22.00   IME payment adjustment - Managed Care (see instructions)   0.000000   22.00   IME payment adjustment - Managed Care (see instructions)   0.000000   22.00   IME payment adjustment for the Add-on for § 422 of the MMA   0.000000   23.00   (f)(1)(iv)(C)   (f)(1       | 17. 00 | Adjustment for residents displaced by program or hospital closu  | -                      |                  | 0.00                  | 17.00            |
| 20. 00       Prior year resident to bed ratio (see instructions)       0.000000       20.00         21. 00       Enter the lesser of lines 19 or 20 (see instructions)       0.000000       21.00         22. 00       IME payment adjustment (see instructions)       0.000000       21.00         22. 01       IME payment adjustment - Managed Care (see instructions)       0.22.01         Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA       0.00         23. 00       Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105       0.00         24. 00       IME FTE Resident Count Over Cap (see instructions)       0.00         25. 00       If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see       0.00         26. 00       Resident to bed ratio (divide line 25 by line 4)       0.000000         27. 00       IME payments adjustment factor. (see instructions)       0.000000         28. 01       IME add-on adjustment amount (see instructions)       0.000000         28. 01       IME add-on adjustment amount - Managed Care (see instructions)       0.28.00         29. 00       Total IME payment - Managed Care (sum of lines 22.01 and 28.01)       0.29.00         00       Disproportionate Share Adjustment         00       Percentage of SSI recipient patient days (see instruct  |        |  |                        |                  |                       | •                |
| 22.00 IME payment adjustment (see instructions)  22.01 IME payment adjustment - Managed Care (see instructions)  Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  24.00 IME FTE Resident Count Over Cap (see instructions)  25.00 IME FTE Resident Count Over Cap (see instructions)  26.00 Resident to bed ratio (divide line 25 by line 4)  27.00 IME payments adjustment factor. (see instructions)  28.01 IME payments adjustment factor. (see instructions)  29.00 IME payments adjustment amount (see instructions)  20.00 IME payments adjustment factor. (see instructions)  20.00 IME add-on adjustment amount - Managed Care (see instructions)  20.00 Total IME payment (sum of lines 22 and 28)  29.01 Total IME payment (sum of lines 22 ond 28)  29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  20.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  20.00 Sum of lines 30 and 31  20.00 Sum of lines 30 and 31  |        |  |                        |                  |                       |                  |
| 22.01 IME payment adjustment - Managed Care (see instructions)  Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  (f)(1)(iv)(C)  24.00 IME FTE Resident Count Over Cap (see instructions)  Diff the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see one of instructions)  Resident to bed ratio (divide line 25 by line 4)  Diff Education (see instructions)  Mile payments adjustment factor. (see instructions)  Mile add-on adjustment amount (see instructions)  Diff Education (see instr     | 21.00  | Enter the lesser of lines 19 or 20 (see instructions)  |                        |                  | 0.000000              |                  |
| Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  |        |  |                        |                  |                       |                  |
| 23. 00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105  24. 00 IME FTE Resident Count Over Cap (see instructions)  25. 00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see  26. 00 Resident to bed ratio (divide line 25 by line 4)  27. 00 IME payments adjustment factor. (see instructions)  28. 00 IME add-on adjustment amount (see instructions)  29. 01 IME add-on adjustment amount - Managed Care (see instructions)  29. 01 Total IME payment (sum of lines 22 and 28)  29. 01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30. 00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  20. 00 Sum of lines 30 and 31  20. 00 Sum of lines 30 and 31   | 22.01  |  | of the MMA             |                  | 0                     | 22.01            |
| 24. 00 IME FTE Resident Count Over Cap (see instructions) 25. 00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 0.00 25.00 instructions) 26. 00 Resident to bed ratio (divide line 25 by line 4) 27. 00 IME payments adjustment factor. (see instructions) 28. 00 IME add-on adjustment amount (see instructions) 28. 01 IME add-on adjustment amount - Managed Care (see instructions) 29. 00 Total IME payment (sum of lines 22 and 28) 29. 01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29. 01 Disproportionate Share Adjustment 30. 00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 31. 00 Percentage of Medicaid patient days (see instructions) 32. 00 Sum of lines 30 and 31  | 23. 00 | Number of additional allopathic and osteopathic IME FTE residen  |                        | FR 412. 105      | 0.00                  | 23. 00           |
| 26. 00       Resident to bed ratio (divide line 25 by line 4)       0.000000       26. 00         27. 00       IME payments adjustment factor. (see instructions)       0.000000       27. 00         28. 01       IME add-on adjustment amount (see instructions)       0       28. 00         28. 01       IME add-on adjustment amount - Managed Care (see instructions)       0       28. 01         29. 00       Total IME payment (sum of lines 22 and 28)       0       29. 00         29. 01       Total IME payment - Managed Care (sum of lines 22.01 and 28.01)       0       29. 01         Disproportionate Share Adjustment       29. 01         30. 00       Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)       2. 91       30. 00         31. 00       Percentage of Medicaid patient days (see instructions)       24. 18       31. 00         32. 00       Sum of lines 30 and 31       27. 09       32. 00   |        | If the amount on line 24 is greater than -O-, then enter the Lo  | wer of line 23 or line | e 24 (see        |                       | 1                |
| 28. 00       IME add-on adjustment amount (see instructions)       0       28. 00         28. 01       IME add-on adjustment amount - Managed Care (see instructions)       0       28. 01         29. 00       Total IME payment (sum of lines 22 and 28)       0       29. 00         29. 01       Total IME payment - Managed Care (sum of lines 22.01 and 28.01)       0       29. 01         Disproportionate Share Adjustment       0       29. 01         30. 00       Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)       2. 91       30. 00         31. 00       Percentage of Medicaid patient days (see instructions)       24. 18       31. 00         32. 00       Sum of lines 30 and 31       27. 09       32. 00   |        | Resident to bed ratio (divide line 25 by line 4)   |                        |                  |                       | ı                |
| 28. 01 IME add-on adjustment amount - Managed Care (see instructions)  29. 00 Total IME payment (sum of lines 22 and 28)  29. 01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30. 00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  31. 00 Percentage of Medicaid patient days (see instructions)  29. 01  30. 00  31. 00 Percentage of Medicaid patient days (see instructions)  20. 01  21. 02  22. 01  23. 00  24. 18  25. 00  27. 09  28. 01  29. 00  29. 01      |        |  |                        |                  |                       | 1                |
| 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  2. 91 30.00  31.00 Percentage of Medicaid patient days (see instructions)  24.18 31.00  32.00 Sum of lines 30 and 31  | 28. 01 |  |                        |                  | 0                     | 1                |
| 30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 2. 91 30.00 31.00 Percentage of Medicaid patient days (see instructions) 24. 18 31.00 32.00 Sum of lines 30 and 31 27.09 32.00   |        |  |                        |                  |                       | 29. 00<br>29. 01 |
| 31.00 Percentage of Medicaid patient days (see instructions)       24.18       31.00         32.00 Sum of lines 30 and 31       27.09       32.00  |        | Disproportionate Share Adjustment  |                        |                  |                       |                  |
| 32.00 Sum of lines 30 and 31 27.09 32.00   |        |  | ient days (see instruc | tions)           |                       | •                |
| 33.00   Allowable disproportionate share percentage (see instructions)   11.56   33.00   |        |  |                        |                  |                       | •                |
|  | 33. 00 | Allowable disproportionate share percentage (see instructions)   |                        |                  | 11. 56                | 33.00            |

|  | n Financial Systems IU HEALTH NORT  |                             |  | u of Form CMS-2             | 2552-10                    |
|--|---|-----------------------------|--|-----------------------------|----------------------------|
| CALCUI   | LATION OF REIMBURSEMENT SETTLEMENT  | Provi der CCN: 15-0161      | Peri od:<br>From 01/01/2022<br>To 12/31/2022 |                             |                            |
|  |   | Title XVIII                 | Hospi tal                                    | 5/25/2023 2: 4<br>PPS       | 0 pm                       |
|  | _   | II the Aviii                | nospi tai                                    | FF3                         |                            |
|  |   |                             |  | 1. 00                       |                            |
| 34.00  | Disproportionate share adjustment (see instructions)  |                             | Dri or to 10/1                               | 503, 812                    | 34.00                      |
|  |   |                             | Prior to 10/1<br>1.00                        | 2.00                        |                            |
|  | Uncompensated Care Payment Adjustment   |                             |  | 21.00                       |                            |
| 35.00  |   |                             |  | 6, 874, 403, 459            |                            |
| 35. 01   | Factor 3 (see instructions)   |                             | 0. 000112614                                 | 0. 000115857                |                            |
| 35. 02   | Hospital UCP, including supplemental UCP (If line 34 is zer (see instructions)  | o, enter Zero on this iin   | e) 809, 921                                  | 796, 448                    | 35. 02                     |
| 35. 03   |   | UCP (see instructions)      | 605, 776                                     | 200, 749                    | 35. 03                     |
| 36.00  | Total UCP adjustment (sum of columns 1 and 2 on line 35.03)   |                             | 806, 525                                     |                             | 36.00                      |
| 40.00  | Additional payment for high percentage of ESRD beneficiary  | discharges (lines 40 thro   | <u> </u>                                     |                             |                            |
| 40. 00<br>41. 00                               | 3 (   |                             | 0  |                             | 40.00                      |
| 41.00  | Total ESRD Medicare covered and paid discharges (see instru   | uctions)                    | 0  |                             | 41.00                      |
| 42. 00   | ,   |                             | 0.00   |                             | 42.00                      |
| 43.00  | Total Medicare ESRD inpatient days (see instructions)   |                             | 0  |                             | 43.00                      |
| 44. 00   | 3 3 ,   | ed by line 41 divided by 7  | 0. 000000                                    |                             | 44.00                      |
| 45. 00   | days) Average weekly cost for dialysis treatments (see instruction  | nns)                        | 0.00   |                             | 45.00                      |
| 46. 00   | , ,   | *                           | 0.00   |                             | 46.00                      |
| 47. 00   |   | ,                           | 20, 216, 521                                 |                             | 47.00                      |
| 48. 00   |   | small rural hospitals       | 0  |                             | 48.00                      |
|  | only. (see instructions)  |                             |  | Amount                      |                            |
|  |   |                             |  | 1. 00                       |                            |
| 49. 00   | Total payment for inpatient operating costs (see instruction  | ons)                        |  | 20, 216, 521                | 49.00                      |
| 50.00  |   |                             |  | 1, 719, 414                 |                            |
| 51. 00<br>52. 00                               |   |                             |  | 0                           | 51.00<br>52.00             |
| 53. 00   | ,   | Title 49 see flistructions) |  | 0                           | 53.00                      |
| 54.00  |   |                             |  | 106, 206                    |                            |
| 54.01  | Islet isolation add-on payment  |                             |  | 0                           | 54.01                      |
| 55.00  |   | e 69)                       |  | 0                           | 55.00                      |
| 55. 01   | Cellular therapy acquisition cost (see instructions)  | structions)                 |  | 0                           | 55.01                      |
| 56. 00<br>57. 00                               |   |                             | through 35)                                  | 0                           | 56.00<br>57.00             |
| 58. 00   |   |                             | in ough ooy.                                 | 0                           | 58.00                      |
| 59.00  |   |                             |  | 22, 042, 141                | 59.00                      |
| 60.00  |   |                             |  | 0                           | 60.00                      |
| 61. 00<br>62. 00                               | ,   | nus line 60)                |  | 22, 042, 141<br>2, 018, 392 |                            |
| 63. 00   |   |                             |  | 36, 177                     |                            |
|  | Allowable bad debts (see instructions)  |                             |  | 97, 149                     |                            |
| 65.00  | Adjusted reimbursable bad debts (see instructions)  |                             |  | 63, 147                     |                            |
| 66.00  | ,   | nstructi ons)               |  | 8, 974                      |                            |
| 67. 00<br>68. 00                               | Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices fo   | or applicable to MS_DRGs (  | see instructions)                            | 20, 050, 719<br>0           |                            |
| 69. 00   |   |                             | · ·  | 0                           | 69.00                      |
| 70.00  |   |                             | ,  | 0                           | 70.00                      |
| 70. 50   | Rural Community Hospital Demonstration Project (§410A Demon   |                             | instructions)                                | 0                           | 70. 50                     |
| 70. 75<br>70. 87                               | 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3   |                             |  | 0                           | 70.75                      |
| /U. ö/   |   |                             |  | 0                           | 70.8                       |
|  | 37  |                             |  |                             | 70.8                       |
| 70. 88<br>70. 89                               | 1 3   |                             |  | 0                           |                            |
| 70. 88   | nor borrae payment into any astiment amount (see instructions)  |                             |  | 0                           | 70. 9                      |
| 70. 88<br>70. 89<br>70. 90<br>70. 91           | HSP bonus payment HRR adjustment amount (see instructions)  |                             |  |                             | l                          |
| 70. 88<br>70. 89<br>70. 90<br>70. 91<br>70. 92 | HSP bonus payment HRR adjustment amount (see instructions)<br>Bundled Model 1 discount amount (see instructions)  |                             |  | 0                           | 70. 92                     |
| 70. 88<br>70. 89<br>70. 90<br>70. 91           | HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions) HVBP payment adjustment amount (see instructions) |                             |  |                             | 70. 92<br>70. 93<br>70. 94 |

| Heal th | Financial Systems IU HEALTH   | NORTH HOSPITAL       |             | In Lie                           | u of Form CMS-2 | 2552-10    |
|---------|---|----------------------|-------------|----------------------------------|-----------------|------------|
| CALCUL  | ATION OF REIMBURSEMENT SETTLEMENT   | Provi der C          | CN: 15-0161 | Peri od:                         | Worksheet E     |            |
|         |   |                      |             | From 01/01/2022<br>To 12/31/2022 |                 | narod:     |
|         |   |                      |             | 10 12/31/2022                    | 5/25/2023 2: 4  |            |
|         |   | Ti tl e              | e XVIII     | Hospi tal                        | PPS             | <u>o p</u> |
|         |   |                      |             | (уууу)                           | Amount          |            |
|         |   |                      |             | 0                                | 1. 00           |            |
| 70. 96  | Low volume adjustment for federal fiscal year (yyyy) (E   | nter in column O     |             | 0                                | 0               | 70. 96     |
|         | the corresponding federal year for the period prior to  |                      |             |                                  |                 |            |
| 70. 97  | Low volume adjustment for federal fiscal year (yyyy) (E   |                      |             | 0                                | 0               | 70. 97     |
| 70.00   | the corresponding federal year for the period ending on   | or after 10/1)       |             |                                  |                 | 70.00      |
| 70. 98  | Low Volume Payment-3  |                      |             |                                  | 0               |            |
| 70. 99  | HAC adjustment amount (see instructions)  | lines (0 % 70)       |             |                                  | 0 000 000       |            |
| 71.00   | Amount due provider (line 67 minus lines 68 plus/minus  | Times 69 & 70)       |             |                                  | 20, 008, 988    | 1          |
|         | Sequestration adjustment (see instructions)   | +i on                |             |                                  | 252, 113        | 1          |
| 71.02   | Demonstration payment adjustment amount after sequestra   | tion                 |             |                                  | 0               | 71.02      |
|         | Sequestration adjustment-PARHM or CHART pass-throughs Interim payments  |                      |             |                                  | 19, 603, 513    |            |
|         | Interim payments Interim payments-PARHM or CHART  |                      |             |                                  | 19, 603, 313    | 72.00      |
|         | Tentative settlement (for contractor use only)  |                      |             |                                  | 0               |            |
| 73. 00  | Tentative settlement (101 contractor use only)  Tentative settlement-PARHM or CHART (for contractor us  | e only)              |             |                                  | U               | 73.00      |
| 74. 00  | Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and   |                      |             |                                  | 153, 362        |            |
| 74.00   | 73)   | , 71.02, 72, and     |             |                                  | 133, 302        | 74.00      |
| 74. 01  | Balance due provider/program-PARHM or CHART (see instru   | ctions)              |             |                                  |                 | 74. 01     |
| 75. 00  | Protested amounts (nonallowable cost report items) in a   |                      |             |                                  | 373, 064        | 1          |
| 70.00   | CMS Pub. 15-2, chapter 1, §115.2  | 0001 dd.100 111 t.11 |             |                                  | 0,0,00.         | 70.00      |
|         | TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)   |                      |             |                                  |                 | 1          |
| 90.00   | Operating outlier amount from Wkst. E, Pt. A, line 2, o   | r sum of 2.03        |             |                                  | 0               | 90.00      |
|         | plus 2.04 (see instructions)  |                      |             |                                  |                 |            |
| 91.00   | Capital outlier from Wkst. L, Pt. I, line 2   |                      |             |                                  | 0               | 91.00      |
| 92.00   | Operating outlier reconciliation adjustment amount (see   | instructions)        |             |                                  | 0               |            |
|         | Capital outlier reconciliation adjustment amount (see i   |                      |             |                                  | 0               |            |
|         | The rate used to calculate the time value of money (see   | ,                    |             |                                  | 0. 00           |            |
|         | Time value of money for operating expenses (see instruc   | ,                    |             |                                  | 0               |            |
| 96. 00  | Time value of money for capital related expenses (see i   | nstructions)         |             |                                  | 0               | 96.00      |
|         |   |                      |             | Prior to 10/1                    |                 |            |
|         | HICD Day of Asset |                      |             | 1.00                             | 2. 00           |            |
| 100 00  | HSP Bonus Payment Amount  |                      |             |                                  | 0               | 100 00     |
| 100.00  | HSP bonus amount (see instructions)   |                      |             | 0                                | 0               | 100.00     |
| 101 00  | HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)   |                      |             | 0. 0000000000                    | 0. 0000000000   | 101 00     |
|         | HVBP adjustment amount for HSP bonus payment (see instr   | ustions)             |             | 0.0000000000                     |                 | 101.00     |
| 102.00  | HRR Adjustment for HSP Bonus Payment  | uctions)             |             | U U                              | U               | 102.00     |
| 103 00  | HRR adjustment factor (see instructions)  |                      |             | 0. 0000                          | 0. 0000         | 103 00     |
|         | HRR adjustment amount for HSP bonus payment (see instru   | ctions)              |             | 0.0000                           |                 | 104.00     |
| 104.00  | Rural Community Hospital Demonstration Project (§410A De  |                      | ustment     | <u> </u>                         | 0               | 1104.00    |
| 200 00  | Is this the first year of the current 5-year demonstrat   |                      |             |                                  |                 | 200. 00    |
| _00.00  | Century Cures Act? Enter "Y" for yes or "N" for no.   | . c per rea ander    | 2131        |                                  |                 | _ 50. 55   |
|         | Cost Reimbursement  |                      |             |                                  |                 | 1          |
| 201.00  | Medicare inpatient service costs (from Wkst. D-1, Pt. I   | I, line 49)          |             |                                  |                 | 201. 00    |
|         | Medicare discharges (see instructions)  |                      |             |                                  |                 | 202.00     |
|         |   |                      |             | 1                                |                 |            |
| 203.00  | Case-mix adjustment factor (see instructions)   |                      |             |                                  |                 | 203.00     |

| 102.00 HVBP adjustment amount for HSP bonus payment (see instructions)                     | 0                | 0       | 1102.00  |
|--|------------------|---------|----------|
| HRR Adjustment for HSP Bonus Payment   |                  |         |          |
| 103.00 HRR adjustment factor (see instructions)  | 0.0000           | 0.0000  | 103.00   |
| 104.00 HRR adjustment amount for HSP bonus payment (see instructions)                      | 0                | 0       | 104.00   |
| Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment            |                  |         |          |
| 200.00 Is this the first year of the current 5-year demonstration period under the 21st    |                  |         | 200.00   |
| Century Cures Act? Enter "Y" for yes or "N" for no.  |                  |         |          |
| Cost Reimbursement   |                  |         |          |
| 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)                  |                  |         | 201.00   |
| 202.00 Medicare discharges (see instructions)  |                  |         | 202.00   |
| 203.00 case-mix adjustment factor (see instructions)                                       |                  |         | 203.00   |
| Computation of Demonstration Target Amount Limitation (N/A in first year of the curre      | nt 5-year demons | tration | 1        |
| peri od)   | •                |         |          |
| 204.00 Medicare target amount  |                  |         | 204.00   |
| 205.00 Case-mix adjusted target amount (line 203 times line 204)                           |                  |         | 205.00   |
| 206.00 Medicare inpatient routine cost cap (line 202 times line 205)                       |                  |         | 206.00   |
| Adjustment to Medicare Part A Inpatient Reimbursement                                      |                  |         | 1        |
| 207.00 Program reimbursement under the §410A Demonstration (see instructions)              |                  |         | 207.00   |
| 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)              |                  |         | 208.00   |
| 209.00 Adjustment to Medicare IPPS payments (see instructions)                             |                  |         | 209.00   |
| 210.00 Reserved for future use   |                  |         | 210.00   |
| 211.00 Total adjustment to Medicare IPPS payments (see instructions)                       |                  |         | 211.00   |
| Comparision of PPS versus Cost Reimbursement   |                  |         | 1        |
| 212.00 Total adjustment to Medicare Part A IPPS payments (from line 211)                   |                  |         | 212.00   |
| 213.00 Low-volume adjustment (see instructions)  |                  |         | 213.00   |
|  |                  |         | 218.00   |
| 218.00 Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) |                  |         | 12 10. U |

Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 Peri od: Worksheet E From 01/01/2022 Part A Exhi bi t 4 Date/Ti me Prepared: 5/25/2023 2:40 pm Provider CCN: 15-0161

|                  |   |                  |                          |                         |                          |                              | 5/25/2023 2: 4             |       |
|------------------|---|------------------|--------------------------|-------------------------|--------------------------|------------------------------|----------------------------|-------|
|                  |   | W/C E D+ A       | A                        |                         | XVIII                    | Hospi tal                    | PPS                        |       |
|                  |   | line             | Amounts (from E, Part A) | Pre/Post<br>Entitlement | Period Prior<br>to 10/01 | Peri od<br>On/After<br>10/01 | Total (Col 2<br>through 4) |       |
|                  |   | 0                | 1. 00                    | 2.00                    | 3.00                     | 4. 00                        | 5. 00                      |       |
| 1.00             | DRG amounts other than outlier  | 1. 00            | 0                        | 0                       | 0                        | 0                            | 0                          | 1. 00 |
| 1. 01            | payments DRG amounts other than outlier payments for discharges   | 1. 01            | 12, 466, 131             | 0                       | 12, 466, 131             |                              | 12, 466, 131               | 1. 01 |
| 1. 02            | occurring prior to October 1<br>DRG amounts other than outlier<br>payments for discharges<br>occurring on or after October  | 1. 02            | 4, 966, 818              | 0                       |                          | 4, 966, 818                  | 4, 966, 818                | 1. 02 |
| 1. 03            | DRG for Federal specific operating payment for Model 4 BPCI occurring prior to  | 1. 03            | 0                        | 0                       | 0                        |                              | 0                          | 1.03  |
| 1. 04            | October 1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1                       | 1. 04            | 0                        | 0                       |                          | 0                            | 0                          | 1. 04 |
| 2. 00            | Outlier payments for discharges (see instructions)  | 2. 00            |                          |                         |                          |                              |                            | 2.00  |
| 2. 01            | Outlier payments for discharges for Model 4 BPCI  | 2. 02            | 0                        | 0                       | 0                        | 0                            | 0                          | 2. 01 |
| 2. 02            | Outlier payments for discharges occurring prior to  | 2. 03            | 1, 312, 501              | 0                       | 1, 312, 501              |                              | 1, 312, 501                | 2. 02 |
| 2. 03            | October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see                           | 2. 04            | 160, 734                 | 0                       |                          | 160, 734                     | 160, 734                   | 2.03  |
| 3. 00            | instructions) Operating outlier   | 2. 01            | 0                        | 0                       | 0                        | 0                            | 0                          | 3.00  |
| 4. 00            | reconciliation Managed care simulated payments  | 3. 00            | 0                        | 0                       | 0                        | 0                            | 0                          | 4.00  |
|                  | Indirect Medical Education Adj  | ustment          |                          |                         |                          |                              |                            |       |
| 5. 00            | Amount from Worksheet E, Part A, line 21 (see instructions)   | 21. 00           | 0. 000000                | 0. 000000               | 0. 000000                | 0. 000000                    |                            | 5. 00 |
| 6. 00            | IME payment adjustment (see instructions)   | 22. 00           | 0                        | 0                       | 0                        | 0                            | 0                          | 6. 00 |
| 6. 01            | IME payment adjustment for managed care (see instructions)  | 22. 01           | O                        | 0                       | 0                        | 0                            | 0                          | 6. 01 |
|                  | Indirect Medical Education Adj  | ustment for the  | e Add-on for Se          | ection 422 of           | the MMA                  |                              |                            |       |
| 7. 00            | IME payment adjustment factor (see instructions)  | 27. 00           | 0. 000000                | 0. 000000               |                          | 0. 000000                    |                            | 7.00  |
| 8. 00            | IME adjustment (see instructions)   | 28. 00           | 0                        | 0                       | 0                        | 0                            | 0                          | 8. 00 |
| 8. 01            | IME payment adjustment add on<br>for managed care (see<br>instructions)   | 28. 01           | О                        | 0                       | 0                        | 0                            | 0                          | 8. 01 |
| 9. 00            | Total IME payment (sum of lines 6 and 8)  | 29. 00           | 0                        | 0                       | 0                        | 0                            | 0                          | 9. 00 |
| 9. 01            | Total IME payment for managed care (sum of lines 6.01 and   | 29. 01           | О                        | 0                       | 0                        | 0                            | 0                          | 9. 01 |
|                  | 8.01) Disproportionate Share Adjustm  | ent              |                          |                         |                          |                              |                            | 1     |
| 10. 00           | Allowable disproportionate share percentage (see instructions)  | 33.00            | 0. 1156                  | 0. 1156                 | 0. 1156                  | 0. 1156                      |                            | 10.00 |
| 11. 00           | Disproportionate share adjustment (see instructions)  | 34. 00           | 503, 812                 | 0                       | 360, 271                 | 143, 541                     | 503, 812                   | 11.00 |
| 11. 01           | Uncompensated care payments  Additional payment for high pe   | 36.00            | 806, 525                 | 0 di scharges           | 605, 776                 | 200, 749                     | 806, 525                   | 11.01 |
| 12. 00           | Total ESRD additional payment   | 46. 00           | n Deliet Chary           | di scharges<br>0        | 0                        | 0                            | 0                          | 12.00 |
| 13. 00<br>14. 00 | (see instructions) Subtotal (see instructions) Hospital specific payments   | 47. 00<br>48. 00 | 20, 216, 521             | 0                       |                          | 5, 471, 842                  | 20, 216, 521               |       |
| 15. 00           | (completed by SCH and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see | 49. 00           | 20, 216, 521             | 0                       | 14, 744, 679             | 5, 471, 842                  | 20, 216, 521               |       |
|                  | instructions)   |                  |                          |                         |                          |                              |                            |       |

| LOW VO           | LOW VOLUME CALCULATION EXHIBIT 4   |                       |                           | Provi der C | Provi der CCN: 15-0161 |                   | Worksheet E<br>Part A Exhibit 4<br>Date/Time Prepared:<br>5/25/2023 2:40 pm |                  |
|------------------|--|-----------------------|---------------------------|-------------|------------------------|-------------------|---|------------------|
|                  |  |                       |                           | Title       | XVIII                  | Hospi tal         | PPS   | <u> </u>         |
|                  |  | W/S E. Part A         | Amounts (from             | Pre/Post    | Period Prior           |                   | Total (Col 2  |                  |
|                  |  | l i ne                | E, Part A)                | Entitlement | to 10/01               | 0n/After<br>10/01 | through 4)  |                  |
|                  |  | 0                     | 1. 00                     | 2. 00       | 3.00                   | 4. 00             | 5. 00   |                  |
| 16. 00           | Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)   | 50. 00                | 1, 719, 414               | 0           | 1, 291, 05             | 9 428, 355        | 1, 719, 414   | 16.00            |
| 17. 00           | Special add-on payments for new technologies   | 54. 00                | 106, 206                  | 0           | 77, 23                 | 28, 975           | 106, 206  |                  |
| 17. 01<br>17. 02 | Net organ aquisition cost<br>Credits received from<br>manufacturers for replaced<br>devices for applicable MS-DRGs | 68. 00                | 0                         | 0           |                        | 0 0               | 0   | 17. 01<br>17. 02 |
| 18. 00           | Capital outlier reconciliation adjustment amount (see instructions)  |                       | 0                         | 0           |                        | 0 0               | 0   | 18. 00           |
| 19.00            | SUBTOTAL   |                       |                           | 0           | 16, 112, 96            | 5, 929, 172       | 22, 042, 141  | 19.00            |
|                  |  | W/S L, line           | (Amounts from L)          |             |                        |                   |   |                  |
|                  |  | 0                     | 1. 00                     | 2. 00       | 3. 00                  | 4. 00             | 5. 00   |                  |
| 20. 00<br>20. 01 | Capital DRG other than outlier<br>Model 4 BPCI Capital DRG other<br>than outlier                                   | 1. 00<br>1. 01        | 1, 315, 102<br>0          | 0           | 944, 64                | 370, 461<br>0 0   | 1, 315, 102<br>0  | 20. 00           |
| 21. 00<br>21. 01 | Capital DRG outlier payments Model 4 BPCI Capital DRG outlier payments   | 2. 00<br>2. 01        | 330, 140<br>0             | 0           | 293, 14                | 37, 000<br>0 0    | 330, 140<br>0   | 21. 00<br>21. 01 |
| 22. 00           | Indirect medical education percentage (see instructions)   | 5. 00                 | 0. 0000                   | 0. 0000     | 0.000                  | 0.0000            |   | 22. 00           |
| 23. 00           | Indirect medical education adjustment (see instructions)   | 6. 00                 | 0                         | 0           |                        | 0 0               | 0   | 23. 00           |
| 24. 00           | Allowable disproportionate share percentage (see instructions)   | 10. 00                | 0. 0564                   | 0. 0564     | 0. 056                 | 0. 0564           |   | 24.00            |
| 25. 00           | Disproportionate share adjustment (see instructions)   | 11. 00                | 74, 172                   | 0           | 53, 27                 | 20, 894           | 74, 172   | 25. 00           |
| 26. 00           | Total prospective capital payments (see instructions)  | 12. 00                | 1, 719, 414               | 0           | 1, 291, 05             | 428, 355          | 1, 719, 414   | 26. 00           |
|                  |  | W/S E, Part A<br>line | (Amounts to<br>E, Part A) |             |                        |                   |   |                  |
|                  |  | 0                     | 1. 00                     | 2. 00       | 3. 00                  | 4. 00             | 5. 00   |                  |
| 27. 00<br>28. 00 | Low volume adjustment factor<br>Low volume adjustment<br>(transfer amount to Wkst. E,<br>Pt. A, line)              | 70. 96                |                           |             | 0. 00000               | 0.000000          | 0   | 27. 00<br>28. 00 |
| 29. 00           | Low volume adjustment<br>(transfer amount to Wkst. E,<br>Pt. A, line)  | 70. 97                |                           |             |                        | 0                 | 0   | 29. 00           |
| 100.00           | Transfer low volume<br>adjustments to Wkst. E, Pt. A.  |                       | Y                         |             |                        |                   |   | 100.00           |

From 01/01/2022 Part A Exhibit 5 Date/Time Prepared: 5/25/2023 2:40 pm 12/31/2022 Hospi tal Title XVIII PPS Period to Total (cols. Wkst. E, Pt. Amt. from Period on Wkst. E, Pt. 10/01 after 10/01 A. line 2 and 3) A) 0 1.00 2.00 3.00 4.00 1.00 DRG amounts other than outlier payments 1. 00 1.00 DRG amounts other than outlier payments for 1.01 1.01 12, 466, 131 12, 466, 131 12, 466, 131 1.01 discharges occurring prior to October 1 1 02 DRG amounts other than outlier payments for 1 02 4, 966, 818 4, 966, 818 4, 966, 818 1.02 discharges occurring on or after October 1 DRG for Federal specific operating payment 1.03 1.03 0 1.03 for Model 4 BPCI occurring prior to October 1 04 DRG for Federal specific operating payment 1 04 0 1.04 for Model 4 BPCI occurring on or after October 1 2.00 Outlier payments for discharges (see 2.00 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 0 2.01 **BPCI** 2.02 1, 312, 501 1, 312, 501 1, 312, 501 2.02 Outlier payments for discharges occurring 2.03 prior to October 1 (see instructions) Outlier payments for discharges occurring on 2.03 2.04 160, 734 160, 734 160, 734 2.03 or after October 1 (see instructions) 3.00 Operating outlier reconciliation 2.01 C 0 0 3.00 Managed care simulated payments 0 4.00 4.00 3.00 Indirect Medical Education Adjustment 0.000000 5.00 Amount from Worksheet E, Part A, line 21 21.00 0.000000 0.000000 5.00 (see instructions) 6.00 IME payment adjustment (see instructions) 22.00 0 6.00 C 6.01 IME payment adjustment for managed care (see 22.01 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 7.00 IME payment adjustment factor (see 27. 00 0.000000 0.000000 0.000000 7.00 instructions) 8.00 IME adjustment (see instructions) 28.00 0 0 8.00 0 IME payment adjustment add on for managed 0 28 01 r 0 8 01 8 01 0 care (see instructions) 9.00 Total IME payment (sum of lines 6 and 8) 29.00 0 0 9.00 0 Total IME payment for managed care (sum of 9.01 29.01 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment 10.00 10.00 Allowable disproportionate share percentage 33.00 0.1156 0.1156 0.1156 (see instructions) 11.00 Di sproporti onate share adjustment (see 34.00 503, 812 360, 271 143, 541 503, 812 11.00 instructions) Uncompensa<u>ted care payments</u> 11.01 36 00 806, 525 605.776 200, 749 806, 525 11.01 Additional payment for high percentage of ESRD beneficiary discharges Total ESRD additional payment (see 12.00 46.00 12.00 instructions) 47.00 13.00 Subtotal (see instructions) 20, 216, 521 14, 744, 679 5, 471, 842 20, 216, 521 13.00 14.00 Hospital specific payments (completed by SCH 48.00 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 20, 216, 521 15 00 49 00 14, 744, 679 5 471 842 20, 216, 521 15 00 (see instructions) 16.00 Payment for inpatient program capital (from 50.00 1, 719, 414 1, 291, 059 428, 355 1, 719, 414 16.00 Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 106, 206 77, 231 28, 975 106, 206 17.00 17.01 Net organ acquisition cost 17.01 17.02 Credits received from manufacturers for 68.00 0 0 Λ 17.02 replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment 93.00 0 18.00 amount (see instructions) 19.00 SUBTOTAL 16, 112, 969 5, 929, 172 22, 042, 141 19.00

| Health Financial Systems  | IU HEALTH NOR | TH HOSPITAL |          | In Lie                                      | u of Form CMS-2  | 2552-10 |
|---|---------------|-------------|----------|---|--|---------|
| HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 |               | Provider Co | F        | Period:<br>From 01/01/2022<br>Fo 12/31/2022 | Worksheet E<br>Part A Exhibi<br>Date/Time Pre<br>5/25/2023 2:4 | 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         | 1, 315, 102 | 944, 641 | 370, 461                                    | 1, 315, 102  | 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          | 330, 140    | 293, 140 | 37, 000                                     | 330, 140   | 21.00   |

|  |               | Title        | XVIII       | Hospi tal | PPS                            | <u> </u> |
|--|---------------|--------------|-------------|-----------|--------------------------------|----------|
|  | Wkst. L, line |              |             |           |                                |          |
|  |               | Wkst. L)     |             |           |                                |          |
|  | 0             | 1.00         | 2.00        | 3. 00     | 4. 00                          |          |
| 20.00 Capital DRG other than outlier                                   | 1. 00         | 1, 315, 102  | 944, 641    | 370, 461  | 1, 315, 102                    | 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         | 330, 140     | 293, 140    | 37, 000   | 330, 140                       | 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         | 0.0000       | 0. 0000     | 0. 0000   |                                | 22. 00   |
| 23.00 Indirect medical education adjustment (see instructions)         | 6. 00         | 0            | 0           | 0         | 0                              | 23. 00   |
| 24.00 Allowable disproportionate share percentage (see instructions)   | 10. 00        | 0. 0564      | 0. 0564     | 0. 0564   |                                | 24.00    |
| 25.00 Disproportionate share adjustment (see instructions)             | 11. 00        | 74, 172      | 53, 278     | 20, 894   | 74, 172                        | 25. 00   |
| 26.00 Total prospective capital payments (see instructions)            | 12. 00        | 1, 719, 414  | 1, 291, 059 | 428, 355  | 1, 719, 414                    | 26. 00   |
|  | Wkst. E, Pt.  | (Amt. from   |             |           |                                |          |
|  | A, line       | 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                              |          |
| 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         | 0                              | 30.00    |
| 30.01 HVBP payment adjustment for HSP bonus payment (see instructions) | 70. 90        | 0            | 0           | 0         | 0                              | 30. 01   |
| 31.00 HRR adjustment (see instructions)                                | 70. 94        | -41, 731     | -3, 763     | -37, 968  | -41, 731                       | 31.00    |
| 31.01 HRR adjustment for HSP bonus payment (see instructions)          | 70. 91        | 0            | 0           | 0         | 0                              | 31. 01   |
|  |               |              |             |           | (Amt. to<br>Wkst. E, Pt.<br>A) |          |
|  | 0             | 1.00         | 2.00        | 3. 00     | 4. 00                          |          |
| 32.00 HAC Reduction Program adjustment (see instructions)              | 70. 99        |              | 0           | 0         | 0                              | 32.00    |
| 100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.    |               | N            |             |           |                                | 100. 00  |

| Health Financial Systems                | IU HEALTH NORTH HOSPITAL | In Lieu of Form CMS-2552-10  | ) |
|---|--------------------------|--|---|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0161   | Peri od:<br>From 01/01/2022<br>To 12/31/2022 Worksheet E<br>Part B<br>Date/Time Prepared:<br>5/25/2023 2:40 pm |   |

|                  |  |              | 5/25/2023 2: 4 | 0 pm   |
|------------------|--|--------------|----------------|--------|
|                  | Title XVIII H  | ospi tal     | PPS            |        |
|                  |  |              | 1. 00          |        |
|                  | PART B - MEDICAL AND OTHER HEALTH SERVICES   |              | 1.00           |        |
| 1.00             | Medical and other services (see instructions)  |              | 19, 008        | 1.00   |
| 2.00             | Medical and other services reimbursed under OPPS (see instructions)  | l            | 37, 995, 422   | 2.00   |
| 3.00             | OPPS payments  | ļ            | 28, 070, 010   | 3.00   |
| 4.00             | Outlier payment (see instructions)   | ļ            | 541, 918       |        |
| 4. 01            | Outlier reconciliation amount (see instructions)   | ļ            | 0              |        |
| 5. 00            | Enter the hospital specific payment to cost ratio (see instructions)   | ļ            | 0.000          |        |
| 6.00             | Line 2 times line 5  | ļ            | 0              |        |
| 7. 00<br>8. 00   | Sum of lines 3, 4, and 4.01, divided by line 6<br> Transitional corridor payment (see instructions)  | l            | 0.00           | 1      |
| 9. 00            | Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200   |              | 0              | 1      |
| 10. 00           | Organ acquisitions   | ļ            | 0              |        |
| 11. 00           | Total cost (sum of lines 1 and 10) (see instructions)  | ļ            | 19, 008        |        |
|                  | COMPUTATION OF LESSER OF COST OR CHARGES   |              |                | 1      |
|                  | Reasonable charges   |              |                |        |
|                  | Ancillary service charges  |              | 82, 019        | 12.00  |
|                  | Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)   | l            | 0              |        |
| 14. 00           | Total reasonable charges (sum of lines 12 and 13)  |              | 82, 019        | 14.00  |
| 15 00            | Customary charges  |              | 0              | 15 00  |
|                  | Aggregate amount actually collected from patients liable for payment for services on a cha   |              | 0              |        |
| 16.00            | Amounts that would have been realized from patients liable for payment for services on a claud such payment been made in accordance with 42 CFR §413.13(e) | nai yebasi s | U              | 10.00  |
| 17. 00           | Ratio of line 15 to line 16 (not to exceed 1.000000)   |              | 0. 000000      | 17.00  |
|                  | Total customary charges (see instructions)   | ļ            | 82, 019        | 1      |
| 19. 00           | Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11   | ) (see       | 63, 011        | 1      |
|                  | instructions)  |              |                |        |
| 20.00            | Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18   | ) (see       | 0              | 20.00  |
|                  | instructions)  | ļ            |                |        |
|                  | Lesser of cost or charges (see instructions)   | l            | 19, 008        | 1      |
|                  | Interns and residents (see instructions)   | l            | 0              |        |
|                  | Cost of physicians' services in a teaching hospital (see instructions)   | l            | 0              |        |
| 24.00            | Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)  COMPUTATION OF REIMBURSEMENT SETTLEMENT  |              | 28, 611, 928   | 24.00  |
| 25 00            | Deductibles and coinsurance amounts (for CAH, see instructions)  |              | 0              | 25. 00 |
|                  | Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instruction  | ns)          | 4, 698, 288    | 1      |
|                  | Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and  |              | 23, 932, 648   | 1      |
|                  | instructions)  | - `          |                |        |
| 28. 00           | Direct graduate medical education payments (from Wkst. E-4, line 50)   | l            | 0              | 28. 00 |
|                  | ESRD direct medical education costs (from Wkst. E-4, line 36)  | l            | 0              |        |
|                  | Subtotal (sum of lines 27 through 29)  | l            | 23, 932, 648   | 1      |
|                  | Primary payer payments   | ļ            | 3, 548         |        |
| 32.00            | Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)   |              | 23, 929, 100   | 32.00  |
| 33 00            | Composite rate ESRD (from Wkst. I-5, line 11)  |              | 0              | 33.00  |
|                  | Allowable bad debts (see instructions)   | ļ            | 92, 482        |        |
|                  | Adjusted reimbursable bad debts (see instructions)   | l            | 60, 113        |        |
|                  | Allowable bad debts for dual eligible beneficiaries (see instructions)   | l            | 42, 629        |        |
| 37.00            | Subtotal (see instructions)  | l            | 23, 989, 213   | 37.00  |
| 38.00            | MSP-LCC reconciliation amount from PS&R  | ļ            | -36            | 38. 00 |
| 39. 00           | OTHER ADJUSTMENTS  | l            | 1, 180         |        |
| 39. 50           | Pioneer ACO demonstration payment adjustment (see instructions)  | l            | _              | 39. 50 |
| 39. 75           | N95 respirator payment adjustment amount (see instructions)  | l            | 0              | 1      |
| 39. 97<br>39. 98 | Demonstration payment adjustment amount before sequestration   | ,            | 0              | 1      |
| 39. 90           | Partial or full credits received from manufacturers for replaced devices (see instructions RECOVERY OF ACCELERATED DEPRECIATION                            | )            | 0              | 1      |
| 39. 99<br>40. 00 | Subtotal (see instructions)  | ļ            | 23, 990, 429   | 1      |
|                  | Sequestration adjustment (see instructions)  | ļ            | 302, 279       | 1      |
| 40. 02           | Demonstration payment adjustment amount after sequestration  | l            | 0              |        |
|                  | Sequestration adjustment-PARHM or CHART pass-throughs  | l            |                | 40. 03 |
| 41.00            | Interim payments   | l            | 23, 701, 296   | 41.00  |
| 41. 01           | Interim payments-PARHM or CHART  | l            |                | 41. 01 |
| 42. 00           | Tentative settlement (for contractors use only)  | l            | 0              |        |
| 42. 01           | Tentative settlement-PARHM or CHART (for contractor use only)  | ļ            |                | 42. 01 |
| 43.00            | Balance due provider/program (see instructions)  | ļ            | -13, 146       | 1      |
| 43. 01           | Balance due provider/program-PARHM (see instructions)  | ar 1         | 0.450          | 43. 01 |
| 44. 00           | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapt §115.2  | CI I,        | 8, 458         | 44.00  |
|                  | TO BE COMPLETED BY CONTRACTOR  |              |                | 1      |
| 90. 00           | Original outlier amount (see instructions)   |              | 0              | 90.00  |
| 91. 00           | Outlier reconciliation adjustment amount (see instructions)  | ļ            | Ö              | 1      |
|                  | The rate used to calculate the Time Value of Money   | ļ            | 0.00           |        |
| 93.00            | Time Value of Money (see instructions)   | ļ            | 0              | 93.00  |
| 94.00            | Total (sum of lines 91 and 93)   | ļ            | 0              | 94.00  |
|                  |  |              |                |        |

| Health Financial Systems                | IU HEALTH NORTH | HOSPI TAL             | In Lieu         | of Form CMS  | -2552-10 |
|---|-----------------|-----------------------|-----------------|--------------|----------|
| CALCULATION OF REIMBURSEMENT SETTLEMENT |                 | Provider CCN: 15-0161 | Peri od:        | Worksheet E  |          |
|   |                 |                       | From 01/01/2022 |              |          |
|   |                 |                       | To 12/31/2022   |              |          |
|   |                 |                       |                 | 5/25/2023 2: | 40 pm    |
|   |                 | Title XVIII           | Hospi tal       | PPS          |          |
|   |                 |                       |                 |              |          |
|   |                 |                       |                 | 1. 00        |          |
| MEDICARE PART B ANCILLARY COSTS         |                 |                       |                 |              |          |
| 200.00 Part B Combined Billed Days      |                 |                       |                 | (            | 200.00   |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED Provider CCN: 15-0161 Peri od: Worksheet E-1 From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/25/2023 2:40 pm Title XVIII Hospi tal PPS Part B Inpatient Part A mm/dd/yyyy Amount mm/dd/yyyy Amount 1.00 2.00 3.00 4.00 1.00 Total interim payments paid to provider 19, 572, 113 23, 701, 296 1.00 Interim payments payable on individual bills, either 2 00 2 00 submitted or to be submitted to the contractor for services rendered in the cost reporting period. write "NONE" or enter a zero List separately each retroactive lump sum adjustment 3.00 3.00 amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 3.01 ADJUSTMENTS TO PROVIDER 12/21/2022 31, 400 3.01 3.02 0 3.02 0 3 03 0 0 3 03 3.04 0 0 3.04 0 3.05 3.05 0 Provider to Program 3.50 ADJUSTMENTS TO PROGRAM 0 0 3.50 0 0 3.51 3.51 0 0 3.52 3.52 3 53 0 0 3 53 3.54 0 3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 31, 400 3.99 3.50-3.98) 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 19, 603, 513 23, 701, 296 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropri ate) TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after 5.00 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 0 0 5.02 0 5.02 5.03 0 5.03 Provider to Program 5.50 TENTATI VE TO PROGRAM 0 0 5.50 5.51 0 0 5. 51 5.52 0 0 5.52 0 5.99 Subtotal (sum of lines 5.01-5.49 minus sum of lines 0 5.99 5. 50-5. 98) 6.00 Determined net settlement amount (balance due) based on 6.00 the cost report. (1)

6.01

6.02

7.00

8.00

13, 146

23, 688, 150

NPR Date

(Mo/Day/Yr)

2.00

153, 362

Contractor

Number

1.00

19, 756, 875

6.01

6.02

7.00

SETTLEMENT TO PROVIDER

Total Medicare program liability (see instructions)

SETTLEMENT TO PROGRAM

8.00 Name of Contractor

| Heal th | Financial Systems                              | IU HEALTH NORTH  | HOSPI TAL                | In Lie                      | u of Form CMS-              | 2552-10 |
|---------|--|------------------|--------------------------|-----------------------------|-----------------------------|---------|
| CALCUL  | ATION OF REIMBURSEMENT SETTLEMENT FOR HIT      |                  | Provider CCN: 15-0161    | Peri od:<br>From 01/01/2022 |                             |         |
|         |  |                  |                          | To 12/31/2022               | Date/Time Pre 5/25/2023 2:4 |         |
|         |  |                  | Title XVIII              | Hospi tal                   | PPS                         |         |
|         |  |                  |                          |                             |                             |         |
|         |  |                  |                          |                             | 1. 00                       |         |
|         | TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD  |                  |                          |                             |                             | _       |
|         | HEALTH INFORMATION TECHNOLOGY DATA COLLECTION  |                  |                          |                             |                             |         |
| 1. 00   | Total hospital discharges as defined in AARA § | §4102 from Wkst. | S-3, Pt. I col. 15 line  | e 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, col |                  |                          |                             |                             | 5. 00   |
| 6. 00   | Total hospital charity care charges from Wkst. |                  |                          |                             |                             | 6.00    |
| 7. 00   | CAH only - The reasonable cost incurred for th | ne purchase of c | ertified HIT technology  | Wkst. S-2, Pt. I            |                             | 7.00    |
| 8. 00   | Calculation of the HIT incentive payment (see  | instructions)    |                          |                             |                             | 8.00    |
| 9. 00   | Sequestration adjustment amount (see instructi |                  |                          |                             |                             | 9.00    |
| 10.00   | Calculation of the HIT incentive payment after |                  | (see instructions)       |                             |                             | 10.00   |
|         | INPATIENT HOSPITAL SERVICES UNDER THE IPPS & C |                  |                          |                             |                             |         |
| 30.00   | Initial/interim HIT payment adjustment (see in | nstructions)     |                          |                             |                             | 30.00   |
|         | Other Adjustment (specify)                     |                  |                          |                             |                             | 31.00   |
|         | Balance due provider (line 8 (or line 10) minu | us line 30 and l | ine 31) (see instruction | ns)                         |                             | 32.00   |

| Health Financial Systems                | IU HEALTH NORTH HOSPITAL | In Lieu                          | of Form CMS-2552-10   |
|---|--------------------------|----------------------------------|---|
| CALCULATION OF REIMBURSEMENT SETTLEMENT | Provi der CCN: 15-0161   | From 01/01/2022<br>To 12/31/2022 | Worksheet E-3<br>Part VII<br>Date/Time Prepared:<br>5/25/2023 2:40 pm |

|        |  | r                       | o 12/31/2022 | Date/Time Pre<br>5/25/2023 2:4 |                  |
|--------|--|-------------------------|--------------|--------------------------------|------------------|
|        |  | Title XIX               | Hospi tal    | PPS                            | <u> </u>         |
|        |  |                         | Inpatient    | Outpati ent                    |                  |
|        |  |                         | 1. 00        | 2. 00                          |                  |
|        | PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVI                             | CES FOR TITLES V OR XI  | 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   |                         |              | 1, 214, 085                    | 2.00             |
| 3.00   | Organ acquisition (certified transplant programs only)                                       |                         | 0            |                                | 3.00             |
| 4.00   | Subtotal (sum of lines 1, 2 and 3)   |                         | 0            | 1, 214, 085                    | 4.00             |
| 5.00   | Inpatient primary payer payments   |                         | 0            |                                | 5.00             |
| 6.00   | Outpatient primary payer payments  |                         |              | 0                              |                  |
| 7. 00  | Subtotal (line 4 less sum of lines 5 and 6)  |                         | 0            | 1, 214, 085                    | 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  |                         | 3, 342, 676  | 7, 208, 941                    | 9.00             |
| 10.00  | Organ acquisition charges, net of revenue  |                         | 0            |                                | 10.00            |
| 11.00  | Incentive from target amount computation   |                         | 2 242 (7(    | 7 200 041                      | 11.00            |
| 12.00  | Total reasonable charges (sum of lines 8 through 11)   |                         | 3, 342, 676  | 7, 208, 941                    | 12.00            |
| 12 00  | CUSTOMARY CHARGES  | norul and an a change   |              | 0                              | 1 12 00          |
| 13. 00 | Amount actually collected from patients liable for payment for sbasis                        | services on a charge    | 0            | Ü                              | 13. 00           |
| 14.00  | Amounts that would have been realized from patients liable for patients liable for patients. | navment for services on | 0            | 0                              | 14. 00           |
| 14.00  | a charge basis had such payment been made in accordance with 42                              |                         | ١            | U                              | 14.00            |
| 15. 00 | Ratio of line 13 to line 14 (not to exceed 1.000000)   | CIR 3413. 13(e)         | 0. 000000    | 0. 000000                      | 15.00            |
| 16. 00 | Total customary charges (see instructions)   |                         | 3, 342, 676  | 7, 208, 941                    | 16.00            |
| 17. 00 | Excess of customary charges over reasonable cost (complete only                              | if line 16 exceeds      | 3, 342, 676  | 5, 994, 856                    |                  |
|        | line 4) (see instructions)   | TI TITLE TO EMOCOGO     | 0,012,070    | 0, , , , , 000                 | ''''             |
| 18. 00 | Excess of reasonable cost over customary charges (complete only                              | if line 4 exceeds line  | o            | 0                              | 18. 00           |
|        | 16) (see instructions)   |                         |              |                                |                  |
| 19.00  | Interns and Residents (see instructions)   |                         | o            | 0                              | 19.00            |
| 20.00  | Cost of physicians' services in a teaching hospital (see instruc                             | ctions)                 | o            | 0                              | 20.00            |
| 21.00  | Cost of covered services (enter the lesser of line 4 or line 16)                             | )                       | 0            | 1, 214, 085                    | 21.00            |
|        | PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be co                             | ompleted for PPS provid | ers.         |                                |                  |
| 22. 00 | Other than outlier payments  |                         | 0            | -1, 214, 085                   | 22. 00           |
| 23.00  | Outlier payments   |                         | 0            | 0                              | 23.00            |
|        | Program capital payments   |                         | 0            |                                | 24. 00           |
|        | Capital exception payments (see instructions)  |                         | 0            |                                | 25. 00           |
|        | Routine and Ancillary service other pass through costs                                       |                         | 0            | 0                              |                  |
|        | Subtotal (sum of lines 22 through 26)  |                         | 0            | -1, 214, 085                   | 1                |
| 28. 00 | Customary charges (title V or XIX PPS covered services only)                                 |                         | 0            | 0                              |                  |
| 29. 00 |  |                         | 0            | 0                              | 29. 00           |
| 20.00  | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |                         |              |                                | 00.00            |
| 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                              |                  |
|        | Coinsurance  |                         | 0            | 0                              | 33. 00<br>34. 00 |
|        | Allowable bad debts (see instructions)   |                         | 0            | Ü                              | 35.00            |
| 35.00  | Utilization review Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 3          | 22)                     | 0            | 0                              | ł                |
| 37. 00 | OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)   | 33)                     | 0            | 0                              |                  |
|        | Subtotal (line 36 ± line 37)   |                         | 0            | 0                              |                  |
| 39. 00 | Direct graduate medical education payments (from Wkst. E-4)                                  |                         |              | U                              | 39.00            |
| 40. 00 | Total amount payable to the provider (sum of lines 38 and 39)                                |                         | 0            | 0                              |                  |
| 41. 00 | Interim payments   |                         |              | 0                              |                  |
| 42. 00 | Balance due provider/program (line 40 minus line 41)   |                         | Ö            | 0                              |                  |
| 43. 00 | Protested amounts (nonallowable cost report items) in accordance                             | e with CMS Pub 15-2     | l ő          | 0                              |                  |
|        | chapter 1, §115.2  |                         |              | Ü                              |                  |
|        |  |                         | '            |                                |                  |

| Heal th   | Financial Systems IU HEALTH NORTH  | HOSPI TAL             | In Lieu                          | u of Form CMS-2                  | 552-10         |
|---|--|-----------------------|----------------------------------|----------------------------------|----------------|
| OUTLIE  | R RECONCILIATION AT TENTATIVE SETTLEMENT   | Provider CCN: 15-0161 | Peri od:                         | Worksheet E-5                    | ·              |
|   |  |                       | From 01/01/2022<br>To 12/31/2022 | Date/Time Prep<br>5/25/2023 2:40 | oared:<br>O pm |
|   |  | Title XVIII           |                                  | PPS                              |                |
|   |  |                       |                                  |                                  |                |
|   |  |                       |                                  | 1. 00                            |                |
|   | TO BE COMPLETED BY CONTRACTOR  |                       |                                  |                                  |                |
| TO BE COMPLETED BY CONTRACTOR  1.00 Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions) |  |                       |                                  |                                  | 1.00           |
| 2.00  | 1.00 Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions) |                       |                                  |                                  | 2.00           |
| 3.00  | Operating outlier reconciliation adjustment amount (see instr  | ructions)             |                                  | 0                                | 3.00           |
| 4.00  | Capital outlier reconciliation adjustment amount (see instruc  | ctions)               |                                  | 0                                | 4.00           |
| 5.00  | The rate used to calculate the time value of money (see instr  | ructions)             |                                  | 0.00                             | 5.00           |
| 6.00  | Time value of money for operating expenses (see instructions)  | )                     |                                  | 0                                | 6.00           |
| 7.00  | Time value of money for capital related expenses (see instruc  | ctions)               |                                  | 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: 15-0161

Peri od: Worksheet G From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/25/2023 2:40 pm

| 37               |   | General Fund  | Specific<br>Purpose Fund | Endowment<br>Fund | 5/25/2023 2: 4<br>  Plant Fund | O pm             |
|------------------|---|---------------|--------------------------|-------------------|--------------------------------|------------------|
|                  | T   | 1.00          | 2.00                     | 3. 00             | 4. 00                          |                  |
| 1 00             | CURRENT ASSETS  | E10 721 FE0   |                          | ما                | 0                              | 1.00             |
| 1. 00<br>2. 00   | Cash on hand in banks Temporary investments                               | 510, 731, 559 | 0                        | ol<br>Ol          | 0                              | 2.00             |
| 3. 00            | Notes recei vabl e  | 0             | 0                        | 0                 | 0                              | 3.00             |
| 4. 00            | Accounts receivable   | 67, 001, 286  | -                        | Ö                 | 0                              | 4.00             |
| 5.00             | Other receivable  | 0             | 0                        | O                 | 0                              | 5. 00            |
| 6.00             | Allowances for uncollectible notes and accounts receivable                | -11, 919, 848 | 0                        | 0                 | 0                              | 6. 00            |
| 7. 00            | Inventory   | 7, 446, 009   | 0                        | 0                 | 0                              | 7.00             |
| 8. 00            | Prepai d expenses   | 977, 694      | 0                        | 0                 | 0                              | 8.00             |
| 9. 00<br>10. 00  | Other current assets Due from other funds                                 | 123, 706      | 0                        | 0                 | 0                              | 9. 00<br>10. 00  |
| 11. 00           | Total current assets (sum of lines 1-10)                                  | 574, 360, 406 | - 1                      | 0                 | 0                              | 11.00            |
| 11.00            | FIXED ASSETS  | 374, 300, 400 | 0                        | <u> </u>          | 0                              | 11.00            |
| 12. 00           | Land  | 0             | 0                        | 0                 | 0                              | 12.00            |
| 13.00            | Land improvements   | 12, 041, 302  | 0                        | o                 | 0                              | 13.00            |
| 14.00            | Accumulated depreciation  | -11, 964, 103 | 0                        | 0                 | 0                              | 14.00            |
| 15. 00           | Bui I di ngs  | 211, 347, 682 |                          | 0                 | 0                              | 15. 00           |
| 16.00            | Accumulated depreciation  | -74, 709, 378 |                          | 0                 | 0                              | 16.00            |
| 17. 00           | Leasehold improvements  | 867, 412      |                          | 0                 | 0                              | 17.00            |
| 18. 00<br>19. 00 | Accumulated depreciation Fixed equipment                                  | -677, 903     | 0                        | 0                 | 0                              | 18. 00<br>19. 00 |
| 20. 00           | Accumulated depreciation  | 0             | 0                        | 0                 | 0                              | 20.00            |
| 21. 00           | Automobiles and trucks  | 219, 593      | -                        | 0                 | 0                              | 21.00            |
| 22. 00           | Accumulated depreciation  | -160, 237     | 0                        | Ö                 | 0                              | 22.00            |
| 23.00            | Major movable equipment   | 117, 212, 127 | 0                        | O                 | 0                              | 23. 00           |
| 24.00            | Accumulated depreciation  | -85, 908, 633 | 0                        | O                 | 0                              | 24.00            |
| 25.00            | Mi nor equi pment depreciable   | 0             | 0                        | 0                 | 0                              | 25. 00           |
| 26.00            | Accumulated depreciation  | 0             | 0                        | 0                 | 0                              | 26. 00           |
| 27. 00           | HIT designated Assets   | 0             | 0                        | 0                 | 0                              | 27.00            |
| 28. 00           | Accumulated depreciation  | 0             | 0                        | 0                 | 0                              | 28. 00           |
| 29. 00<br>30. 00 | Minor equipment-nondepreciable Total fixed assets (sum of lines 12-29)    | 168, 267, 862 | 0                        | 0                 | 0                              | 29. 00<br>30. 00 |
| 30.00            | OTHER ASSETS  | 100, 207, 002 |                          | <u> </u>          | 0                              | 30.00            |
| 31.00            | Investments   | 0             | 0                        | 0                 | 0                              | 31.00            |
| 32.00            | Deposits on Leases  | 0             | 0                        | 0                 | 0                              | 32.00            |
| 33.00            | Due from owners/officers  | 0             | 0                        | 0                 | 0                              | 33.00            |
| 34.00            | Other assets  | 129, 624      | 1                        | 0                 | 0                              | 34.00            |
| 35.00            | Total other assets (sum of lines 31-34)                                   | 129, 624      | 1                        | 0                 | 0                              | 35.00            |
| 36. 00           | Total assets (sum of lines 11, 30, and 35)                                | 742, 757, 892 | 0                        | 0                 | 0                              | 36.00            |
| 37. 00           | CURRENT LIABILITIES  Accounts payable                                     | 23, 257, 828  | 0                        | ol                | 0                              | 37.00            |
| 38. 00           | Salaries, wages, and fees payable   | 3, 608, 710   | I                        | 0                 | 0                              | 38.00            |
| 39. 00           | Payrol I taxes payable  | 0             | 0                        | Ö                 | 0                              | 39.00            |
| 40.00            | Notes and Loans payable (short term)                                      | 0             | 0                        | О                 | 0                              | 40.00            |
| 41.00            | Deferred income   | 0             | 0                        | 0                 | 0                              | 41.00            |
| 42.00            | Accel erated payments   | 0             |                          |                   |                                | 42.00            |
| 43.00            | Due to other funds  | 0             | 0                        | 0                 | 0                              | 43.00            |
| 44. 00           | Other current liabilities   | 1, 666, 823   |                          | 0                 | 0                              | 44.00            |
| 45. 00           | Total current liabilities (sum of lines 37 thru 44) LONG TERM LIABILITIES | 28, 533, 361  | 0                        | U                 | 0                              | 45. 00           |
| 46. 00           | Mortgage payable  | 0             | 0                        | O                 | 0                              | 46. 00           |
| 47. 00           | Notes payable   | 0             | 0                        | 0                 | 0                              | 47.00            |
| 48. 00           | Unsecured Loans   | 0             | 0                        | Ö                 | 0                              | 48. 00           |
| 49.00            | Other long term liabilities   | 365, 163      | 0                        | 0                 | 0                              | 49.00            |
| 50.00            | Total long term liabilities (sum of lines 46 thru 49)                     | 365, 163      | 0                        | 0                 | 0                              | 50.00            |
| 51.00            | Total liabilities (sum of lines 45 and 50)                                | 28, 898, 524  | 0                        | 0                 | 0                              | 51.00            |
|                  | CAPI TAL ACCOUNTS   |               |                          |                   |                                |                  |
| 52.00            | General fund balance  | 713, 859, 368 | 1                        |                   |                                | 52.00            |
| 53. 00<br>54. 00 | Specific purpose fund Donor created - endowment fund balance - restricted |               | 0                        |                   |                                | 53. 00<br>54. 00 |
| 55. 00           | Donor created - endowment fund balance - restricted                       |               |                          | 0                 |                                | 55.00            |
| 56. 00           | Governing body created - endowment fund balance                           |               |                          | 0                 |                                | 56.00            |
| 57. 00           | Plant fund balance - invested in plant                                    |               |                          | Ĭ                 | 0                              | 57.00            |
| 58. 00           | Plant fund balance - reserve for plant improvement,                       |               |                          |                   | 0                              | 58. 00           |
|                  | replacement, and expansion  |               |                          |                   |                                |                  |
| 59.00            | Total fund balances (sum of lines 52 thru 58)                             | 713, 859, 368 | 1                        | 0                 | 0                              | 59.00            |
| 60. 00           | Total liabilities and fund balances (sum of lines 51 and                  | 742, 757, 892 | 0                        | 0                 | 0                              | 60.00            |
|                  | [59]  | I             | ı                        | I                 |                                | I                |

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES

|                            |   |           |               | 1          | To 12/31/2022 | Date/Time Pre 5/25/2023 2:4 |                            |
|----------------------------|---|-----------|---------------|------------|---------------|-----------------------------|----------------------------|
|                            |   | Genera    | I Fund        | Special Pu | urpose Fund   | Endowment                   | , p                        |
|                            |   |           |               |            |               | Fund                        |                            |
|                            |   |           |               |            |               |                             |                            |
|                            |   | 1. 00     | 2. 00         | 3. 00      | 4. 00         | 5. 00                       |                            |
| 1.00                       | Fund balances at beginning of period  |           | 605, 217, 997 |            | 0             |                             | 1.00                       |
| 2.00                       | Net income (loss) (from Wkst. G-3, line 29)   |           | 108, 641, 366 |            |               |                             | 2.00                       |
| 3.00                       | Total (sum of line 1 and line 2)  |           | 713, 859, 363 |            | ا ا           | 0                           | 3.00                       |
| 4. 00<br>5. 00             | Additions (credit adjustments) (specify)  | 0         |               | C          |               | 0                           | 4. 00<br>5. 00             |
| 6.00                       |   | 0         |               | (          |               | 0                           |                            |
| 7. 00                      |   | 0         |               | (          | 1             | 0                           |                            |
| 8. 00                      |   | 0         |               |            |               | 0                           |                            |
| 9. 00                      |   | 0         |               |            |               | 0                           |                            |
| 10.00                      | Total additions (sum of line 4-9)   |           | o             |            | ol ol         | Ü                           | 10.00                      |
| 11. 00                     | Subtotal (line 3 plus line 10)  |           | 713, 859, 363 |            | o             |                             | 11.00                      |
| 12.00                      | Deductions (debit adjustments) (specify)  | o         | ., ,          | C          |               | 0                           | 12.00                      |
| 13.00                      |   | 0         |               | C          |               | 0                           | 13.00                      |
| 14.00                      |   | 0         |               | C          |               | 0                           | 14.00                      |
| 15.00                      |   | 0         |               | C          |               | 0                           |                            |
| 16.00                      |   | 0         |               | C          |               | 0                           | 16.00                      |
| 17. 00                     |   | 0         |               | C          |               | 0                           |                            |
| 18. 00                     | Total deductions (sum of lines 12-17)   |           | 0             |            | 0             |                             | 18.00                      |
| 19. 00                     | Fund balance at end of period per balance   |           | 713, 859, 363 |            | 0             |                             | 19.00                      |
|                            | sheet (line 11 minus line 18)   | Endowment | <br>PI ant    | Fund       |               |                             |                            |
|                            |   | Fund      | PLAIIL        | runu       |               |                             |                            |
|                            |   | runa      |               |            |               |                             |                            |
|                            |   | 6. 00     | 7. 00         | 8. 00      |               |                             |                            |
| 1.00                       | Fund balances at beginning of period  | 0         |               | C          |               |                             | 1.00                       |
| 2. 00                      | Net income (loss) (from Wkst. G-3, line 29)   | _         |               | _          |               |                             | 2.00                       |
| 3.00                       | Total (sum of line 1 and line 2)  | 0         |               | C          | )             |                             | 3.00                       |
| 4.00                       | Additions (credit adjustments) (specify)  |           | 0             |            |               |                             | 4.00                       |
| 5.00                       |   |           | 0             |            |               |                             | 5. 00<br>6. 00             |
| 6. 00<br>7. 00             |   |           | U             |            |               |                             | 7.00                       |
| 8. 00                      |   |           | 0             |            |               |                             | 8.00                       |
| 9. 00                      |   |           | 0             |            |               |                             | 9.00                       |
| 10.00                      | Total additions (sum of line 4-9)   | 0         | Ğ             | C          |               |                             | 10.00                      |
| 11. 00                     | Subtotal (line 3 plus line 10)  | 0         |               | C          |               |                             | 11.00                      |
| 12. 00                     | Deductions (debit adjustments) (specify)  |           | o             |            |               |                             | 12.00                      |
| 13.00                      |   |           | o             |            |               |                             | 13.00                      |
| 14.00                      |   |           | o             |            |               |                             | 14.00                      |
| 15.00                      |   |           | ام            |            |               |                             | 15 00                      |
|                            |   | l l       | ٠             |            |               |                             | 15.00                      |
| 16.00                      |   |           | 0             |            |               |                             | 16.00                      |
| 16. 00<br>17. 00           |   |           | 0             |            |               |                             | 16. 00<br>17. 00           |
| 16. 00<br>17. 00<br>18. 00 | Total deductions (sum of lines 12-17)   | 0         | 0             | C          |               |                             | 16. 00<br>17. 00<br>18. 00 |
| 16. 00<br>17. 00           | Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18) | 0         | 0             | (          |               |                             | 16. 00<br>17. 00           |

Health Financial Systems I STATEMENT OF PATLENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0161

|                  |  | -             | Го 12/31/2022 | Date/Time Pre 5/25/2023 2:4 | pared:           |
|------------------|--|---------------|---------------|-----------------------------|------------------|
|                  | Cost Center Description  | Inpati ent    | Outpati ent   | Total                       | O PIII           |
|                  |  | 1.00          | 2. 00         | 3. 00                       |                  |
|                  | PART I - PATIENT REVENUES  |               | •             |                             |                  |
|                  | General Inpatient Routine Services                                       |               |               |                             |                  |
| 1.00             | Hospi tal  | 122, 603, 420 | 5             | 122, 603, 426               | 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             | NURSI NG FACILITY  |               |               |                             | 8.00             |
| 9.00             | OTHER LONG TERM CARE   |               |               |                             | 9. 00            |
| 10.00            | Total general inpatient care services (sum of lines 1-9)                 | 122, 603, 426 | 5             | 122, 603, 426               | 10.00            |
|                  | Intensive Care Type Inpatient Hospital Services                          |               | *             |                             |                  |
| 11.00            | INTENSIVE CARE UNIT  |               |               |                             | 11.00            |
| 12.00            | CORONARY CARE UNIT   |               |               |                             | 12.00            |
| 13.00            | BURN INTENSIVE CARE UNIT   |               |               |                             | 13.00            |
| 14.00            | SURGI CAL INTENSI VE CARE UNIT   |               |               | 0                           | 14.00            |
| 14.01            | PEDIATRIC INTENSIVE CARE UNIT  |               |               | 0                           | 14.01            |
| 14.02            | PREMATURE INTENSIVE CARE UNIT  | 28, 183, 13°  | 1             | 28, 183, 131                | 14.02            |
| 15.00            | OTHER SPECIAL CARE (SPECIFY)   |               |               |                             | 15.00            |
| 16.00            | Total intensive care type inpatient hospital services (sum of lines      | 28, 183, 13°  | 1             | 28, 183, 131                | 16.00            |
|                  | 11-15)   |               |               |                             |                  |
| 17. 00           | Total inpatient routine care services (sum of lines 10 and 16)           | 150, 786, 55  | 7             | 150, 786, 557               | 17. 00           |
| 18. 00           | Ancillary services   | 302, 885, 625 |               |                             | 18. 00           |
| 19. 00           | Outpati ent servi ces  | 30, 357, 942  |               | 147, 683, 225               | 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 SURGI CAL CENTER (D. P. )                                     |               |               |                             | 25. 00           |
| 26. 00           | HOSPI CE   |               |               |                             | 26. 00           |
| 27. 00           | NONALLOWABLE REVENUE   | 1             | 1, 316, 688   | 1, 316, 688                 | 27. 00           |
| 28. 00           | Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.   | 484, 030, 124 | 922, 346, 106 | 1, 406, 376, 230            | 28. 00           |
|                  | G-3, line 1)   |               |               |                             |                  |
| 00.00            | PART II - OPERATING EXPENSES   |               | 040 004 544   |                             | 00.00            |
| 29. 00           | Operating expenses (per Wkst. A, column 3, line 200)                     |               | 313, 204, 514 |                             | 29.00            |
| 30.00            | ADD (SPECIFY)  |               |               |                             | 30.00            |
| 31.00            |  |               |               |                             | 31.00            |
| 32.00            |  | 1             |               |                             | 32.00            |
| 33.00            |  | 1             |               |                             | 33.00            |
| 34.00            |  | 1             |               |                             | 34.00            |
| 35.00            | T-t-1  | 1             | 0             |                             | 35.00            |
| 36.00            | Total additions (sum of lines 30-35)                                     |               |               |                             | 36.00            |
| 37. 00<br>38. 00 | DEDUCT (SPECIFY)   | 1             |               |                             | 37. 00<br>38. 00 |
| 39.00            |  | 1             |               |                             | 39.00            |
| 40. 00           |  | 1             |               |                             | 40.00            |
| 40.00            |  |               |               |                             | 40.00            |
| 41.00            | Total deductions (sum of lines 37-41)                                    |               | 1             |                             | 41.00            |
| 43. 00           | Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer |               | 313, 204, 514 |                             | 42.00            |
| 43.00            | to Wkst. G-3, line 4)  |               | 313, 204, 314 |                             | 45.00            |
|                  | 10   | I .           | T             |                             | ı                |

|                  | Financial Systems   | IU HEALTH NORTH HOS   |                     |                             | u of Form CMS-2                  |          |
|------------------|---|-----------------------|---------------------|-----------------------------|----------------------------------|----------|
| SIAIEN           | IENT OF REVENUES AND EXPENSES                               | Pro                   | ovider CCN: 15-0161 | Peri od:<br>From 01/01/2022 | Worksheet G-3                    |          |
|                  |   |                       |                     | To 12/31/2022               | Date/Time Prep<br>5/25/2023 2:40 |          |
|                  |   |                       |                     |                             | 0, 20, 2020 2                    | <u> </u> |
|                  |   |                       |                     |                             | 1. 00                            |          |
| 1. 00            | Total patient revenues (from Wkst. G-2, Part                | t I, column 3, line 2 | 8)                  |                             | 1, 406, 376, 230                 | 1.00     |
| 2. 00            | Less contractual allowances and discounts or                | n patients' accounts  |                     |                             | 993, 098, 786                    | 2.00     |
| 3. 00            | Net patient revenues (line 1 minus line 2)                  |                       |                     |                             | 413, 277, 444                    |          |
| 4. 00            | Less total operating expenses (from Wkst. G-                |                       |                     |                             | 313, 204, 514                    |          |
| 5. 00            | Net income from service to patients (line 3                 | minus line 4)         |                     |                             | 100, 072, 930                    | 5.00     |
|                  | OTHER I NCOME   |                       |                     |                             |                                  | 1        |
| 6. 00            | Contributions, donations, bequests, etc                     |                       |                     |                             | 0                                |          |
| 7. 00            | Income from investments                                     |                       |                     |                             | 0                                |          |
| 3. 00            | Revenues from telephone and other miscellane                | eous communication se | rvi ces             |                             | 0                                |          |
| 9. 00            | Revenue from television and radio service                   |                       |                     |                             | 0                                |          |
| 10.00            | Purchase di scounts   |                       |                     |                             | 0                                |          |
| 11.00            | Rebates and refunds of expenses                             |                       |                     |                             | 0                                |          |
| 12.00            | Parking lot receipts Revenue from laundry and linen service |                       |                     |                             | 0                                |          |
| 13. 00<br>14. 00 | Revenue from meals sold to employees and que                | octo                  |                     |                             | 0                                |          |
| 15. 00           | Revenue from rental of living quarters                      | ests                  |                     |                             | 0                                |          |
| 16. 00           | Revenue from sale of medical and surgical su                | upplies to other than | nationts            |                             | 0                                |          |
| 17. 00           | Revenue from sale of drugs to other than part               |                       | patrents            |                             | - 1                              | 17.00    |
| 18.00            | Revenue from sale of medical records and abs                |                       |                     |                             | 0                                |          |
|                  | Tuition (fees, sale of textbooks, uniforms,                 |                       |                     |                             |                                  | 19.00    |
| 20.00            | Revenue from gifts, flowers, coffee shops, a                | ,                     |                     |                             | 0                                |          |
| 21. 00           | Rental of vending machines                                  | and danted.           |                     |                             | 0                                |          |
| 22. 00           | Rental of hospital space                                    |                       |                     |                             | 0                                |          |
| 23. 00           | Governmental appropriations                                 |                       |                     |                             | o                                |          |
| 24. 00           | MI CELLANEOUS I NCOME                                       |                       |                     |                             | 8, 568, 436                      |          |
| 24. 50           | COVI D-19 PHE Funding                                       |                       |                     |                             | 0                                |          |
| 25. 00           | Total other income (sum of lines 6-24)                      |                       |                     |                             | 8, 568, 436                      | 25.00    |
|                  | Total (line 5 plus line 25)                                 |                       |                     |                             | 108, 641, 366                    |          |
| 27. 00           | OTHER EXPENSES (SPECIFY)                                    |                       |                     |                             | 0                                | 27.00    |
| 28. 00           | Total other expenses (sum of line 27 and sub                | bscri pts)            |                     |                             | 0                                | 28.00    |
| 29. 00           | Net income (or loss) for the period (line 26                | 6 minus line 28)      |                     |                             | 108, 641, 366                    | 29.00    |

|        | Financial Systems I  | U HEALTH NORTH HOSPITAL  Provider CCN: 15-0161 | Peri od:                         | u of Form CMS-2<br>Worksheet L |         |
|--------|--|--|----------------------------------|--------------------------------|---------|
| CALCUL | ATTON OF CAPITAL PAYMENT   | Provider CCN: 15-0161                          | From 01/01/2022<br>To 12/31/2022 | Parts I-III                    | epared: |
|        |  | Title XVIII                                    | Hospi tal                        | PPS                            |         |
|        |  |  |                                  |                                |         |
|        |  |  |                                  | 1. 00                          |         |
|        | RT I - FULLY PROSPECTIVE METHOD  |  |                                  |                                | 4       |
| 1. 00  | CAPITAL FEDERAL AMOUNT Capital DRG other than outlier  |  |                                  | 1, 315, 102                    | 1.00    |
| I. 00  | Model 4 BPCI Capital DRG other than outlier  |  |                                  | 1, 313, 102                    | 1       |
| . 00   | Capital DRG outlier payments   |  |                                  | 330, 140                       | 1       |
| . 01   | Model 4 BPCI Capital DRG outlier payments  |  |                                  | 0 330, 140                     |         |
| . 00   | Total inpatient days divided by number of days in the cost reporting period (see instructions)       |  |                                  | 99. 10                         | 1       |
| . 00   | Number of interns & residents (see instructions)   |  |                                  | 0.00                           |         |
| . 00   | Indirect medical education percentage (see instructions)   |  |                                  | 0.00                           |         |
| . 00   | Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and |  |                                  | 0                              |         |
|        | 1.01) (see instructions)   | ,  | ,                                |                                |         |
| . 00   | Percentage of SSI recipient patient days to Med  | dicare Part A patient days (Worksheet          | E, part A line                   | 2. 91                          | 7.00    |
|        | 30) (see instructions)   |  |                                  |                                |         |
| . 00   | Percentage of Medicaid patient days to total days (see instructions)                                 |  |                                  | 24. 18                         |         |
| . 00   | Sum of lines 7 and 8   |  |                                  | 27. 09                         |         |
| 0.00   |  |  |                                  | 5. 64                          |         |
| 1.00   | Disproportionate share adjustment (see instructions)   |  |                                  | 74, 172                        |         |
| 12.00  | Total prospective capital payments (see instru   | ctions)  |                                  | 1, 719, 414                    | 12.00   |
|        |  |  |                                  | 1. 00                          |         |
|        | ART II - PAYMENT UNDER REASONABLE COST   |  |                                  |                                |         |
| 1.00   | Program inpatient routine capital cost (see instructions)  |  |                                  | 0                              | 1.00    |
| 2. 00  | Program inpatient ancillary capital cost (see instructions)  |  |                                  | 0                              | 1       |
| . 00   | Total inpatient program capital cost (line 1 plus line 2)  |  |                                  | 0                              | 1       |
| . 00   | Capital cost payment factor (see instructions)   |  |                                  | 0                              | 1       |
| 5. 00  | Total inpatient program capital cost (line 3 x   | line 4)  |                                  | 0                              | 5.00    |
|        |  |  |                                  | 1. 00                          |         |
|        | PART III - COMPUTATION OF EXCEPTION PAYMENTS   |  |                                  |                                |         |
| . 00   | Program inpatient capital costs (see instruction   |  |                                  | 0                              | 1.00    |
| 2. 00  | Program inpatient capital costs for extraordina  |  |                                  | 0                              | 2.0     |
| . 00   | Net program inpatient capital costs (line 1 min  | · · · · · · · · · · · · · · · · · · ·          |                                  | 0                              |         |
| . 00   | Applicable exception percentage (see instruction   |  |                                  | 0. 00                          |         |
| . 00   | Capital cost for comparison to payments (line 3  |  |                                  | 0                              | 1 0.0   |
| . 00   | Percentage adjustment for extraordinary circums  |  |                                  | 0.00                           |         |
| . 00   | Adjustment to capital minimum payment level for  |  | x line 6)                        | 0                              |         |
| . 00   | Capital minimum payment level (line 5 plus line  |  |                                  | 0                              |         |
| . 00   | Current year capital payments (from Part I, Iii  |  | 0       0                        | 0                              | 1       |
| 0.00   | Current year comparison of capital minimum payr  |  |                                  | 0                              | 1       |
| 1. 00  | Carryover of accumulated capital minimum paymen Worksheet L, Part III, line 14)                      | it rever over capital payment (from p          | iror year                        | 0                              | 11.00   |
|        | WOLKSHEEL E, FALL III, TIHE 14)  |  |                                  |                                | 1       |

12.00 Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)

(if line 12 is negative, enter the amount on this line)

16.00 Current year operating and capital costs (see instructions)

17.00 Current year exception offset amount (see instructions)

15.00 Current year allowable operating and capital payment (see instructions)

13.00 Current year exception payment (if line 12 is positive, enter the amount on this line)
14.00 Carryover of accumulated capital minimum payment level over capital payment for the following period

0 13.00 0 14.00

0 17.00

0 12.00

0 15.00

0 16.00