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 Worksheet S HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 15-0181 Period: From 07/01/2022 Parts I-III AND SETTLEMENT SUMMARY 06/30/2023 Date/Time Prepared: 11/20/2023 8:37 am PART I - COST REPORT STATUS Provider 1.[X] Electronically prepared cost report Date: 11/20/2023 Time: 8:37 am use only ] Manually prepared cost report 2. Γ 3.  $\begin{bmatrix} 0 \end{bmatrix}$  If this is an amended report enter the number of times the provider resubmitted this cost report 4.  $\begin{bmatrix} F \end{bmatrix}$  Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. 6. Date Received: Contractor 5. [ 1 ]Cost Report Status 10.NPR Date: (2) Settled without Audit 8. [ N ] Initial Report for this Provider CCN | 11. Contractor's Vendor Code: 4 | 12. [ 0 ] If line 5, column 1 is 4: Enter | 13. Settled with Audit | 9. [ N ] Final Report for this Provider CCN | 12. [ 0 ] If line 5, column 1 is 4: Enter | 14. Separated | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report for this Provider CCN | 15. [ N ] Final Report f use only

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

(4) Reopened (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 ASCENSION ST. VINCENT FISHERS ( 15-0181 ) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 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	ELECTRONIC				
		1	2	SIGNATURE STATEMENT				
1	Becky Jacobson			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	Becky Jacobson			2			
3	Signatory Title	VP OF FINANCE			3			
4	Date	11/20/2023 08:37:23 AM			4			

			Title XVIII				
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
P	PART III - SETTLEMENT SUMMARY						
1.00 H	HOSPITAL	0	-51,074	27,423	0	0	1.00
2.00 s	SUBPROVIDER - IPF	0	0	0		0	2.00
3.00 s	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00 s	SWING BED - SNF	0	0	0		0	5.00
6.00 s	SWING BED - NF	0				0	6.00
12.00 C	CMHC I	0		0		0	12.00
200.00 T	TOTAL	0	-51,074	27,423	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.

In Lieu of Form CMS-2552-10 Health Financial Systems ASCENSION ST. VINCENT FISHERS

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0181 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/20/2023 8:37 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: 1.00 Street: 13861 OLIO RD PO Box: 1.00 2.00 City: FISHERS State: IN Zip Code: 46037 County: HAMILTON 2.00 Component Name CCN CBSA Provider Date Payment System (P, T, 0, or N) Number Number Туре Certified V XVIII XIX 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 ASCENSION ST. VINCENT 150181 26900 1 05/13/2013 Ν 0 3.00 Hospital FTSHERS Subprovider - IPF 4.00 4.00 5.00 Subprovider - IRF 5.00 6.00 Subprovider - (Other) 6.00 Swing Beds - SNF 7.00 7.00 8.00 Swing Beds - NF 8.00 9.00 Hospital-Based SNF 9.00 10.00 Hospital-Based NF 10.00 11.00 11.00 Hospital-Based OLTC 12.00 Hospital-Based HHA 12.00 13.00 Separately Certified ASC 13.00 14.00 Hospital-Based Hospice 14.00 15.00 Hospital-Based Health Clinic - RHC 15.00 16.00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospital-Based (CMHC) I 17.00 18.00 Renal Dialysis 18.00 19.00 Other 19.00 From: 2.00 1.00 06/30/2023 20.00 Cost Reporting Period (mm/dd/yyyy) 07/01/2022 20.00 21.00 Type of Control (see instructions) 21.00 1 1.00 2.00 3.00 Inpatient PPS Information 22.00 Does this facility qualify and is it currently receiving payments for Υ N 22.00 disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. 22.01 Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no 22.01 Ν for the portion of the cost reporting period occurring prior to October

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

		paid days	unpaid	Medicaid   paid day	s e	edicaid   ligible			days			
		1.00	days 2.00	3.00		unpaid 4.00	5.00		6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state	1.00			0	0	3.00	583	6.00		24.00	
25.00	Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state	0	0		0	0		0			25.00	
	Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.											
	pino para ana erigiste sae anpara aajo in coramii or			1		Urban/R				ogr		
26.00	Enter your standard geographic classification (not wa		at the beg	ginning of	the	1.0	1	2	.00		26.00	
27.00	cost reporting period. Enter "1" for urban or "2" for Enter your standard geographic classification (not we reporting period. Enter in column 1, "1" for urban or enter the effective date of the geographic reclassif	age) status r "2" for r	ural. If ap				1				27.00	
35.00	If this is a sole community hospital (SCH), enter the effect in the cost reporting period.	e number of	periods SC	CH status	in		0				35.00	
						Begin			ding: .00			
36.00	Enter applicable beginning and ending dates of SCH st		cript line	36 for nu	ımber	_	00				36.00	
37.00	of periods in excess of one and enter subsequent dates.  Of If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status  Of periods in excess of one and enter subsequent dates.											
37.01	is in effect in the cost reporting period.  Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)										37.01	
38.00	0 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.										38.00	
	Y/N											
	Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i or "N" for no. (see instructions)	), (ii), or the mileage ii)? Enter	(iii)? Ent requiremer in column 2	ter in col nts in 2 "Y" for	yes	N	I	_	N		39.00	
40.00	Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octol no in column 2, for discharges on or after October 1	ber 1. Ente	r "Y" for y			N			N		40.00	
							1.00	2.00		00		
45.00	Prospective Payment System (PPS)-Capital	-+ for dian		- ahana -		candanca	N.				45.00	
	Does this facility qualify and receive Capital paymer with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment excepursuant to 42 CFR §412.348(f)? If yes, complete Wkst	eption for	extraordina	ary circum	ıstan	ces	N N	N	1	N	45.00 46.00	
47.00	Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS (	canital? F	nter "Y for	r ves or "	'n" f	or no.	N	N	١,	N	47.00	
	Is the facility electing full federal capital payment						N	N N	- 1	, I	48.00	
56.00	Teaching Hospitals  Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter									56.00		
57.00	"Y" for yes; otherwise, enter "N" for no in column 2 For cost reporting periods beginning prior to December is this the first cost reporting period during which at this facility? Enter "Y" for yes or "N" for no in residents start training in the first month of this "N" for no in column 2. If column 2 is "Y", complete	er 27, 2020 residents n column 1. cost report	, if line 5 in approved If column ing period?	56, columr d GME prog 1 is "Y", ? Enter "	n 1, grams did 'Y" f	is yes, trained or yes o					57.00	
	complete Wkst. D, Parts III & IV and D-2, Pt. II, if beginning on or after December 27, 2020, under 42 CFF which month(s) of the cost report the residents were for yes, enter "Y" for yes in column 1, do not complete If line 56 is yes, did this facility elect cost reimles.	applicable R 413.77(e on duty, i ete column	. For cost )(1)(iv) ar f the respo	reporting nd (v), re onse to li olete Work	per gard ine 5 kshee	iods less of 6 is "Y" t E-4.					58.00	

In Lieu of Form CMS-2552-10 Health Financial Systems ASCENSION ST. VINCENT FISHERS HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0181 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/20/2023 8:37 am XVIII XIX 2.00 3.00 1.00 59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, 59.00 Pt. I. N NAHE 413.85 Worksheet A Pass-Through Y/N Line # Qualification Criterion Code 1.00 2.00 3.00 60.00 Are you claiming nursing and allied health education (NAHE) costs for 60.00 any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2. Y/N TMF Direct GME IME Direct GME 2.00 3.00 4.00 5.00 1.00 0.00 61.00 61.00 Did your hospital receive FTE slots under ACA Ν 0.00 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) 61.04 Enter the number of unweighted primary care/or 61.04 surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions). Enter the difference between the baseline primary 61.05 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 Code Unweighted IME Unweighted Program Name FTE Count Direct GME FTE Count 2.00 3.00 1.00 4.00 61.10 Of the FTEs in line 61.05, specify each new program 0.00 0.00 61.10 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. 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

MCRIF32 - 21.2.177.0

62.01

63.00

your hospital received HRSA PCRE funding (see instructions)

Teaching Hospitals that Claim Residents in Nonprovider Settings

during in this cost reporting period of HRSA THC program. (see instructions)

Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital

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)

0.00 62.01

63.00

In Lieu of Form CMS-2552-10 Health Financial Systems ASCENSION ST. VINCENT FISHERS HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0181 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/20/2023 8:37 am Unweighted Unweighted Ratio (col. 1/ (col. 1 + col.FTES FTEs in Nonprovider Hospital 2)) Site 1.00 2.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 64.00 0.000000 64.00 0.00 0.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Unweighted Unweighted Ratio (col. 3/ Program Name Program Code FTES FTEs in (col. 3 + col.Nonprovider Hospital 4)) Site 1.00 4.00 2.00 3.00 5.00 65.00 Enter in column 1, if line 63 0.00 0.00 0.000000 65.00 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) Unweighted Unweighted Ratio (col. 1/ FTES FTES in (col. 1 + col.Nonprovider Hospital 2)) Site 2.00 1.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident 0.00 0.00 0.000000 66.00 FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions) Program Name Program Code Unweighted Unweighted Ratio (col. 3/ (col. 3 + col.FTES FTEs in Nonprovider Hospital 4)) Site 1.00 2.00 3.00 4.00 5.00 0.000000 67.00 67.00 Enter in column 1, the program 0.00 0.00 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)

In Lieu of Form CMS-2552-10 Health Financial Systems ASCENSION ST. VINCENT FISHERS HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0181 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/20/2023 8:37 am 1.00 Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your 68.00 68.00 MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)? 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS 70.00 Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most 0 71.00 recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no. 75.00 76.00 If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most 0 76.00 recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions) 1.00 Long Term Care Hospital PPS 80.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. 80.00 81.00 Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 81.00 Ν Y" for yes and "N" for no. TEFRA Providers 85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no. 85.00 Ν Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. 86.00 86.00 Is this hospital an extended neoplastic disease care hospital classified under section 87.00 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no. Approved for Number of Permanent Approved Adjustment Permanent (Y/N)Adjustments 1.00 2.00 88.00 | Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target 0 88.00 amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments. Wkst. A Line Effective Date Approved No. Permanent Adjustment Amount Per Discharge 1.00 2.00 3.00 89.00 Column 1: If line 88, column 1 is Y, enter the Worksheet A line number 0.00 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 TEFRA target amount per discharge. XIX 1.00 2.00 Title V and XIX Services 90.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for 90.00 N yes or "N" for no in the applicable column. Is this hospital reimbursed for title V and/or XIX through the cost report either in 91.00 91.00 Ν full or in part? Enter "Y" for yes or "N" for no in the applicable column. Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column. 92.00 Ν 92.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column. 93.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the 94.00 94.00 Ν Ν applicable column. If line 94 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the 95.00 0.00 0.00 95.00

Ν

0.00

Ν

0.00

96.00

97.00

applicable column.

97.00 If line 96 is "Y", enter the reduction percentage in the applicable column.

96.00

	1.00	2.00	3.00	
112.00 Did this hospital participate in the Pennsylvania Rural Health Model	N			112.00
(PARHM) demonstration for any portion of the current cost reporting				
period? Enter "Y" for yes or "N" for no in column 1. If column 1 is				
"Y", enter in column 2, the date the hospital began participating in the				
demonstration. In column 3, enter the date the hospital ceased				
participation in the demonstration, if applicable.				
Miscellaneous Cost Reporting Information				
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no	N			0115.00
in column 1. If column 1 is yes, enter the method used (A, B, or E only)				
in column 2. If column 2 is "E", enter in column 3 either "93" percent				
for short term hospital or "98" percent for long term care (includes				
psychiatric, rehabilitation and long term hospitals providers) based on				
the definition in CMS Pub.15-1, chapter 22, §2208.1.				
116.00 Is this facility classified as a referral center? Enter "Y" for yes or	N			116.00
"N" for no.				
117.00 Is this facility legally-required to carry malpractice insurance? Enter	Y			117.00
"Y" for yes or "N" for no.				
$118.00$ $\hspace{-0.1cm}$ Is the malpractice insurance a claims-made or occurrence policy? Enter 1 $\hspace{-0.1cm}$	2			118.00
if the policy is claim-made. Enter 2 if the policy is occurrence.				

1:

In Lieu of Form CMS-2552-10 Health Financial Systems ASCENSION ST. VINCENT FISHERS HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0181 Period: Worksheet S-2 From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/20/2023 8:37 am Premiums Losses Insurance 1.00 2.00 3.00 379,161 118.01 118.01 List amounts of malpractice premiums and paid losses: 1.00 2.00 118.02 Are malpractice premiums and paid losses reported in a cost center other than the 118.02 Ν Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein. 119.00 DO NOT USE THIS LINE 119.00 120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA 120.00 N Ν §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no. 121.00 Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no. 121.00 122.00 poes the cost report contain healthcare related taxes as defined in §1903(w)(3) of the 5.00 122.00 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included. 123.00 pid the facility and/or its subproviders (if applicable) purchase professional 123.00 services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter  $ar{^{ extsf{ iny}}}$ " for yes or "N" for no. Certified Transplant Center Information 125.00 Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes N 125.00 and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below. 126.00 If this is a Medicare-certified kidney transplant program, enter the certification date 126.00 in column 1 and termination date, if applicable, in column 2. 127.00 If this is a Medicare-certified heart transplant program, enter the certification date 127.00 in column 1 and termination date, if applicable, in column 2. 128.00 If this is a Medicare-certified liver transplant program, enter the certification date 128.00 in column 1 and termination date, if applicable, in column 2. 129.00 If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2. 129.00 130.00 If this is a Medicare-certified pancreas transplant program, enter the certification 130.00 date in column 1 and termination date, if applicable, in column 2. 131.00 If this is a Medicare-certified intestinal transplant program, enter the certification 131.00 date in column 1 and termination date, if applicable, in column 2. 132.00 If this is a Medicare-certified islet transplant program, enter the certification date 132.00 in column 1 and termination date, if applicable, in column 2. 133.00 Removed and reserved 133.00 134.00 If this is a hospital-based organ procurement organization (OPO), enter the OPO number 134.00 in column 1 and termination date, if applicable, in column 2. All Providers 15H046 140.00 140.00 Are there any related organization or home office costs as defined in CMS Pub. 15-1, Υ chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions) 3.00 1.00 2.00 If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number. 141.00 Name: ST. VINCENT HEALTH Contractor's Name: WPS Contractor's Number: 8101 141.00 142.00 Street: 250 WEST 96TH STREET, SUITE 215 PO Box: 142.00 143.00 city: INDIANAPOLIS 46260 143.00 State: IN zip Code: 1.00 144.00 Are provider based physicians' costs included in Worksheet A? 144.00 2.00 1.00 145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is 145.00 no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. 146.00 Has the cost allocation methodology changed from the previously filed cost report? 146.00 Ν Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.

Health Financial Systems		INCENT FISHERS	15 0101	1		u of Form CMS	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	F			: 7/01/2022 6/30/2023	Worksheet S- Part I Date/Time Pr	
						11/20/2023 8	
						1.00	_
147.00 was there a change in the statist	ical hasis? Enter "V" for	ves or "N" for	no			N 1.00	147.0
148.00 was there a change in the order o	fallocation? Enter "V" fo	or vas or "N" fo	or no			N	148.0
149.00 was there a change to the simplif				or no		N	149.0
213100 mas energe a enange co ene simpiri	ica cose i ina ing meenoa.	Part A	Part B		itle V	Title XIX	12.510
		1.00	2.00		3.00	4.00	
Does this facility contain a prov	ider that qualifies for a	n exemption from	m the appli	cation of	f the lowe	r of costs	
or charges? Enter "Y" for yes or	'N" for no for each compo	nent for Part A	and Part E	3. (See 42	2 CFR §413	3.13)	
L55.00 Hospital		N	N		N	N	155.0
L56.00 Subprovider - IPF		N	N		N	N	156.0
L57.00 Subprovider - IRF		N	N		N	N	157.0
158.00 SUBPROVIDER							158.0
159.00 SNF		N	N N		N	N	159.0
160.00 HOME HEALTH AGENCY 161.00 CMHC		N	N N		N N	N N	160.0
TOT: OO CIVING			l N		IN	N	101.0
						1.00	$\dashv$
Multicampus						1.00	
165.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.	ampus hospital that has or	ne or more campu	uses in dif	ferent CB	SAs?	N	165.0
•	Name	County	State	Zip Code	CBSA	FTE/Campus	
	0	1.00	2.00	3.00	4.00	5.00	
166.00 If line 165 is yes, for each						0.0	00 166.0
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)							
(000 11100 400 1010)							
						1.00	
Health Information Technology (HI							
167.00 Is this provider a meaningful use	under §1886(n)? Enter '	'Y" for yes or '	'N" for no.			Y	167.0
168.00 If this provider is a CAH (line 10			e 167 is "Y	"), enter	the		168.0
reasonable cost incurred for the I			1-£ £		lahi n		160 0
168.01 If this provider is a CAH and is exception under §413.70(a)(6)(ii)	ot a meaningful user, doe	' for no (see i	instruction	or a naru	isnip		168.0
169.00 If this provider is a meaningful					nter the	9 (	99169.0
transition factor. (see instruction		a 15 Hot a CAIT	(11110 105 1	3 14 ), 0	incer ene	31.	75
				Ве	ginning	Ending	
					1.00	2.00	
L70.00 Enter in columns 1 and 2 the EHR period respectively (mm/dd/yyyy)	peginning date and ending	date for the re	eporting				170.0
					1.00	2.00	
171.00 If line 167 is "Y", does this pro	vider have any days for in	ndividuals enro	lled in		N		0171.0
section 1876 Medicare cost plans				. [			

In Lieu of Form CMS-2552-10 Health Financial Systems ASCENSION ST. VINCENT FISHERS HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE Provider CCN: 15-0181 Period: Worksheet S-2 From 07/01/2022 Part II 06/30/2023 Date/Time Prepared: 11/20/2023 8:37 am 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 1.00 Has the provider changed ownership immediately prior to the beginning of the cost Ν reporting period? If yes, enter the date of the change in column 2. (see instructions) Date V/I 1.00 2.00 3.00 Has the provider terminated participation in the Medicare Program? If 2.00 2.00 Ν yes, enter in column 2 the date of termination and in column 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 Туре Date 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 4.00 Α 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 Y/N Legal Oper. 1.00 Approved Educational Activities 6.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider Ν 6.00 the legal operator of the program? 7.00 Are costs claimed for Allied Health Programs? If "Y" see instructions. N 7.00 Were nursing programs and/or allied health programs approved and/or renewed during the 8.00 8.00 Ν cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved graduate medical education 9.00 9.00 Ν program in the current cost report? If yes, see instructions. 10.00 Was an approved Intern and Resident GME program initiated or renewed in the current 10.00 Ν cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I & R in an Approved 11.00 Teaching Program on Worksheet A? If yes, see instructions. Y/N 1.00 Bad Debts 12.00 Is the provider seeking reimbursement for bad debts? If yes, see instructions. 12.00 If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting 13.00 Ν 13.00 period? If yes, submit copy. If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see 14.00 Ν instructions. Bed Complement 15.00 Did total beds available change from the prior cost reporting period? If yes, see instructions. 15.00 Ν 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? Υ 09/19/2023 09/19/2023 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) 17.00 Was the cost report prepared using the PS&R Report for 17.00 N N 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  ${\sf PS\&R}$ 18.00 Ν Ν Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions. 19.00 If line 16 or 17 is yes, were adjustments made to PS&R Ν Ν 19.00 Report data for corrections of other PS&R Report

information? If yes, see instructions.

	Financial Systems   ASCENSION ST. VI FAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-018	1 Period:	worksheet S			
	·		From 07/01/2022 To 06/30/2023	Date/Time P			
		December 1	N/AI	11/20/2023	8:37 ar		
		Description O	Y/N 1.00	Y/N 3.00			
0 00	If line 16 or 17 is yes, were adjustments made to PS&R	0	N 1.00	3.00 N	20.		
0.00	Report data for Other? Describe the other adjustments:		IN .	l IN	20.		
		Y/N Date	Y/N	Date			
		1.00 2.00	3.00	4.00			
1.00	Was the cost report prepared only using the provider's	N	N		21.		
	records? If yes, see instructions.						
	COMPLETED BY COST RETURNINGED AND TEEDA HOSPITALS ONLY (EVGE	DT CUTI DDENG HOCDTTAL C		1.00			
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEP Capital Related Cost	PI CHILDRENS HOSPITALS)					
2.00		instructions		1	22.		
3.00	Have changes occurred in the Medicare depreciation expense		during the cost		23.		
	reporting period? If yes, see instructions.	due to appraisars made	during the cost		23.		
4.00		d into during this cost	reporting period?		24.		
	If yes, see instructions		open only				
5.00	Have there been new capitalized leases entered into during	the cost reporting peri	od? If yes, see		25.		
	instructions.						
6.00		e cost reporting period	l? If yes, see		26.		
	instructions.		. = 6				
7.00		cost reporting period?	'If yes, submit		27.		
	copy.  Interest Expense						
3.00		tered into during the	ost reporting		28.		
	period? If yes, see instructions.	tered filto during the c	.osc reporting		20		
.00		bond funds (Debt Service	e Reserve Fund)		29		
	treated as a funded depreciation account? If yes, see instru						
00.0	Has existing debt been replaced prior to its scheduled matur	rity with new debt? If	yes, see		30		
	instructions.						
1.00		suance of new debt? If	yes, see		31.		
	instructions.			1			
2 00	Purchased Services	vices functioned through	. contractual	I	22		
2.00	Have changes or new agreements occurred in patient care servarrangements with suppliers of services? If yes, see instruc		Contractual		32.		
3 . 00	If line 32 is yes, were the requirements of Sec. 2135.2 app		etitive hidding? Tf		33.		
	no, see instructions.		cererie sidding. 1.		"		
	Provider-Based Physicians						
1.00	Were services furnished at the provider facility under an a	rrangement with provide	r-based physicians?		34.		
	If yes, see instructions.						
5.00	If line 34 is yes, were there new agreements or amended exis		he provider-based		35.		
	physicians during the cost reporting period? If yes, see in	structions.	27/21				
			1.00	2.00			
	Home Office Costs		1.00	2.00			
5.00	Were home office costs claimed on the cost report?		Y		36.		
	If line 36 is yes, has a home office cost statement been pro	epared by the home offi			37.		
	If yes, see instructions.	eparea by the nome or			"		
3.00	If line 36 is yes , was the fiscal year end of the home off	ice different from that	of N		38.		
	the provider? If yes, enter in column 2 the fiscal year end	of the home office.					
9.00	If line 36 is yes, did the provider render services to other	r chain components? If	yes, N		39.		
	see instructions.		ee N				
0.00			40.				
	instructions.						
		1.00	2	.00			
		1.00	Ζ.				
	Cost Report Preparer Contact Information			41.			
1.00	Cost Report Preparer Contact Information  Enter the first name, last name and the title/position	JILL					
1.00		JILL					
1.00	Enter the first name, last name and the title/position	JILL					
	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL ST. VINCENT HEALTH			42.		
1.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH					
	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.  Enter the employer/company name of the cost report preparer.		JILL.HILL@ASCE	NSION.ORG	42.		

Health	Financial Systems ASCENSION	ST. \	VINCE	ENT FISHERS	,	In Lie	eu of Form CMS-	2552-10
HOSPIT	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAI	RE		Provider (		Period: From 07/01/2022 To 06/30/2023	Date/Time Pre	pared:
							11/20/2023 8:	3/ am
				3	.00			
	Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and		REI	MBURSEMENT	MANAGER			41.00
	respectively.	, ,						
42.00	Enter the employer/company name of the cost report							42.00
43 00	preparer.  Enter the telephone number and email address of the o	05+						43.00
43.00	report preparer in columns 1 and 2, respectively.	.US L						45.00

Period: Worksheet S-3 From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

				'	0 00, 50, 2025	11/20/2023 8:	37 am
						I/P Days / O/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH/REH Hours	Title V	
		Line No.		Available			
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00	46	16,790	0.00	0	1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation		46	16,790	0.00	0	7.00
	beds) (see instructions)			_			
8.00	INTENSIVE CARE UNIT	31.00	0	(		0	8.00
9.00	CORONARY CARE UNIT	32.00	0	(			9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	(			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	(	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	, ,		46	16,790	0.00		14.00
15.00						0	15.00
15.10	REH hours and visits						15.10
16.00							16.00
17.00	SUBPROVIDER - IRF						17.00
18.00							18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00							20.00
21.00							21.00
22.00							22.00
23.00	, ,						23.00
24.00		20.00					24.00
24.10	' '	30.00					24.10
25.00	CMHC - CMHC	99.00				0	
26.00							26.00
26.25		89.00	4.6			0	26.25
27.00	· ·		46				27.00
28.00						0	
29.00	the state of the s						29.00
30.00	, ,, , , , , , , , , , , , , , , , , , ,						30.00
	Employee discount days - IRF						31.00
32.00			0	(	)		32.00
32.01							32.01
22.00	outpatient days (see instructions)						22.00
	LTCH non-covered days						33.00 33.01
	LTCH site neutral days and discharges	20.00				_	
34.00	Temporary Expansion COVID-19 PHE Acute Care	30.00	0	(	וי	l 0	34.00

 Health Financial Systems
 ASCENSION

 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0181

Period: Worksheet S-3 From 07/01/2022 Part I Date/Time Prepared: 11/20/2023 8:37 am

		_				11/20/2023 8:	37 am
		I/P Days	/ O/P Visits	/ Trips	Full Time	Equivalents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
	PART I - STATISTICAL DATA	'					
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	697	104	2,647	,		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)	621	583				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0	_			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	C	)		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	2 64	)		6.00
7.00	Total Adults and Peds. (exclude observation	697	104	2,647			7.00
0 00	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	0	0	C			8.00
9.00	CORONARY CARE UNIT	0	0	C			9.00
10.00 11.00	BURN INTENSIVE CARE UNIT	0	0	C			11.00
12.00	SURGICAL INTENSIVE CARE UNIT	١	۷	·	,		12.00
13.00	OTHER SPECIAL CARE (SPECIFY) NURSERY		36	827	,		13.00
14.00		697	140	3,474		134.62	
15.00	CAH visits	097	140	3,474	0.00	134.02	15.00
15.10		o o	٩				15.10
16.00	SUBPROVIDER - IPF						16.00
17.00							17.00
18.00							18.00
19.00							19.00
20.00							20.00
21.00	A CONTRACTOR OF THE CONTRACTOR						21.00
22.00							22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00							24.00
24.10	HOSPICE (non-distinct part)			C	)		24.10
25.00		0	o	C	0.00	0.00	25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	C	0.00	0.00	26.25
	Total (sum of lines 14-26)				0.00	134.62	27.00
28.00	Observation Bed Days		0	957	,		28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			140	)		30.00
31.00	Employee discount days - IRF			C	)		31.00
32.00	Labor & delivery days (see instructions)	0	0	397	,		32.00
32.01	Total ancillary labor & delivery room			C	)		32.01
	outpatient days (see instructions)						
	LTCH non-covered days	0					33.00
	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	C	)		34.00

Health Financial SystemsASCENSIONHOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 15-0181

Period: worksheet S-3 From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

				10	06/30/2023	11/20/2023 8:	
		Full Time		Disch	arges	11/20/2020 01	J. u
		Equivalents					
	Component	Nonpaid	Title V	Title XVIII	Title XIX	Total All	
		Workers				Patients	
		11.00	12.00	13.00	14.00	15.00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and		C	245	65	1,271	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)			172	244		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
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		_				13.00
14.00	Total (see instructions)	0.00	C	245	65	1,271	
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						23.00
24.00	AMBULATORY SURGICAL CENTER (D.P.)						24.00
24.00	HOSPICE						24.00
25.00	HOSPICE (non-distinct part) CMHC - CMHC	0.00					25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	,	0.00					27.00
28.00	Observation Bed Days	0.00					28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days (see instruction)						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.00	Total ancillary labor & delivery room						32.00
32.UI	outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
	LTCH site neutral days and discharges			Ö			33.00
	Temporary Expansion COVID-19 PHE Acute Care						34.00
	1 - p. say inpute the correct out of	1		1	1		,

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION

					Т	06/30/2023	Date/Time Prep 11/20/2023 8:	
		Wkst. A Line	Amount	Reclassificati		Paid Hours	Average Hourly	, din
		Number	Reported	on of Salaries (from Wkst.	Salaries (col.2 ± col.	Related to Salaries in	Wage (col. 4 ÷ col. 5)	
		1 00	2.00	A-6)	3)	col. 4	6.00	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
4 00	SALARIES	200 00	12 512 000	10 445	42.502.424	200 000 20	40.50	4 00
1.00	Total salaries (see instructions)	200.00	13,542,006	40,115	13,582,121	280,060.26	48.50	1.00
2.00	Non-physician anesthetist Part		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		16,141	. 0	16,141	116.14	138.98	4.00
4.01 5.00	Physicians - Part A - Teaching Physician and Non		0 65,800	0	0 65,800	0.00 358.94		
6.00	Physician-Part B Non-physician-Part B for hospital-based RHC and FQHC		0	0	0	0.00	0.00	6.00
7.00	services Interns & residents (in an	21.00	0	0	0	0.00	0.00	7.00
7.01	approved program) Contracted interns and residents (in an approved		0	0	0	0.00	0.00	7.01
8.00	programs) Home office and/or related		34,554	0	34,554	1,445.40	23.91	8.00
9.00	organization personnel	44.00	0		0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	44.00	6,697	44	1	73.06		10.00
11.00	OTHER WAGES & RELATED COSTS  Contract labor: Direct Patient		833,494	0	833,494	9,001.91	92.50	11.00
	Care		033,434					
12.00	Contract labor: Top level management and other management and administrative		0	0	0	0.00	0.00	12.00
13.00	services Contract labor: Physician-Part		183,306	0	183,306	964.36	190.08	13.00
14.00	A - Administrative Home office and/or related organization salaries and		0	0	0	0.00	0.00	14.00
14 01	wage-related costs Home office salaries		2 667 326		2 667 226	60 510 59	F2 75	14 01
14.01 14.02	Related organization salaries		3,667,326 0	0 0	3,667,326	69,519.58 0.00		14.01 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract		0	0	0	0.00	0.00	16.00
16.01	Physicians Part A - Teaching Home office Physicians Part A		0			0.00	0.00	16.01
	- Teaching		Ü					
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
47.00	WAGE-RELATED COSTS		2 246 224		2 246 224			47.00
17.00	Wage-related costs (core) (see instructions)		2,346,324	0	2,346,324			17.00
18.00	wage-related costs (other) (see instructions)			_				18.00
19.00 20.00	Excluded areas Non-physician anesthetist Part		1,168 0	0	1,168			19.00 20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		2,815	0	2,815			22.00
22.01 23.00	Physician Part A - Teaching Physician Part B		0 11,476	0	0 11,476			22.01 23.00
24.00 25.00	wage-related costs (RHC/FQHC) Interns & residents (in an		0	0	0			24.00 25.00
25.50	approved program) Home office wage-related		1,143,743	0	1,143,743			25.50
25.51	(core) Related_organization		0	0	0			25.51
25.52	wage-related (core) Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
	wage-related (COTE)			I	ı		ı I	

Provider CCN: 15-0181

In Lieu of Form CMS-2552-10

| Period: | Worksheet S-3 |
| From 07/01/2022 | Part II |
| To 06/30/2023 | Date/Time Prepared:

					T-	0 06/30/2023	Date/Time Prep 11/20/2023 8:3	
		Wkst. A Line	Amount	Reclassificati	Adjusted	Paid Hours	Average Hourly	
		Number	Reported	on of Salaries	Salaries	Related to	wage (col. 4 ÷	
			· ·	(from Wkst.	(col.2 ± col.	Salaries in	col. 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A		0	0	0			25.53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARI							
26.00	Employee Benefits Department	4.00	180,182			0.00		26.00
27.00	Administrative & General	5.00	426,510	2,908	,	,		27.00
28.00	Administrative & General under		335,693	0	335,693	1,993.29	168.41	28.00
	contract (see inst.)							
29.00		6.00	0	0	0	0.00		29.00
30.00	Operation of Plant	7.00	0	0	0	0.00		30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00		31.00
32.00	Housekeeping	9.00	0	0	0	0.00		32.00
33.00			512,756	0	512,756	17,940.65	28.58	33.00
	(see instructions)							
34.00		10.00	0	0	0	0.00		34.00
35.00			239,131	. 0	239,131	7,794.50	30.68	35.00
	instructions)							
36.00		11.00	0	0	0	0.00		36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00		37.00
38.00	Nursing Administration	13.00	1,043,358					
39.00	Central Services and Supply	14.00	116,318		,			39.00
40.00		15.00	668,954	8,428	677,382	12,867.56	52.64	40.00
41.00		16.00	0	0	0	0.00	0.00	41.00
	Records Library							
42.00		17.00	0	0	0	0.00		42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION ASCENSION ST. VINCENT FISHERS

In Lieu of Form CMS-2552-10

| Period: | Worksheet S-3 | Part III |
| To | 06/30/2023 | Date/Time | Prepared: | 11/2 | 12/2 | 11/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12/2 | 12 Provider CCN: 15-0181

					'	0 00/30/2023	11/20/2023 8:	
		Worksheet A	Amount	Reclassificati	Adjusted	Paid Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
				(from	$(col.2 \pm col.$	Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		14,529,232	40,115	14,569,347	305,984.36	47.61	1.00
	instructions)							
2.00	Excluded area salaries (see		6,697	44	6,741	73.06	92.27	2.00
	instructions)							
3.00	Subtotal salaries (line 1		14,522,535	40,071	14,562,606	305,911.30	47.60	3.00
	minus line 2)							
4.00	Subtotal other wages & related		4,684,126	0	4,684,126	79,485.85	58.93	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		3,492,882	0	3,492,882	0.00	23.99	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		22,699,543	40,071		,	59.00	6.00
7.00	Total overhead cost (see		3,522,902	-152,242	3,370,660	72,054.18	46.78	7.00
	instructions)							

Health Financial Systems	ASCENSION ST. VINCENT FISHERS	In Lie	u of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0181	From 07/01/2022	Worksheet S-3 Part IV Date/Time Prepared:

	10 06/30/2023	11/20/2023 8:3	37 am
		Amount	
		Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		1
	RETIREMENT COST		
1.00	401K Employer Contributions	512,942	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)		l
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	
7.00	Employee Managed Care Program Administration Fees	64,623	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	0.00
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)	565,342	
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	221,098	
10.00	Dental, Hearing and Vision Plan	32,855	
	Life Insurance (If employee is owner or beneficiary)	7,724	
	Accident Insurance (If employee is owner or beneficiary)	0	==:00
13.00	Disability Insurance (If employee is owner or beneficiary)	67,293	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	
15.00		-744	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106.	0	16.00
	Noncumulative portion)		1
	TAXES		
	FICA-Employers Portion Only	888,933	
	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	939	20.00
	OTHER		1
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see	0	21.00
	instructions))		
	Day Care Cost and Allowances	0	
	Tuition Reimbursement	778	
24.00	Total Wage Related cost (Sum of lines 1 -23)	2,361,783	24.00
25.00	Part B - Other than Core Related Cost		25.00
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	l	25.00

Health Financial Systems	ASCENSION ST. VINCENT FISHERS	In Lie	u of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0181	Period:	Worksheet S-3
		From 07/01/2022	
			/

		го 06/30/2023	Date/Time Pre 11/20/2023 8:	
	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	833,494	2,361,783	1.00
2.00	Hospital	833,494	2,361,783	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

	AL UNCOMPENSATED AND INDIGENT CARE DATA Pr	rovider CCN	: 15-0181	Period:	Worksheet S-1	.0
				From 07/01/2022	Data/Time Bro	
				то 06/30/2023	Date/Time Pre 11/20/2023 8:	
					1.00	
	Uncompensated and indigent care cost computation					١.
00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divid	ded by line	e 202 column	1 8)	0.211738	1
20	Medicaid (see instructions for each line) Net revenue from Medicaid				2 004 226	١,
00 00	Did you receive DSH or supplemental payments from Medicaid?				3,884,326 N	3
00	If line 3 is yes, does line 2 include all DSH and/or supplementa	1 navments	from Medica	aid?	IN .	4
00	If line 4 is no, then enter DSH and/or supplemental payments from				0	
00	Medicaid charges				37,785,677	1
00	Medicaid cost (line 1 times line 6)				8,000,664	7
00	Difference between net revenue and costs for Medicaid program (1:	ine 7 minu	s sum of lir	nes 2 and 5; if	4,116,338	8
	< zero then enter zero)					
00	Children's Health Insurance Program (CHIP) (see instructions for	each line,	)		0	١,
00 .00	Net revenue from stand-alone CHIP Stand-alone CHIP charges				0	
.00	Stand-alone CHIP cost (line 1 times line 10)				0	
.00	Difference between net revenue and costs for stand-alone CHIP (1:	ine 11 min	us line 9: i	if < zero then	0	1
	enter zero)					
	Other state or local government indigent care program (see instru	uctions fo	each line)			
.00	Net revenue from state or local indigent care program (Not inclu					13
.00	Charges for patients covered under state or local indigent care	program (N	ot included	in lines 6 or	0	14
00	10) State or local indigent care program cost (line 1 times line 14)				0	15
.00	Difference between net revenue and costs for state or local indicate of local indicate or local indica		orogram (lir	no 15 minus lino		16
.00	13; if < zero then enter zero)	gent care i	Jiogram (III	ie 13 milius Tille	0	10
	Grants, donations and total unreimbursed cost for Medicaid, CHIP	and state,	/local indig	gent care program	ıs (see	
00	<pre>instructions for each line) Private grants, donations, or endowment income restricted to fund</pre>	ding chari	tv care		0	17
	Government grants, appropriations or transfers for support of hos				0	1
	Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16)			s (sum of lines	4,116,338	19
			Uninsured	Insured	Total (col. 1	
			patients	patients	+ col. 2)	
			1.00	2.00	3.00	
						_
00	Uncompensated Care (see instructions for each line)	724	2 415 00	21 515 624	2 020 715	20
.00	Charity care charges and uninsured discounts for the entire faci	lity	3,415,08	515,634	3,930,715	20
	Charity care charges and uninsured discounts for the entire faci (see instructions)	,				
	Charity care charges and uninsured discounts for the entire faci	,	3,415,08 723,10			
.00	Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun	ts (see			1,238,736	21
.00	Charity care charges and uninsured discounts for the entire faci (see instructions)  Cost of patients approved for charity care and uninsured discounsinstructions)  Payments received from patients for amounts previously written or charity care	ts (see	723,10	0 515,634	1,238,736	21
.00	Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discoun- instructions) Payments received from patients for amounts previously written or	ts (see		0 515,634	1,238,736	21
.00	Charity care charges and uninsured discounts for the entire faci (see instructions)  Cost of patients approved for charity care and uninsured discounsinstructions)  Payments received from patients for amounts previously written or charity care	ts (see	723,10	0 515,634	1,238,736 0 1,238,736	21
.00	Charity care charges and uninsured discounts for the entire faci (see instructions) Cost of patients approved for charity care and uninsured discouninstructions) Payments received from patients for amounts previously written or charity care Cost of charity care (line 21 minus line 22)	ts (see	723,10	515,634 0 0 02 515,634	1,238,736 0 1,238,736	21 22 23
.00	Charity care charges and uninsured discounts for the entire faci (see instructions)  Cost of patients approved for charity care and uninsured discounsinstructions)  Payments received from patients for amounts previously written or charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p	ts (see ff as days beyon rogram?	723,10 723,10 nd a length	02 515,634 0 0 02 515,634 of stay limit	1,238,736 0 1,238,736	21 22 23 24
.00	Charity care charges and uninsured discounts for the entire faci (see instructions)  Cost of patients approved for charity care and uninsured discouninstructions)  Payments received from patients for amounts previously written or charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p. If line 24 is yes, enter the charges for patient days beyond the	ts (see ff as days beyon rogram?	723,10 723,10 nd a length	02 515,634 0 0 02 515,634 of stay limit	1,238,736 0 1,238,736	21 22 23 24
.00	Charity care charges and uninsured discounts for the entire faci (see instructions)  Cost of patients approved for charity care and uninsured discounsinstructions)  Payments received from patients for amounts previously written or charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p	days beyon rogram?	723,10 723,10 nd a length	02 515,634 0 0 02 515,634 of stay limit	1,238,736 0 1,238,736 1.00 N	21 22 23 24 25
.00	Charity care charges and uninsured discounts for the entire faci (see instructions)  Cost of patients approved for charity care and uninsured discountinstructions)  Payments received from patients for amounts previously written or charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care put fine 24 is yes, enter the charges for patient days beyond the stay limit	days beyon rogram? indigent ructions)	723,10 723,10 and a length	02 515,634 0 0 02 515,634 of stay limit	1,238,736 0 1,238,736 1.00 N	21 22 23 24 25 26
.00	Charity care charges and uninsured discounts for the entire facilities instructions)  Cost of patients approved for charity care and uninsured discounsinstructions)  Payments received from patients for amounts previously written or charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care provided in the stay limit total bad debt expense for the entire hospital complex (see instance)  Medicare reimbursable bad debts for the entire hospital complex (see	days beyon rogram? indigent ructions) (see instru	723,10  723,10  nd a length care program	02 515,634 0 0 02 515,634 of stay limit	1,238,736 0 1,238,736 1.00 N 0 4,504,960	21 22 23 24 25 26 27 27
00	Charity care charges and uninsured discounts for the entire facilities instructions)  Cost of patients approved for charity care and uninsured discountinstructions)  Payments received from patients for amounts previously written or charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care provided in the stay limit total bad debt expense for the entire hospital complex (see instance)  Medicare reimbursable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	days beyon rogram? indigent ructions) (see instruct	723,10  723,10  nd a length  care program  uctions)	02 515,634 0 0 02 515,634 of stay limit n's length of	1,238,736 0 1,238,736 1.00 N 0 4,504,960 38,042 58,526 4,446,434	21 22 23 24 25 26 27 27 28
5.00 5.00 7.00 7.01 3.00 9.00	Charity care charges and uninsured discounts for the entire facilities instructions)  Cost of patients approved for charity care and uninsured discountinstructions)  Payments received from patients for amounts previously written or charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care p. If line 24 is yes, enter the charges for patient days beyond the stay limit  Total bad debt expense for the entire hospital complex (see inst. Medicare reimbursable bad debts for the entire hospital complex (see Mon-Medicare bad debt expense (see instructions)  Cost of non-Medicare and non-reimbursable Medicare bad debt expense	days beyon rogram? indigent ructions) (see instruct	723,10  723,10  nd a length  care program  uctions)	02 515,634 0 0 02 515,634 of stay limit n's length of	1,238,736 0 1,238,736 1.00 N 0 4,504,960 38,042 58,526 4,446,434 961,963	21 22 23 24 25 26 27 27 28 29
3.00 3.00 3.00 3.00 3.00 3.00 7.01 3.00 7.01 3.00 9.00	Charity care charges and uninsured discounts for the entire facilities instructions)  Cost of patients approved for charity care and uninsured discountinstructions)  Payments received from patients for amounts previously written or charity care  Cost of charity care (line 21 minus line 22)  Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care provided in the stay limit total bad debt expense for the entire hospital complex (see instance)  Medicare reimbursable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	days beyon rogram? indigent or ructions) (see instructions (see instructions) (see instructions) (see instructions)	723,10  723,10  nd a length  care program  uctions)	02 515,634 0 0 02 515,634 of stay limit n's length of	1,238,736 0 1,238,736 1.00 N 0 4,504,960 38,042 58,526 4,446,434	21 22 23 24 25 26 27 27 28 29 30

	Financial Systems	ASCENSION ST. VII		CN: 15 0101		u of Form CMS-	2552-10
RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provider C	CN: 15-0181	Period: From 07/01/2022 Fo 06/30/2023	Worksheet A	
					10 06/30/2023	Date/Time Pre 11/20/2023 8:	
	Cost Center Description	Salaries	Other		Reclassificati	Reclassified	
				+ col. 2)	ons (See A-6)	Trial Balance	
						(col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS				-		
1.00	00100 CAP REL COSTS-BLDG & FIXT		5,739,602			5,739,602	1
2.00	00200 CAP REL COSTS-MVBLE EQUIP 00300 OTHER CAP REL COSTS		1,858,481	1,858,48	0 0	1,858,481 0	1
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	180,182	2,316,099	2,496,28	-220,297	2,275,984	
5.00	00500 ADMINISTRATIVE & GENERAL	426,510	15,882,404				
7.00	00700 OPERATION OF PLANT	0	2,111,041			2,111,041	
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING		143,576 623,947	1		143,576 623,947	
10.00	01000 DIETARY	Ö	714,744	1		325,483	1
11.00	01100 CAFETERIA	0	0		389,261	389,261	1
13.00	01300 NURSING ADMINISTRATION	1,043,358	118,205				1
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	116,318 668,954	24,150 85,823	1			1
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	1	0		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	1,774,541	417,297	2,191,83	425,886	2,617,724	30.00
32.00	03200 CORONARY CARE UNIT		0			0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	Ö	0		0	Ö	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0		0	0	34.00
43.00	04300 NURSERY	0	0	0	503,334	503,334	43.00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	1,750,742	2,808,535	4,559,27	7 30,777	4,590,054	50.00
51.00	05100 RECOVERY ROOM	0	0	)	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,768,681	1,157,395	2,926,070	-869,587	2,056,489	
53.00 54.00	05300 ANESTHESIOLOGY	769 400	202 220	1 150 72	0	1 167 141	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC 03630 ULTRA SOUND	768,499 190,106	382,238 17,789			1,167,141 209,130	
56.00	05600 RADIOISOTOPE	0	0	)	0	0	1
56.01	05601 ONCOLOGY	299,605	103,515	1			
57.00 58.00	05700 CT SCAN	673,008	113,765				
59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	247,406	57,584 0	304,990	1,607	306,597 0	I
60.00	06000 LABORATORY	Ö	2,227,240	2,227,240	0	2,227,240	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0	0	63.00
64.00 65.00	06400 INTRAVENOUS THERAPY 06500 RESPIRATORY THERAPY	568,214	69,065	637,279	10,687	647,966	
66.00	06600 PHYSICAL THERAPY	789,114	1,331,173			· '	
67.00	06700 OCCUPATIONAL THERAPY	1,129	37,816	1		38,952	
68.00	06800 SPEECH PATHOLOGY	93,832	72,288				
69.00 70.00	06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY	291,477	89,227 0	380,704	1,836	382,540 0	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	Ö	845,062	845,062	0	845,062	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,201,949			2,201,949	
	07300 DRUGS CHARGED TO PATIENTS	0	4,189,561	4,189,56		4,189,561 0	1
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	0			0	
	07700 ALLOGENEIC HSCT ACQUISITION	Ö	0		0	Ö	1
	OUTPATIENT SERVICE COST CENTERS						
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,883,633	1,393,933	3,277,560	20,908	3,298,474	91.00
92.00	OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900 CMHC	0	0		0	0	99.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	)	0	0	102.00
110 00	SPECIAL PURPOSE COST CENTERS	12 525 200	47 122 504	60 669 91	2 44	60 669 760	110 00
118.00	SUBTOTALS (SUM OF LINES 1 through 117 NONREIMBURSABLE COST CENTERS	) 13,535,309	47,133,504	60,668,81	-44	60,668,769	1110.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	) (	0	0	190.00
191.00	19100 RESEARCH	0	0	)(	0		191.00
	19200 PHYSICIANS' PRIVATE OFFICES	6,697	21,082	27,779	-1,862		192.00
	19300 NONPAID WORKERS 07950 COMMUNITY EDUCATION	0	0		o n		193.00 194.00
194.01	07951 MARKETING	Ö	0		0		194.01
	07952 SC MGMT SVH TANDEM CASTLETON	0	868				194.02
	07953 SC MGMT SVH TANDEM 07954 SC MGMT SVH TANDEM AVON	0	-236 -66				194.03 194.04
	07954 SC MGMT SVH TANDEM AVON	0	-66 -1,604				194.04
	07956 SC MGMT SVH TANDEM PLAINFIELD	0	302			302	194.06
200.00	TOTAL (SUM OF LINES 118 through 199)	13,542,006	47,153,850	60,695,850	5 0	60,695,856	200.00

Provider CCN: 15-0181

COST Center Description					2023 8:37 am
		Cost Center Description			
1.00   00.000   CAP REL COSTS-BLOG & FIXT   -1.721   5,737,881   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00   1.658,481   2.00		CENERAL CERVICE COCT CENTERS	6.00	7.00	
2.00   0.0200   CAP REL COSTS-WABLE EQUIP   0   1.888,482   3.00   0.0200   CAP REL COSTS-WABLE EQUIP   0   3.00   0.0200   CAP CAP REL COSTS-WABLE EQUIP   0.0000   0.0000   CAP	1 00		_1 721	5 737 881	1 00
3.00   03000   OTHER CAP REL COSTS			1		•
0.000   DOMO   DEPLOYEE BERKETTS DEPARTHENT   -51, 1272   2, 224, 762   3.00   0.000   DOMO   DEPLOYEE BERKETTS DEPARTHENT   -5, 611   2, 107, 533   3.00   0.000   DOMO   DEPLOYEE PRINTS   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			- 1	1	•
5.00   0.000			١	-1	•
2.00   0000   OPERATION OF PLANT   -3,611   2,107,430   7.00				' '	•
8.00   00800   LAURDRY & LINEN SERVICE   0   143,756   8.00   10.00   01000   DETAMY   9.00   00800   LAURDRY & LINEN SERVICE   10.00   10.0	7.00			1	7.00
10.00   0.000   DETARY	8.00	00800 LAUNDRY & LINEN SERVICE	0	143,576	8.00
11.00   01.00   CAPTERTA	9.00		0	623,947	9.00
13.00   0.1300   NURSING ADMINISTRATION   -60.466   1.113.288   13.00   14.00   14.00   14.00   14.00   14.00   14.00   14.00   15.0			0	325,483	
14.00   14.00   14.00   14.00   14.00   15.0				1	•
15.00   10.0			,		•
16.00			1		•
			1	1	
30.00   3000 ADULTS & PEDIATRICS   -385   2,617,339   30.00   31.00   31.00   31.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   32.00   33.00	16.00		0	0	16.00
31.00   31.00   INTERSIVE CARE UNIT   0   0   0   33.00   33	30 00		_205	2 617 330	30.00
32.00   30200 CORDARY CARE UNIT   0   0   33.00   33			1	2,017,339	•
33.00   3300 BURN INTENSIVE CARE UNIT   0   0   34.0			0	0	
34.00   03400   NURSERY   0   503,334   34.00   300   NURSERY   0   503,334   34.00   300   NURSERY   0   503,334   34.00   30.00   NURSERY   0   50.00   50.00   NURSERY   0   50.00   50.00   S0.00   S0.0			0	0	•
43.00			0	o	•
	43.00		0	503,334	•
13.1.00   03.100   RECOVERY ROOM   0   0   0   0   0   0   0   0   0		ANCILLARY SERVICE COST CENTERS	,	,	
1.00   05200   DELIVERY ROOM & LABOR ROOM	50.00	05000 OPERATING ROOM	-692,714	3,897,340	50.00
133.00   05300   ANSTHESTOLOGY   0   0   353.00	51.00		0	0	51.00
54.00   05400   RADIOLOGY-DIAGNOSTIC			-413,952	1,642,537	•
54.01   0.3630   ULTRA SOUND			0	0	•
56.00   05600   ADDITISTOTOPE					•
					•
57.00   05700   05700   CT SCAN   57.00   58.00   59.00   66			1	٦	•
S8.00   05800   MAGNETIC RESONANCE IMAGING (MRI)   -217   306, 380   58.00   59.00   599.00   69000   CARDIAC CATHETERIZATION   0   0   0   0   59.00   60.00   62.0					•
99.00   05900   CARDIAC CATHETERIZATION   0   0   0   0   0   0   0   0   0					
60.00   06000   LABORATORY   0   2,227,240   60.00   62.00   62.00   62.00   63.00   63.00   63.00   63.00   63.00   63.00   63.00   63.00   63.00   63.00   63.00   63.00   63.00   64.00   64.00   64.00   64.00   64.00   64.00   64.00   65.00   66.00				300,380	•
62.00   66200   BLOOD STORING, PROCESSING & TRANS.   0 0 0   63.00   65.00   6			1	2.227.240	
63.00   63.00   63.00   63.00   63.00   63.00   63.00   64.00   64.00   64.00   64.00   64.00   64.00   64.00   65.00   64.00   65.00   65.00   65.00   65.00   65.00   66.0			0	0	
64.00   06400   INTRAVENOUS THERAPY   0   0   64.7966   65.00   065.00   06500   RESPIRATORY THERAPY   0   647.966   65.00   065.00   06500   RESPIRATORY THERAPY   0   647.966   65.00   067.00   06700   06000   RESPIRATORY THERAPY   0   38.952   67.00   067.00   06700   0CCUPATIONAL THERAPY   0   38.952   68.00   069.00   06800   SPECEL PATHOLOGY   0   382,540   69.00   070.00   07000   ELECTROCARDIOLOGY   0   382,540   69.00   071.00   07100   DELECTROCEPHALOGRAPHY   0   0   0   071.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   845,062   71.00   072.00   07200   INDL. DE V. CHARGED TO PATIENTS   0   2.201,949   72.00   073.00   07300   DRUGS CHARGED TO PATIENTS   0   4,189,561   73.00   074.00   07400   RENAL DIALYSIS   0   0   0   0   075.00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   077.00   07700   0.100   0.000   0.000   0.000   07700   0.100   0.000   0.000   0.000   0.000   07700   0.100   0.000   0.000   0.000   0.000   07700   0.100   0.100   0.100   0.000   0.000   07700   0.100   0.100   0.100   0.000   0.000   07700   0.100   0.100   0.000   0.000   0.000   07700   0.100   0.100   0.100   0.000   0.000   07700   0.100   0.100   0.000   0.000   0.000   07700   0.100   0.100   0.000   0.000   0.000   07700   0.100   0.100   0.000   0.000   0.000   07700   0.100   0.100   0.000   0.000   0.000   07700   0.100   0.100   0.000   0.000   0.000   07700   0.100   0.100   0.000   0.000   0.000   07700   0.100   0.000   0.000   0.000   0.000   07700   0.100   0.			0	0	•
66.00   06600   06700   06700   06700   06700   06700   06700   06700   06700   06700   06700   06700   06700   06800	64.00		0	0	64.00
67.00   66700   06CUPATIONAL THERAPY   0   38,952   67.00   68.00   6800   6800   5PECH PATHOLOGY   0   166,729   68.00   69.00   60900   ELECTROCARDIOLOGY   0   382,540   69.00   69.00   69900   ELECTROCARDIOLOGY   0   382,540   69.00   70.00	65.00	06500 RESPIRATORY THERAPY	0	647,966	65.00
68.00   06800   SPECH PATHOLOGY   0   166,729   68.00   69.00   06900   ELECTROCARDIOLOGY   0   382,540   69.00   70.00   07000   DELECTROCARDIOLOGY   0   382,540   70.00   71.00   07000   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   845,062   71.00   72.00   072.00   IMPL. DEV. CHARGED TO PATIENTS   0   24,189,561   72.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0   4,189,561   73.00   74.00   07400   RENAL DIALYSIS   0   0   0   0   75.00   07500   ASC (NON-DISTINCT PART)   0   0   0   77.00   07700   ALLOGENEIC HSCT ACQUISITION   0   0   0   77.00   07700   ALLOGENEIC HSCT ACQUISITION   0   0   0   77.00   07900   DEMERGENCY   0730,788   2,567,686   91.00   79.00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92.00   70.00   0700   OUTHER REIMBURSABLE COST CENTERS   92.00   70.00   0700   OUTHC   0   0   0   70.00   0700   OUTHC   0   0   0   70.00   0700   OUTHC   0   0   70.00   0700   OUTHC   0   0   0	66.00		-14	2,153,547	66.00
69.00   06900   ELECTROCARDIOLOGY   0   382,540   70.00   70			0	38,952	
70.00   07000   D.   D.   D.   C.   C.   D.   D.   D.			0		•
71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   845,062   72.00   72.00   72.00   772.00   772.00   772.00   772.00   772.00   772.00   772.00   772.00   773.00   773.00   773.00   773.00   774.00   774.00   774.00   774.00   774.00   774.00   774.00   775.00   775.00   775.00   775.00   775.00   775.00   775.00   775.00   775.00   775.00   777.00			0	382,540	
72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   2,201,949   72.00   73.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0   4,189,561   73.00   74.00   07400   RENAL DIALYSIS   0   0   0   0   0   0   0   0   0			0	0	
73.00   73.00   DRUGS CHARGED TO PATIENTS   0   4,189,561   73.00   74.00   74.00   74.00   74.00   74.00   77.00   75.00			0		•
74.00			0		•
75.00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   77.00			1		
77.00   07700   ALLOGENEIC HSCT ACQUISITION   0   0   0   0			1	- 1	
91.00   09100   EMERGENCY   09200   095ERYATION BEDS (NON-DISTINCT PART)   92.00   09200   0BSERVATION BEDS (NON-DISTINCT PART)   92.00   000   0   0   0   0   0   0   0					
91.00   99100   EMERGENCY   -730,788   2,567,686   91.00   92.00   92.00   09500   09500   055ERVATION BEDS (NON-DISTINCT PART)   92.00   0990	77.00		<u> </u>	0	
92.00 OTHER REIMBURSABLE COST CENTERS  99.00 102.00	91.00		-730,788	2,567,686	91.00
99.00 102.00 103			,	, ,	92.00
102.00   10200   OPIOID TREATMENT PROGRAM   0   0   0   102.00					
SPECIAL PURPOSE COST CENTERS   SUBTOTALS (SUM OF LINES 1 through 117)   -5,647,056   55,021,713   118.00   NONREIMBURSABLE COST CENTERS   SUBTOTALS (SUM OF LINES 1 through 117)   -5,647,056   55,021,713   118.00   NONREIMBURSABLE COST CENTERS   SUBTOTALS (SUM OF LINES SHOP & CANTEEN   O				0	99.00
118.00     SUBTOTALS (SUM OF LINES 1 through 117)   -5,647,056   55,021,713     118.00	102.00		0	0	102.00
NONRETMBURSABLE COST CENTERS   190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   191.00   191.00   191.00   192.00					
190.00	118.00	, ,	-5,647,056	55,021,713	118.00
191.00	400.0				
192.00   19200   19200   19200   19200   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19300   19400			· ·		
193.00   19300   NONPAID WORKERS   0 0 0 0 193.00   194.00   194.00   194.00   194.01   194.01   194.02   194.02   194.03   197.05   194.04   194.04   194.04   194.05   194.05   194.06   194.0			0	-1	•
194.00 07950 COMMUNITY EDUCATION 0 0 194.00 194.01 194.01 194.02 07951 MARKETING 0 0 0 194.01 194.02 194.02 07952 SC MGMT SVH TANDEM CASTLETON 0 868 194.02 194.03 07953 SC MGMT SVH TANDEM AVON 0 0 194.04 194.05 07954 SC MGMT SVH TANDEM NOBLESVILLE W 0 0 0 194.05 194.06 07956 SC MGMT SVH TANDEM PLAINFIELD 0 302 194.06			0	25,91/	
194.01 07951 MARKETING 0 0 194.02 194.02 07952 SC MGMT SVH TANDEM CASTLETON 0 868 194.02 194.03 07953 SC MGMT SVH TANDEM 0 0 0 194.03 194.04 07954 SC MGMT SVH TANDEM AVON 0 0 194.05 194.05 07955 SC MGMT TANDEM NOBLESVILLE W 0 0 194.06 07956 SC MGMT SVH TANDEM PLAINFIELD 0 302 194.06				0	
194.02     07952     SC MGMT SVH TANDEM CASTLETON     0     868     194.02       194.03     07953     SC MGMT SVH TANDEM     0     0     194.03       194.04     07954     SC MGMT SVH TANDEM AVON     0     0     194.04       194.05     07955     SC MGMT TANDEM NOBLESVILLE W     0     0     194.05       194.06     07956     SC MGMT SVH TANDEM PLAINFIELD     0     302     194.06			ار	- 1	
194.03   07953   SC   MGMT   SVH   TANDEM   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ام	-1	
194.04     07954     SC MGMT SVH TANDEM AVON     0     0     194.04       194.05     07955     SC MGMT TANDEM NOBLESVILLE W     0     0     194.05       194.06     07956     SC MGMT SVH TANDEM PLAINFIELD     0     302     194.06			l ol	•	
194.05 07955 SC MGMT TANDEM NOBLESVILLE W 0 0 194.06 07956 SC MGMT SVH TANDEM PLAINFIELD 0 302 194.06			l ől	- 1	
194.06 07956 SC MGMT SVH TANDEM PLAINFIELD 0 302 194.06			ol	- 1	
			o	302	
			-5,647,056	55,048,800	200.00

Health Financial Systems RECLASSIFICATIONS Provider CCN: 15-0181

Period: From 07/01/2022 To 06/30/2023 Worksheet A-b Date/Time Prepared: 11/20/2023 8:37 am

					11/20/2023 8:37 a
		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - GENERAL SALARY ACCRUAL				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	40,115	0	1
	0		40,115	0	
	B - CAFETERIA RECLASS				
1.00	CAFETERIA	11.00	0	389,261	1
	0		0	389,261	
	C - NURSERY RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	242,547	160,771	1
2.00	NURSERY	43.00	337,126	<u>166,2</u> 08	2
	0		579,673	326,979	
	D - NON-REIMB RECLASS				
1.00	SC MGMT SVH TANDEM	194.03	0	236	1
2.00	SC MGMT SVH TANDEM AVON	194.04	0	66	2
3.00	SC MGMT TANDEM NOBLESVILLE W	194.05	0	1,604	3
				1,906	
	E - STARP RECLASS				
1.00	ADMINISTRATIVE & GENERAL	5.00	2,735	0	1
2.00	NURSING ADMINISTRATION	13.00	6,776	0	2
3.00	CENTRAL SERVICES & SUPPLY	14.00	755	0	3
4.00	PHARMACY	15.00	4,345	0	4
5.00	ADULTS & PEDIATRICS	30.00	11,525	0	5
6.00	OPERATING ROOM	50.00	10,943	0	6
7.00	DELIVERY ROOM & LABOR ROOM	52.00	11,474	0	7
8.00	RADIOLOGY-DIAGNOSTIC	54.00	4,991	0	8
9.00	ULTRA SOUND	54.01	1,235	0	9
10.00	ONCOLOGY	56.01	1,946	0	10
11.00	CT SCAN	57.00	4,371	0	11
12.00	MAGNETIC RESONANCE IMAGING	58.00	1,607	0	12
12.00	(MRI)	38.00	1,007	O	12
13.00	RESPIRATORY THERAPY	65.00	3,690	0	13
14.00	PHYSICAL THERAPY	66.00	5,125	0	14
15.00	OCCUPATIONAL THERAPY	67.00	7	0	15
16.00	SPEECH PATHOLOGY	68.00	609	0	16
17.00	ELECTROCARDIOLOGY	69.00	1,836	0	17
18.00	EMERGENCY	91.00	12,234	0	18
19.00	PHYSICIANS' PRIVATE OFFICES	192.00	44	Ö	19
13.00	n relation of the state of the		86,248	<u> </u>	13
	F - PTO PAY-OUT RECLASS		00,240	0	
1.00	ADMINISTRATIVE & GENERAL	5.00	173	0	1
2.00	NURSING ADMINISTRATION	13.00	5,415	0	2
3.00	CENTRAL SERVICES & SUPPLY	14.00	3,658	0	3
4.00	PHARMACY	15.00	4,083	0	3 4
5.00		30.00		0	5
	ADULTS & PEDIATRICS		11,043	0	
6.00	OPERATING ROOM	50.00	19,834	0	6
7.00	DELIVERY ROOM & LABOR ROOM	52.00	25,591	0	7
8.00	RADIOLOGY-DIAGNOSTIC	54.00	11,413	0	8
9.00	CT SCAN	57.00	9,019	U	9
10.00	RESPIRATORY THERAPY	65.00	6,997	0	10
11.00	PHYSICAL THERAPY	66.00	28,149	0	11
12.00	EMERGENCY	91.00	8,674	0	12
F00 C0	TOTALS Grand Total: Increases		134,049 840,085	718,146	500

Provider CCN: 15-0181

Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared:

						10 00/30/2023	11/20/2023 8:	37 am
		Decreases		·				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - GENERAL SALARY ACCRUAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40,115	0			1.00
	0		0	40,115	i			
	B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	0	389,261	0			1.00
	0		0	389,261				
	C - NURSERY RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	579,673	326,979	0			1.00
2.00		0.00	0	0	0			2.00
	0		579,673	326,979				
	D - NON-REIMB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	236				1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	66	0			2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0			3.00
	0		0	1,906				
	E - STARP RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	86,248	0	0			1.00
2.00		0.00	0	0				2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00		0.00	0	0	0			6.00
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0			10.00
11.00		0.00	0	0	0			11.00
12.00		0.00	0	0	0			12.00
13.00		0.00	0	0	0			13.00
14.00		0.00	0	0	0			14.00
15.00		0.00	0	0	0			15.00
16.00		0.00	0	0	0			16.00
17.00		0.00	0	0	0			17.00
18.00		0.00	0	0	0			18.00
19.00		0.00	0	0	0			19.00
	0		86,248	0				
	F - PTO PAY-OUT RECLASS					ı		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	134,049	0		l .		1.00
2.00		0.00	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		0.00	0	0	-	•		3.00
4.00		0.00	0	0	_			4.00
5.00		0.00	0	0	_			5.00
6.00		0.00	0	0	0			6.00
7.00		0.00	0	0	0			7.00
8.00		0.00	0	0	0			8.00
9.00		0.00	0	0	0			9.00
10.00		0.00	0	0	0	•		10.00
11.00		0.00	0	0	0			11.00
12.00		0.00	0	0	0			12.00
	TOTALS		134,049	0				
500.00	Grand Total: Decreases		799,970	758,261	.			500.00

ASCENSION ST. VINCENT FISHERS

In Lieu of Form CMS-2552-10

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS Provider CCN: 15-0181 Period: Worksheet A-7
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared:

						11/20/2023 8:	37 am
				Acquisitions			
		Beginning	Purchases	Donation	Total	Disposals and	
		Balances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE						
1.00	Land	10,871,320	0	0	0	0	1.00
2.00	Land Improvements	237,563	0	0	0	0	2.00
3.00	Buildings and Fixtures	46,841,483	1,881,939	0	1,881,939	1,380,312	3.00
4.00	Building Improvements	853,803	0	0	0	0	4.00
5.00	Fixed Equipment	1,788,011	0	0	0	0	5.00
6.00	Movable Equipment	23,612,993	2,032,514	0	2,032,514	842,193	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	84,205,173	3,914,453	0	3,914,453	2,222,505	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	84,205,173	3,914,453	0	3,914,453	2,222,505	10.00
		Ending Balance	Fully				
			Depreciated				
			Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE						
1.00	Land	10,871,320	0				1.00
2.00	Land Improvements	237,563	0				2.00
3.00	Buildings and Fixtures	47,343,110	0				3.00
4.00	Building Improvements	853,803	0				4.00
5.00	Fixed Equipment	1,788,011	0				5.00
6.00	Movable Equipment	24,803,314	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	85,897,121	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	85,897,121	0				10.00

Health Financial Systems	ASCENSION ST. VINC	ENT FISHERS	In Lieu of Form CMS-2552-10		
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 15-0181		Worksheet A-7	
			From 07/01/2022	Part II	

					From 07/01/2022 Fo 06/30/2023		pared: 37 am
			SU	JMMARY OF CAPI	TAL		
	Cost Center Description		Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	1,836,693	3,897,917	(	0	492	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,767,550	89,883	(	0	1,048	2.00
3.00	Total (sum of lines 1-2)	3,604,243	3,987,800	(	0	1,540	3.00
SUMMARY OF CAPITAL							
	Cost Center Description	Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK						
1.00	CAP REL COSTS-BLDG & FIXT	4,500	, ,				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,858,481				2.00
3.00	Total (sum of lines 1-2)	4,500	7,598,083				3.00

Health	Financial Systems A	SCENSION ST. V	INCENT FISHERS		In Lie	Lieu of Form CMS-2552-1		
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provider Co	F	Period: From 07/01/2022 To 06/30/2023			
		COMI	PUTATION OF RAT	TIOS	ALLOCATION OF	OTHER CAPITAL		
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	61,093,808	0	61,093,808	0.711244	0	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	24,803,313	0	24,803,313	0.288756	0	2.00	
3.00	Total (sum of lines 1-2)	85,897,121	0	85,897,121	1.000000	0	3.00	
		ALLOCA <sup>-</sup>	TION OF OTHER (	CAPITAL	SUMMARY O	F CAPITAL		
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease		
			Capital-Relate	cols. 5				
			d Costs	through 7)				
		6.00	7.00	8.00	9.00	10.00		
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	(	1,834,972	3,897,917	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	(	1,767,550	89,883	2.00	
3.00	Total (sum of lines 1-2)	0	0	(	3,602,522	3,987,800	3.00	
			SU	JMMARY OF CAPI	ΓAL			
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum		
			instructions)	instructions)	Capital-Relate	of cols. 9		
					d Costs (see	through 14)		
					instructions)			
		11.00	12.00	13.00	14.00	15.00		
	PART III - RECONCILIATION OF CAPITAL COSTS C							
1 00	CAR REL COSTS RURS 9 ETVT	0		100	4 500	F 727 001	1 00	

0 0 0 5,737,881 1.00 1,858,481 2.00 7,596,362 3.00

4,500

4,500

1,048 1,540

1.00

CAP REL COSTS-BLDG & FIXT

2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2) Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared:

					0 00/30/2023	11/20/2023 8:3	
				Expense Classification on			
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.00	COSTS-MVBLE EQUIP (chapter 2)		Ü	CAP REL COSTS-MVBLE EQUIP	2.00	Ĭ	2.00
3.00	Investment income - other	В	-26,297	ADMINISTRATIVE & GENERAL	5.00	o	3.00
	(chapter 2)		•				
4.00	Trade, quantity, and time		0		0.00	0	4.00
F 00	discounts (chapter 8)		•		0.00		F 00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by		0		0.00	o	6.00
0.00	suppliers (chapter 8)		· ·		0.00	ا	0.00
7.00	Telephone services (pay		0		0.00	0	7.00
	stations excluded) (chapter						
0.00	21)		0		0.00		0.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	o	9.00
10.00	Provider-based physician	A-8-2	-1,911,257		0.00	Ö	10.00
	adjustment		,- , -				
11.00	Sale of scrap, waste, etc.		0		0.00	0	11.00
42.00	(chapter 23)	. 0.1	4 744 606				42.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,741,626			0	12.00
13.00	Laundry and linen service		0		0.00	o	13.00
14.00	Cafeteria-employees and guests	В	-99.663	CAFETERIA	11.00		14.00
15.00	Rental of quarters to employee		0		0.00		15.00
	and others						
16.00	Sale_of medical and surgical		0		0.00	0	16.00
	supplies to other than						
17.00	patients Sale of drugs to other than		0		0.00		17.00
17.00	patients		Ü		0.00		17.00
18.00	Sale of medical records and	В	-12	ADMINISTRATIVE & GENERAL	5.00	o	18.00
	abstracts						
19.00	Nursing and allied health		0		0.00	0	19.00
	education (tuition, fees,						
20.00	books, etc.) Vending machines		0		0.00	0	20.00
21.00	Income from imposition of	В	-3.611	OPERATION OF PLANT	7.00		21.00
22.00	interest, finance or penalty		3,011	0. 2.0201. 027		ا	
	charges (chapter 21)						
22.00			0		0.00	0	22.00
	overpayments and borrowings to						
23.00	repay Medicare overpayments Adjustment for respiratory	A-8-3	0	DECRIPATORY THERABY	65.00		23.00
23.00	therapy costs in excess of	A-0-3	0	RESPIRATORY THERAPY	03.00		23.00
	limitation (chapter 14)						
24.00	Adjustment for physical	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
	therapy costs in excess of						
25 00	limitation (chapter 14)		^	*** Cost Coston Boll-t-d ***	114.00		25 00
25.00	Utilization review - physicians' compensation		0	*** Cost Center Deleted ***	114.00		25.00
	(chapter 21)						
26.00	Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	o	26.00
	COSTS-BLDG & FIXT						
27.00	Depreciation - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	COSTS-MVBLE EQUIP Non-physician Anesthetist		^	*** Cost Center Deleted ***	19.00		28.00
28.00	Physicians' assistant		0	Cost Center Defeted ***	0.00		
30.00	Adjustment for occupational	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
00	therapy costs in excess of		· ·		500		
	limitation (chapter 14)						
30.99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30.99
21 00	instructions)		^	CDEECH DATHOLOGY	60.60		21 00
31.00	Adjustment for speech pathology costs in excess of	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
	limitation (chapter 14)						
32.00	CAH HIT Adjustment for		0		0.00	0	32.00
	Depreciation and Interest						
33.00	SEMINARS/TUITION REVENUE	В	-2,140	ULTRA SOUND	54.01	0	33.00

				Te	06/30/2023	Date/Time Pre 11/20/2023 8:	
				Expense Classification on	Worksheet A		
				To/From Which the Amount is	to be Adjusted		
					-		
	Cost Center Description			Cost Center		Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.01	MISC INCOME - ADMIN	В	,	ADMINISTRATIVE & GENERAL	5.00	- 1	33.01
33.02	MISC INCOME - PATIENT INTEREST	В	-2,427	ADMINISTRATIVE & GENERAL	5.00	- 1	33.02
33.03	ENTERTAINMENT - ADMIN	A	,	ADMINISTRATIVE & GENERAL	5.00	- 1	33.03
33.04	ENTERTAINMENT - NURSING ADMIN	A	-81	NURSING ADMINISTRATION	13.00	0	33.04
33.05	ENTERTAINMENT - STERILE	A	-38	CENTRAL SERVICES & SUPPLY	14.00	0	33.05
	PROCESSING						
33.06	ENTERTAINMENT - MED SURG	A	-385	ADULTS & PEDIATRICS	30.00	-	33.06
33.07	ENTERTAINMENT - PHYS THERAPY	A	-14	PHYSICAL THERAPY	66.00		33.07
33.08	MARKETING - EMERGENCY	A	-50	EMERGENCY	91.00	0	33.08
33.09	PROMOTIONAL ITEMS - ADMIN	A	-834	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	COMMUNITY BENEFIT EXP - NURS	A	-1,316	NURSING ADMINISTRATION	13.00	0	33.10
	ADMIN						
33.11	PHYS FUND EXP	A	-296,628	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	PHYS FUND EXP	A	-1,930,971	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	LOBBYING EXPENSE	A	-702	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	MEDICAID PROVIDER TAX	A	-3,103,119	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	MISC INCOME - RENTAL INCOME -	В	-1,721	CAP REL COSTS-BLDG & FIXT	1.00	9	33.15
	BLDG						
50.00	TOTAL (sum of lines 1 thru 49)		-5,647,056				50.00
	(Transfer to Worksheet A,						
	column 6, line 200.)						

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

<sup>(2)</sup> 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 OFFICE COSTS

Provider CCN: 15-0181 | Period: | From 07/01/2022

Worksheet A-8-1

				то 06/30/2023	Date/Time Pre 11/20/2023 8:	
	Line No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUST! HOME OFFICE COSTS:	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OR	GANIZATIONS OR	CLAIMED	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE - BENEFITS	1,942,488	1,697,082	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - CAPITAL	702,331	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - INTEREST	26,297	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE - OTHER	8,515,662	7,254,813	3.01
3.02	15.00	PHARMACY	ST. VINCENT HEALTH CHARGEBAC	5,500	5,500	3.02
3.05	54.00	RADIOLOGY-DIAGNOSTIC	ST. VINCENT HEALTH CHARGEBAC	62,769	62,769	3.05
3.07	69.00	ELECTROCARDIOLOGY	ST. VINCENT HEALTH CHARGEBAC	5,424	5,424	3.07
3.10	91.00	EMERGENCY	ST. VINCENT HEALTH CHARGEBAC	7,750	7,750	3.10
3.16	0.00		ST VINCENT HEALTH CHARGEBACK	0	0	3.16
3.17	5.00	ADMINISTRATIVE & GENERAL	TRG ADMIN FEES - SUPPLIES	-364,147	0	3.17
3.18	13.00	NURSING ADMINISTRATION	TRG ADMIN FEES - CONTRACTED	-59,069	0	3.18
4.00	5.00	ADMINISTRATIVE & GENERAL	TRG ADMIN FEES - OTHER	-70,041	0	4.00
5.00	TOTALS (sum of lines 1-4).			10,774,964	9,033,338	5.00
	Transfer column 6, line 5 to					
	Worksheet A-8, column 2,					
	line 12.					

\* 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.

has not been posted to worksheet A, cordinins I and/or Z, the amount arrowable should be mareated in cordinin 4 or this part.								
				Related Organization(s) and/	or Home Office			
	Symbol (1)	Name	Percentage of	Name	Percentage of			
			Ownership		Ownership			
	1.00	2.00	3.00	4.00	5.00			
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:							

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

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

6.00	В	ST. VINCENT HEA	100.00 ST. VINCENT HEA	100.00	6.00
7.00	В	ASCENSION HEALT	100.00 ASCENSION HEALT	100.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or				100.00
	non-financial) specify:				

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related 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 ASCENSION ST.			ON ST. VINC	ENT FISHERS	In Lie	u of Form CMS-2552-10	
	EMENT OF COSTS OF CE COSTS	SERVICES FROM RELATE	D ORGANIZATIONS	AND HOME	Provider CCN: 15-0181	Period: From 07/01/2022 To 06/30/2023	Worksheet A-8-1 Date/Time Prepared: 11/20/2023 8:37 am
	Net	Wkst. A-7 Ref.					

	Net	Wkst. A-7 Ref.		
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUSTMENT	S REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED	
	HOME OFFICE CO	STS:		
1.00	245,406	0		1.00
2.00	702,331	. 0		2.00
3.00	26,297	0		3.00
3.01	1,260,849	0		3.01
3.02	0	0		3.02
3.05	0	0		3.05
3.07	0	0		3.07
3.10	0	0		3.10
3.16	0	0		3.16
3.17	-364,147	0		3.17
3.18	-59,069	0		3.18
4.00	-70,041			4.00
5.00	1,741,626			5.00
* The	amaunta an 1in	os 1 4 (and subserv	nts as appropriate) are transferred in detail to Workshoot A. salumn C. lines as	

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.

1100 110	e seem poseed to normaneet m,	coramino 1 and or 1, the amount arronable blowle be mareaced in coramin for this parti	
	Related Organization(s)		
	and/or Home Office		
	Type of Business		
	6.00		
•	B. INTERRELATIONSHIP TO RELA	ATED 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 caimhursamant undar titla VVIII

rembui	Sement under title AVIII.	
6.00	HOME OFFICE	6.00
7.00	HOME OFFICE	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

Provider CCN: 15-0181

Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared:

							11/20/2023 8:	37 am
	Wkst. A Line #	Cost Center/Physician	Total	Professional	Provider	RCE Amount	Physician/Prov	
		Identifier	Remuneration	Component	Component		ider Component	
					·		Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		OPERATING ROOM	692,714	692,714	0	0	0	1.00
2.00		DELIVERY ROOM & LABOR ROOM	413,952		0	0	0	2.00
3.00		RADIOLOGY-DIAGNOSTIC	108,314		86,532	,	467	3.00
4.00	56.01	ONCOLOGY	8,650		8,650	211,500	46	4.00
5.00	57.00	CT SCAN	22,396	22,396	0	0	0	5.00
6.00	58.00	MAGNETIC RESONANCE IMAGING	217	217	0	0	0	6.00
l		(MRI)						
7.00		EMERGENCY	730,738	730,738	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,976,981					200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		Cost of	Provider	Physician Cost	
		Identifier	Limit	Unadjusted RCE			of Malpractice	
				Limit	Continuing	Share of col.	Insurance	
	1.00	2.00	8.00	9.00	Education 12.00	12	14.00	
1.00		OPERATING ROOM	8.00	9.00	0	13.00	14.00	1.00
2.00		DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	2.00
3.00		RADIOLOGY-DIAGNOSTIC	61,047	3,052	0	0	0	3.00
4.00		ONCOLOGY - DIAGNOSTIC	4,677	234	0	0	0	4.00
5.00		CT SCAN	4,677	234	0	0	0	5.00
6.00		MAGNETIC RESONANCE IMAGING	0	0	0	0	0	6.00
0.00	36.00	(MRI)		0	0	0	U	0.00
7.00	91 00	EMERGENCY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	, o	ő	8.00
9.00	0.00		0	0	0	, o	ő	9.00
10.00	0.00		0	0	0	0	ő	10.00
200.00	0.00		65,724	3,286	0	0		200.00
	Wkst. A Line #	Cost Center/Physician	Provider	Adjusted RCE	RCE	Adjustment		
		Identifier	Component	Limit	Disallowance			
			Share of col.					
			14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	50.00	OPERATING ROOM	0	0	0			1.00
2.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	413,952		2.00
3.00		RADIOLOGY-DIAGNOSTIC	0	61,047	25,485			3.00
4.00	56.01	ONCOLOGY	0	4,677	3,973	3,973		4.00
5.00		CT SCAN	0	0	0	22,396		5.00
6.00	58.00	MAGNETIC RESONANCE IMAGING	0	0	0	217		6.00
		(MRI)						
7.00		EMERGENCY	0	0	0	730,738		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	65,724	29,458	1,911,257		200.00

In Lieu of Form CMS-2552-10

| Period: | Worksheet B | From 07/01/2022 | Part I | To 06/30/2023 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0181

					го 06/30/2023		
	CAPITAL RELATED COSTS		LATED COSTS		11/20/2023 8:	37 am	
Cost Center Description		Not Evnenges	BLDG & FIXT   MVBLE EQUIP		EMPLOYEE	Subtotal	
	cost center bescription	Net Expenses for Cost	BLDG & FIXI	MVBLE EQUIP	BENEFITS	Subtotal	
		Allocation			DEPARTMENT		
		(from Wkst A col. 7)					
		0	1.00	2.00	4.00	4A	
	GENERAL SERVICE COST CENTERS						
1.00 2.00	00100 CAP REL COSTS MYRLE FOULD	5,737,881 1,858,481	5,737,881	1 050 40	,		1.00
4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT	2,224,762	56,725	1,858,48			4.00
5.00	00500 ADMINISTRATIVE & GENERAL	12,795,333	508,075	164,56		13,540,685	5.00
7.00	00700 OPERATION OF PLANT	2,107,430	756,016	244,87	1 0	3,108,317	7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	143,576 623,947	0 65,245	21,13	0	143,576 710,325	8.00 9.00
10.00	01000 DIETARY	325,483	92,899		1	448,472	1
11.00	01100 CAFETERIA	289,598	111,109		1	436,695	
13.00	01300 NURSING ADMINISTRATION	1,113,288	18,427	5,96		1,316,420	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	144,843 763,205	28,880 50,982			203,520 945,401	
16.00	01600 MEDICAL RECORDS & LIBRARY	0	6,805			9,009	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	2,617,339	861,734	279,11	345,374	4,103,560 0	30.00
32.00	03200 CORONARY CARE UNIT	0	0			0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0		0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	25.00	0	0	34.00
43.00	04300 NURSERY ANCILLARY SERVICE COST CENTERS	503,334	111,109	35,98	57,086	707,517	43.00
50.00	05000 OPERATING ROOM	3,897,340	570,925	184,92	1 301,665	4,954,851	50.00
51.00	05100 RECOVERY ROOM	0	0		0	0	51.00
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	1,642,537	450,180	145,81	207,611	2,446,140 0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,119,874	265,497	85,99	132,908	1,604,273	
54.01	03630 ULTRA SOUND	206,990	24,116			271,317	1
56.00	05600 RADIOISOTOPE	0	0		0	0	56.00
56.01 57.00	05601 ONCOLOGY 05700 CT SCAN	401,093 777,767	110,674 60,645	35,84° 19,64°		598,676 974,283	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	306,380	37,699			398,454	
59.00	05900 CARDIAC CATHETERIZATION	0	0	ĺ (	0	0	59.00
60.00	06000 LABORATORY	2,227,240	58,304	18,88	4 0	2,304,428	
62.00 63.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS.	0	0			0	62.00
64.00	06400 INTRAVENOUS THERAPY	Ö	0		o o	0	64.00
65.00	06500 RESPIRATORY THERAPY	647,966	12,085			761,990	
66.00 67.00	06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY	2,153,547 38,952	252,677	81,84		2,627,320 47,396	
68.00	06800 SPEECH PATHOLOGY	166,729	6,233 43,197	2,019		239,909	68.00
69.00	06900 ELECTROCARDIOLOGY	382,540	85,605			545,539	1
	07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	845,062 2,201,949	0			845,062 2,201,949	
73.00	07300 DRUGS CHARGED TO PATIENTS	4,189,561	0		o o	4,189,561	
74.00	07400 RENAL DIALYSIS	0	0		0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART) 07700 ALLOGENEIC HSCT ACQUISITION	0	0		0	0	75.00 77.00
77.00	OUTPATIENT SERVICE COST CENTERS	0	0		0	0	77.00
91.00	09100 EMERGENCY	2,567,686	414,441	134,23	322,496	3,438,859	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
99 00	OTHER REIMBURSABLE COST CENTERS 09900 CMHC	0	0		0 0	0	99.00
	10200 OPIOID TREATMENT PROGRAM	0	0				102.00
	SPECIAL PURPOSE COST CENTERS						
118.00	1 2	55,021,713	5,060,284	1,639,01	2,298,719	54,123,504	118.00
190 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1		0	190.00
191.00	19100 RESEARCH	0	0		o o		191.00
	19200 PHYSICIANS' PRIVATE OFFICES	25,917	677,597	219,47	1,141	924,126	
	19300 NONPAID WORKERS	0	0		0		193.00
	07950 COMMUNITY EDUCATION 07951 MARKETING	0	0			0	194.00 194.01
194.02	07952 SC MGMT SVH TANDEM CASTLETON	868	Ö		o o	868	194.02
	07953 SC MGMT SVH TANDEM	0	0		0		194.03
	07954 SC MGMT SVH TANDEM AVON 07955 SC MGMT TANDEM NOBLESVILLE W	0	0		0		194.04 194.05
	07956 SC MGMT TANDEM NOBLESVILLE W	302	0				194.06
					1		·

Health Financial Systems		INCENT FISHERS		In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0181		From 07/01/2022			
		CAPITAL RELATED COSTS					
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
	0	1.00	2.00	4.00	4A		
Cross Foot Adjustments Negative Cost Centers TOTAL (sum lines 118 through 201)	55 048 800	0 5 737 881	1 858 48	0 0	0	200.00	
	TION - GENERAL SERVICE COSTS  Cost Center Description  Cross Foot Adjustments	Cost Center Description  Net Expenses for Cost Allocation (from Wkst A col. 7)  Cross Foot Adjustments Negative Cost Centers	Cost Center Description  Net Expenses for Cost Allocation (from Wkst A col. 7)  Cross Foot Adjustments Negative Cost Centers  Provider Co	Cost Center Description  Net Expenses for Cost Allocation (from Wkst A col. 7)  Cross Foot Adjustments Negative Cost Centers  Provider CCN: 15-0181  CAPITAL RELATED COSTS  BLDG & FIXT MVBLE EQUIP  0 1.00 2.00	TION - GENERAL SERVICE COSTS  Provider CCN: 15-0181 Period: From 07/01/2022 To 06/30/2023  CAPITAL RELATED COSTS  Net Expenses for Cost Allocation (from Wkst A col. 7) 0 1.00 2.00 4.00  Cross Foot Adjustments Negative Cost Centers  Provider CCN: 15-0181 Period: From 07/01/2022 To 06/30/2023  MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT  0 0 0 0 0 0	TION - GENERAL SERVICE COSTS  Provider CCN: 15-0181 Period: From 07/01/2022 TO 06/30/2023 Part I Date/Time Pre 11/20/2023 8:  CAPITAL RELATED COSTS  Net Expenses for Cost Allocation (from Wkst A col. 7) 0 1.00 2.00 4.00 4A  Cross Foot Adjustments Negative Cost Centers  Provider CCN: 15-0181 Period: From 07/01/2022 TO 06/30/2023 Service Part I Date/Time Pre 11/20/2023 8:  OAPITAL RELATED COSTS  BLDG & FIXT MVBLE EQUIP BEMPLOYEE BENFFITS DEPARTMENT  OO 0 0 0 0 0 0	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0181

Period: Worksheet B From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

11/20/2023 8:37 am Cost Center Description ADMINISTRATIVE OPERATION OF LAUNDRY & HOUSEKEEPING **DIETARY** & GENERAL PLANT LINEN SERVICE 9.00 10.00 5.00 7.00 8.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.00 00500 ADMINISTRATIVE & GENERAL 13,540,685 5.00 7.00 00700 OPERATION OF PLANT 1,013,989 4,122,306 7.00 190,413 00800 LAUNDRY & LINEN SERVICE 8.00 46,837 8.00 9.00 00900 HOUSEKEEPING 231,721 60,891 0 1,002,937 9.00 01000 DIETARY 0 702,882 10.00 146.300 86.700 21.410 10.00 11.00 01100 CAFETERIA 142,458 103,695 0 25,607 0 11.00 13.00 01300 NURSING ADMINISTRATION 429,440 17,198 0 4,247 0 13.00 01400 CENTRAL SERVICES & SUPPLY 0 6,656 66.392 14.00 14.00 26,952 0 15.00 01500 PHARMACY 308,407 47,580 0 11,749 0 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 2,939 6,351 0 1,568 0 16.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 1.338.655 804.228 145.084 198.599 611.166 30.00 31.00 03100 INTENSIVE CARE UNIT 0 31.00 32.00 32.00 03200 CORONARY CARE UNIT 0 0 0 03300 BURN INTENSIVE CARE UNIT 0 0 0 33.00 0 0 33.00 34.00 03400 SURGICAL INTENSIVE CARE UNIT Λ Λ Λ Λ 34.00 04300 NURSERY 43.00 43.00 230,805 103,695 45,329 25,607 0 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 1,616,350 50.00 532,826 0 131,577 0 50.00 51.00 05100 RECOVERY ROOM 0 Λ 51.00 05200 DELIVERY ROOM & LABOR ROOM 52.00 797,975 420,139 0 103,750 91.716 52.00 05300 ANESTHESIOLOGY 0 53.00 53.00 0 54.00 05400 RADIOLOGY-DIAGNOSTIC 523.343 247.780 61.187 0 54.00 0 54.01 03630 ULTRA SOUND 88,508 22,507 5,558 0 54.01 0 56.00 05600 RADIOISOTOPE 56.00 0 05601 ONCOLOGY 195.299 103.288 25.506 56.01 0 56.01 0 57.00 05700 CT SCAN 317,829 56,598 13,976 0 57.00 35,183 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 129,983 0 8,688 0 58.00 0 59.00 05900 CARDIAC CATHETERIZATION 0 59.00 60.00 06000 LABORATORY 751.746 54.413 0 13.437 0 60.00 0 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 62.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 0 0 63.00 63.00 C 64.00 06400 INTRAVENOUS THERAPY 0 0 0 0 64.00 248,575 0 06500 RESPIRATORY THERAPY 65.00 11,279 2,785 0 65.00 66.00 06600 PHYSICAL THERAPY 857,079 235,815 0 58,233 0 66.00 0 67.00 06700 OCCUPATIONAL THERAPY 15,461 5,817 1,437 0 67.00 68.00 06800 SPEECH PATHOLOGY 78,263 40,314 0 9,955 0 68.00 0 69.00 06900 ELECTROCARDIOLOGY 177,965 79,892 19,729 0 69.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 70.00 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 275,674 0 0 0 0 71.00 0 07200 IMPL. DEV. CHARGED TO PATIENTS 718.315 0 72.00 72.00 0 0 73.00 07300 DRUGS CHARGED TO PATIENTS 1,366,710 0 0 0 0 73.00 74.00 07400 RENAL DIALYSIS 0 0 0 0 0 74.00 07500 ASC (NON-DISTINCT PART) 0 0 75.00 75.00 0 0 0 07700 ALLOGENEIC HSCT ACQUISITION 77.00 0 0 77.00 OUTPATIENT SERVICE COST CENTERS 91.00 09100 EMERGENCY 1.121.818 386.785 0 95.514 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 99.00 99.00 09900 CMHC 0 0 0 0 102.00 10200 OPIOID TREATMENT PROGRAM 0 0 0 0 0 102.00 SPECIAL PURPOSE COST CENTERS 702,882 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 13.238.836 3.489.926 190,413 846,775 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190.00 0 191.00 0 191.00 19100 RESEARCH 0 0 192.00 19200 PHYSICIANS' PRIVATE OFFICES 301,467 632,380 0 156,162 0 192.00 193.00 19300 NONPAID WORKERS 0 0 0 193.00 0 0 0 194.00 194.00 07950 COMMUNITY EDUCATION 0 0 0 0 194.01 07951 MARKETING 0 0 0 0 194.01 194.02 07952 SC MGMT SVH TANDEM CASTLETON 0 0 194.02 283 0 0 194.03 07953 SC MGMT SVH TANDEM 0 0 0 194.03 194.04 07954 SC MGMT SVH TANDEM AVON 0 0 0 194.04 0 0 0 194.05 07955 SC MGMT TANDEM NOBLESVILLE W 0 0 0 194.05 194.06 07956 SC MGMT SVH TANDEM PLAINFIELD 0 194.06 99 0 200.00 Cross Foot Adjustments 200.00 201.00 0 201.00 Negative Cost Centers 202.00 TOTAL (sum lines 118 through 201) 13,540,685 4,122,306 190.413 1,002,937 702,882 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0181

Period: Worksheet B
From 07/01/2022 Part I
To 06/30/2023 Date/Time Prepared:

11/20/2023 8:37 am Cost Center Description PHARMACY CAFETERIA NURSING CENTRAL **MEDICAL** ADMINISTRATION SERVICES & RECORDS & SUPPLY LIBRARY 11.00 13.00 15.00 14.00 16.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5.00 00500 ADMINISTRATIVE & GENERAL 5.00 7.00 00700 OPERATION OF PLANT 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPING 9.00 10.00 01000 DIETARY 10.00 11.00 01100 CAFETERIA 708,455 11.00 1,819,843 01300 NURSING ADMINISTRATION 13.00 13.00 52,538 303,533 14.00 01400 CENTRAL SERVICES & SUPPLY 13 14.00 15.00 01500 PHARMACY 33,961 4,989 2,353 1,354,440 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 19,867 16.00 INPATIENT ROUTINE SERVICE COST CENTERS 1,224 30.00 03000 ADULTS & PEDIATRICS 115,301 552,144 9,185 30.00 31.00 03100 INTENSIVE CARE UNIT 0 31.00 0 32.00 03200 CORONARY CARE UNIT 0 0 0 0 32.00 03300 BURN INTENSIVE CARE UNIT 0 0 33.00 0 n 0 33.00 34.00 03400 SURGICAL INTENSIVE CARE UNIT 0 0 0 34.00 43.00 04300 NURSERY 25,415 0 2,325 0 318 43.00 ANCILLARY SERVICE COST CENTERS 5,606 50.00 05000 OPERATING ROOM 85,890 369,798 61,635 0 50.00 51.00 05100 RECOVERY ROOM 0 0 51.00 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 61,306 481,069 2,602 868 52.00 0 53.00 05300 ANESTHESTOLOGY 53.00 0 0 0 51,749 0 54.00 05400 RADIOLOGY-DIAGNOSTIC 9,583 9,843 964 54.00 54.01 03630 ULTRA SOUND 10,206 0 242 54.01 1,238 108 0 56.00 05600 RADIOISOTOPE 56.00 0 0 0 05601 ONCOLOGY 0 56.01 21,145 1,698 247 56.01 57.00 05700 CT SCAN 36,342 9,940 2,063 0 569 57.00 0 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 14,508 3,305 569 157 58.00 0 59.00 05900 CARDIAC CATHETERIZATION 59.00 0 0 0 0 60.00 06000 LABORATORY 0 0 1,606 60.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 0 0 62.00 C 0 62.00 0 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 63.00 0 06400 INTRAVENOUS THERAPY 0 64.00 0 64.00 0 0 06500 RESPIRATORY THERAPY 65.00 29,472 C 2,504 0 212 65.00 06600 PHYSICAL THERAPY 0 66.00 61,897 998 629 66.00 67.00 06700 OCCUPATIONAL THERAPY 61 n 0 16 67.00 0 3.807 06800 SPEECH PATHOLOGY 0 68.00 6.197 0 68 68.00 69.00 06900 ELECTROCARDIOLOGY 18,638 829 3,378 0 655 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 51.336 0 542 71.00 71.00 0 0 |07200|IMPL. DEV. CHARGED TO PATIENTS 72.00 0 0 139,313 0 698 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0 C 0 1,343,589 1,420 73.00 74.00 07400 RENAL DIALYSIS 0 0 0 74.00 07500 ASC (NON-DISTINCT PART) 0 0 75.00 0 0 75.00 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 0 77.00 OUTPATIENT SERVICE COST CENTERS 91.00 09100 EMERGENCY 83,829 386,935 9,448 0 3,826 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 OTHER REIMBURSABLE COST CENTERS 09900 CMHC 0 99.00 102.00 10200 OPIOID TREATMENT PROGRAM 0 0 0 0 102.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 708,455 1,819,843 303,170 19,867 118.00 1,343,589 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 190.00 191.00 19100 RESEARCH 0 0 0 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 363 10,851 0 192.00 193.00 19300 NONPAID WORKERS 0 0 0 193.00 0 0 194.00 07950 COMMUNITY EDUCATION 0 0 194 00 0 0 0 194.01 07951 MARKETING 0 0 0 0 194.01 0 0 194.02 194.02 07952 SC MGMT SVH TANDEM CASTLETON 0 0 194.03 07953 SC MGMT SVH TANDEM 0 0 0 ol 0 194.03 0 194.04 194.04 07954 SC MGMT SVH TANDEM AVON 0 0 0 194.05 07955 SC MGMT TANDEM NOBLESVILLE W 0 0 0 0 194.05 194.06 07956 SC MGMT SVH TANDEM PLAINFIELD 0 0 194.06 200.00 200.00 Cross Foot Adjustments 201.00 Negative Cost Centers 0 201.00 TOTAL (sum lines 118 through 201) 708,455 1,819,843 303,533 1,354,440 19,867 202.00 202.00

Provider CCN: 15-0181

Period: Worksheet B From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/20/2023 8:37 am

				10	11/20/2023 8:	
	Cost Center Description	Subtotal	Intern &	Total		
			Residents Cost			
			& Post Stepdown			
			Adjustments			
		24.00	25.00	26.00		
	GENERAL SERVICE COST CENTERS					
1.00	00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT					2.00 4.00
5.00	00500 ADMINISTRATIVE & GENERAL					5.00
7.00	00700 OPERATION OF PLANT					7.00
8.00	00800 LAUNDRY & LINEN SERVICE					8.00
9.00	00900 HOUSEKEEPING					9.00
10.00	01000 DIETARY					10.00
11.00 13.00	01100 CAFETERIA 01300 NURSING ADMINISTRATION					11.00
	01400 CENTRAL SERVICES & SUPPLY					14.00
	01500 PHARMACY					15.00
16.00	01600 MEDICAL RECORDS & LIBRARY					16.00
	INPATIENT ROUTINE SERVICE COST CENTERS		-			
	03000 ADULTS & PEDIATRICS	7,879,146	0	7,879,146		30.00
	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	0	0	0		31.00
	03300 BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	ő	Ö	ő		34.00
	04300 NURSERY	1,141,011	0	1,141,011		43.00
	ANCILLARY SERVICE COST CENTERS					
	05000 OPERATING ROOM	7,758,533	0	7,758,533		50.00
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	4 405 565	0	4,405,565		51.00
	05300 ANESTHESIOLOGY	4,405,565	0	4,405,505		53.00
	05400 RADIOLOGY-DIAGNOSTIC	2,508,722	Ö	2,508,722		54.00
	03630 ULTRA SOUND	399,684	0	399,684		54.01
	05600 RADIOISOTOPE	0	0	0		56.00
	05601 ONCOLOGY	945,859	0	945,859		56.01
	05700 CT SCAN	1,411,600	0	1,411,600		57.00 58.00
	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	590,847	0	590,847		59.00
	06000 LABORATORY	3,125,635	Ö	3,125,635		60.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	1,056,817	0	1,056,817		65.00
66.00 67.00	06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY	3,841,971 70,188	0	3,841,971 70,188		66.00
68.00	06800 SPEECH PATHOLOGY	378,513	0	378,513		68.00
69.00	06900 ELECTROCARDIOLOGY	846,625	0	846,625		69.00
	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,172,614	0	1,172,614		71.00
	1	3,060,275	0	3,060,275		72.00
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	6,901,280	0	6,901,280		73.00 74.00
	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
	07700 ALLOGENEIC HSCT ACQUISITION	Ö	Ö	Ö		77.00
	OUTPATIENT SERVICE COST CENTERS					
	09100 EMERGENCY	5,527,014	0	5,527,014		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
99 00	OTHER REIMBURSABLE COST CENTERS  09900 CMHC	0	0	0		99.00
	10200 OPIOID TREATMENT PROGRAM	0	0	0		102.00
102.00	SPECIAL PURPOSE COST CENTERS	<u> </u>		<u> </u>		102.00
118.00		53,021,899	0	53,021,899		118.00
	NONREIMBURSABLE COST CENTERS					
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
	19100 RESEARCH	2 025 240	0	2 025 240		191.00 192.00
	19200 PHYSICIANS' PRIVATE OFFICES 19300 NONPAID WORKERS	2,025,349	0	2,025,349		192.00
	07950 COMMUNITY EDUCATION	o	0	0		194.00
	07951 MARKETING	ő	ŏ	ő		194.01
	07952 SC MGMT SVH TANDEM CASTLETON	1,151	0	1,151		194.02
	07953 SC MGMT SVH TANDEM	0	0	0		194.03
	07954 SC MGMT SVH TANDEM AVON	0	0	0		194.04
	07955 SC MGMT TANDEM NOBLESVILLE W	0	0	0		194.05
200.00	07956 SC MGMT SVH TANDEM PLAINFIELD Cross Foot Adjustments	401	U O	401		194.06 200.00
200.00		0	0	0		201.00
	1 1 2	٩	71	٠,		

Health Financial Systems A	SCENSION ST. VI	INCENT FISHERS		In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0181		Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Pro 11/20/2023 8	epared: :37 am	
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total				
	24.00	25.00	26.00				
202.00 TOTAL (sum lines 118 through 201)	55,048,800	0	55,048,80	0		202.00	

Provider CCN: 15-0181

				٦	o 06/30/2023	Date/Time Pre 11/20/2023 8:	
			CAPITAL RE	LATED COSTS		11/20/2023 6.	J7 alli
	Cost Center Description	Directly	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
	cost center beset iperon	Assigned New	DEDG G TIXT	MVBEE EQUI	Subcocai	BENEFITS	
		Capital				DEPARTMENT	
		Related Costs	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	56,725	18,373	75,098	75,098	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	702,331	508,075	164,564	1,374,970		5.00
7.00	00700 OPERATION OF PLANT	0	756,016			0	7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0	65,245	21,133	,	0	8.00 9.00
10.00	01000 DIETARY	0	92,899			0	10.00
11.00	01100 CAFETERIA	0	111,109			0	11.00
13.00 14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	0	18,427 28,880	1		1	13.00
15.00	01500 PHARMACY	0	50,982	1	-	668 3,745	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	6,805	1			16.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS		061 724	270 111	1 140 047	11 200	30.00
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	0	861,734	279,113	1,140,847	11,280 0	30.00
32.00	03200 CORONARY CARE UNIT	0	Ö		ő	ő	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0		0	0	33.00
34.00 43.00	03400 SURGICAL INTENSIVE CARE UNIT 04300 NURSERY	0	0 111,109	35,988	0 3 147,097	0 1,864	34.00 43.00
43.00	ANCILLARY SERVICE COST CENTERS	ı o	111,109	33,960	147,097	1,004	43.00
50.00	05000 OPERATING ROOM	0	570,925	184,92	755,846	9,850	50.00
51.00	05100 RECOVERY ROOM	0	0	145.01	0	0	51.00
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	0	450,180 0	145,812	595,992	6,779 0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	265,497	85,99	351,491	4,340	54.00
54.01	03630 ULTRA SOUND	0	24,116	7,81	31,927	1,058	54.01
56.00 56.01	05600 RADIOISOTOPE 05601 ONCOLOGY	0	0 110,674	35,847	0 146,521	0 1,667	56.00 56.01
57.00	05700 CT SCAN	0	60,645		-	3,795	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	37,699	1			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	10.00	0	0	59.00
60.00 62.00	06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	58,304	18,884	77,188	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		ő	ő	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	(	0	0	64.00
65.00 66.00	06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY	0	12,085 252,677			3,201 4,547	
67.00	06700 OCCUPATIONAL THERAPY	0	6,233			6	67.00
68.00	06800 SPEECH PATHOLOGY	0	43,197	1		522	68.00
69.00	06900 ELECTROCARDIOLOGY	0	85,605	27,727	113,332	1,622	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			0	70.00 71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	i	o o	Ö	72.00
	07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
74.00	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	0		0	0	74.00 75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0			0	77.00
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	414,441	134,236	548,677	10,530	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS				U		92.00
99.00	09900 CMHC	0	0	(	0	0	99.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	(	0	0	102.00
118.00	SPECIAL PURPOSE COST CENTERS  SUBTOTALS (SUM OF LINES 1 through 117)	702,331	5,060,284	1,639,010	7,401,625	75,061	118 00
110.00	NONREIMBURSABLE COST CENTERS	702,331	3,000,204	1,033,010	7,401,023	73,001	110.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0		190.00
	19100 RESEARCH	0	677 507	210 47	0		191.00 192.00
	19200  PHYSICIANS' PRIVATE OFFICES 19300  NONPAID WORKERS	0	677,597 0	219,47	897,068		193.00
194.00	07950 COMMUNITY EDUCATION	0	Ö		o o	0	194.00
	07951 MARKETING	0	0		0		194.01
	207952 SC MGMT SVH TANDEM CASTLETON 307953 SC MGMT SVH TANDEM	0	0	]	0		194.02 194.03
	107954 SC MGMT SVH TANDEM	0	0				194.03
194.0	07955 SC MGMT TANDEM NOBLESVILLE W	0	0		0	0	194.05
194.00	07956 SC MGMT SVH TANDEM PLAINFIELD Cross Foot Adjustments	0	0	'	0	0	194.06 200.00
200.00	o   Cross root Aujustillerits	1 1		l .	l U	I	1200.00

Health Fin	nancial Systems	ASCENSION ST. V	INCENT FISHERS	In Lieu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS					Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared 11/20/2023 8:37 am	
			CAPITAL REI	LATED COSTS			
	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	2.00	2A	4.00	
201.00	Negative Cost Centers		0		0 0		201.00
202.00	TOTAL (sum lines 118 through 201)	702,331	5,737,881	1,858,48	8,298,693	75,098	202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0181

Period: Worksheet B From 07/01/2022 Part II To 06/30/2023 Date/Time Prepared:

					0 06/30/2023	11/20/2023 8:	
	Cost Center Description	ADMINISTRATIVE	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	
		& GENERAL	PLANT	LINEN SERVICE	0.00	10.00	
	GENERAL SERVICE COST CENTERS	5.00	7.00	8.00	9.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP					l	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					l	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	1,377,344				l	5.00
7.00	00700 OPERATION OF PLANT	103,143	1,104,030			l	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	4,764	0	4,764		l	8.00
9.00	00900 HOUSEKEEPING	23,571	16,308	II.	- , -	l	9.00
10.00	01000 DIETARY	14,882	23,220		,	163,786	
11.00	01100 CAFETERIA	14,491	27,771	II.	3,224	0	
13.00	01300 NURSING ADMINISTRATION	43,683	4,606			0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	6,753	7,218	1		0	14.00
15.00	01500 PHARMACY	31,371	12,743	1		0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY INPATIENT ROUTINE SERVICE COST CENTERS	299	1,701	. 0	197	0	16.00
30.00	03000 ADULTS & PEDIATRICS	136,168	215,386	3,630	24,998	142,414	30.00
31.00	03100 INTENSIVE CARE UNIT	130,100	213,300	0,030	24,330	0	31.00
32.00	03200 CORONARY CARE UNIT		0		0	ő	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	o o	0	o o	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00	04300 NURSERY	23,478	27,771	1,134	3,224	0	43.00
	ANCILLARY SERVICE COST CENTERS						]
50.00	05000 OPERATING ROOM	164,396	142,701	. 0	16,564	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	81,170	112,521	1	-,	21,372	1
53.00	05300 ANESTHESIOLOGY	0	0	0		0	
54.00	05400 RADIOLOGY-DIAGNOSTIC	53,235	66,360		,	0	
54.01	03630 ULTRA SOUND	9,003	6,028			0	54.01
56.00	05600 RADIOISOTOPE	0	0	ή	-	0	56.00
56.01	05601 ONCOLOGY	19,866	27,662		3,211	0	56.01
57.00	05700 CT SCAN	32,330	15,158		-,	0	57.00
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	13,222	9,423		1,094	1	58.00 59.00
60.00	05900 CARDIAC CATHETERIZATION 06000 LABORATORY	76,468	14 572	0	1,692	1	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	70,400	14,573		1,092	1 0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0		0		63.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	25,285	3,021		351	0	65.00
66.00	06600 PHYSICAL THERAPY	87,182	63,156	1		0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,573	1,558	1	181	0	67.00
68.00	06800 SPEECH PATHOLOGY	7,961	10,797	1		0	68.00
69.00	06900 ELECTROCARDIOLOGY	18,103	21,397	1		0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	, 0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,042	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	73,067	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	139,022	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00		0	0	0	0	0	
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS			_			
	09100 EMERGENCY	114,112	103,588	0	12,024	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
00.00	OTHER REIMBURSABLE COST CENTERS			1 0			00.00
102.00	09900 CMHC 10200 OPIOID TREATMENT PROGRAM	0	0				99.00
102.00	SPECIAL PURPOSE COST CENTERS	l O		0	U	0	102.00
118.00		1,346,640	934,667	4,764	106,598	163,786	118 00
110.00	NONREIMBURSABLE COST CENTERS	1,540,040	334,007	7,707	100,330	105,700	110.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
	19100 RESEARCH	o o	0	o o			191.00
	19200 PHYSICIANS' PRIVATE OFFICES	30,665	169,363	0	19,659		192.00
	19300 NONPAID WORKERS	0	. 0	0	0		193.00
	07950 COMMUNITY EDUCATION	0	0	0	0	0	194.00
	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 SC MGMT SVH TANDEM CASTLETON	29	0	0	0	0	194.02
	07953 SC MGMT SVH TANDEM	0	0	0	0	0	194.03
	07954 SC MGMT SVH TANDEM AVON	0	0	0	0		194.04
	07955 SC MGMT TANDEM NOBLESVILLE W	0	0	0	0		194.05
	07956 SC MGMT SVH TANDEM PLAINFIELD	10	0	0	0	0	194.06
200.00						I	200.00
201.00		0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	1,377,344	1,104,030	4,764	126,257	163,786	202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0181

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 07/01/2022 Part II
To 06/30/2023 Date/Time Prepared: 11/20/2023 8:37 am

1.00   00   00   00   00   00   00   00	COST CENTER DESCRIPTION  ENERAL SERVICE COST CENTERS  0100 CAP REL COSTS-BLDG & FIXT 0200 CAP REL COSTS-MVBLE EQUIP 0400 EMPLOYEE BENEFITS DEPARTMENT 0500 ADMINISTRATIVE & GENERAL 0700 OPERATION OF PLANT 0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM 5200 DELIVERY ROOM & LABOR ROOM	192,583 14,282 0 9,232 0 31,342 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	CENTRAL SERVICES & SUPPLY 14.00 53,712 416 0	15.00 15.00 126,737 0 0 0 0	MEDICAL RECORDS & LIBRARY 16.00 11,206 697 0	1.00 2.00 4.00 5.00 7.00 8.00 9.00 11.00 14.00 15.00 16.00 30.00 31.00 32.00
1.00   00   00   00   00   00   00   00	0100 CAP REL COSTS-BLDG & FIXT 0200 CAP REL COSTS-MVBLE EQUIP 0400 EMPLOYEE BENEFITS DEPARTMENT 0500 ADMINISTRATIVE & GENERAL 07700 OPERATION OF PLANT 0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4400 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	192,583 14,282 0 9,232 0 31,342 0 0 0 6,909	93,338 1 256 0 28,316 0 0	53,712 416 0 1,625 0 0 0	126,737	11,206 697 0	2.00 4.00 5.00 7.00 8.00 9.00 11.00 13.00 14.00 15.00 30.00 31.00 32.00
1.00   00   00   00   00   00   00   00	0100 CAP REL COSTS-BLDG & FIXT 0200 CAP REL COSTS-MVBLE EQUIP 0400 EMPLOYEE BENEFITS DEPARTMENT 0500 ADMINISTRATIVE & GENERAL 07700 OPERATION OF PLANT 0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4400 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	192,583 14,282 0 9,232 0 31,342 0 0 0 6,909	93,338 1 256 0 28,316 0 0	53,712 416 0 1,625 0 0 0	126,737	11,206 697 0	2.00 4.00 5.00 7.00 8.00 9.00 11.00 13.00 14.00 15.00 30.00 31.00 32.00
1.00   00   00   00   00   00   00   00	0100 CAP REL COSTS-BLDG & FIXT 0200 CAP REL COSTS-MVBLE EQUIP 0400 EMPLOYEE BENEFITS DEPARTMENT 0500 ADMINISTRATIVE & GENERAL 07700 OPERATION OF PLANT 0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4400 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	2.00 4.00 5.00 7.00 8.00 9.00 11.00 13.00 14.00 15.00 30.00 31.00 32.00
2.00 00 4.00 00 5.00 00 7.00 00 8.00 00 10.00 00 11.00 00 13.00 00 15.00 00 31.00 00 32.00 00 33.00 00 34.00 00 43.00 00 55.00 00 55.00 00 55.00 00 55.00 00	0200 CAP REL COSTS-MVBLE EQUIP 0400 EMPLOYEE BENEFITS DEPARTMENT 0500 ADMINISTRATIVE & GENERAL 0700 OPERATION OF PLANT 0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	2.00 4.00 5.00 7.00 8.00 9.00 11.00 13.00 14.00 15.00 30.00 31.00 32.00
4.00 00 5.00 00 7.00 00 8.00 00 9.00 00 11.00 00 11.00 00 15.00 00 31.00 00 32.00 00 33.00 00 34.00 00 43.00 00 55.00 00 55.00 00 55.00 00 55.00 00 55.00 00	0400 EMPLOYEE BENEFITS DEPARTMENT 0500 ADMINISTRATIVE & GENERAL 0700 OPERATION OF PLANT 0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4400 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	4.00 5.00 7.00 8.00 9.00 10.00 11.00 14.00 15.00 16.00 30.00 31.00 32.00
5.00 00 7.00 00 8.00 00 10.00 01 11.00 01 13.00 01 14.00 01 15.00 01 30.00 01 31.00 01 32.00 01 32.00 01 34.00 01 43.00 00 55.00 01 55.00 01 55.00 01 55.00 01 55.00 01	0500 ADMINISTRATIVE & GENERAL 0700 OPERATION OF PLANT 0800 LAUNDRY & LINEN SERVICE 0900 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	5.00 7.00 8.00 9.00 11.00 13.00 15.00 16.00 30.00 31.00 32.00
7.00 00 8.00 00 9.00 00 11.00 00 13.00 00 14.00 00 15.00 00 31.00 00 32.00 00 33.00 00 34.00 00 43.00 00 55.00 00 55.00 00 53.00 00	0700 OPERATION OF PLANT 0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	7.00 8.00 9.00 10.00 11.00 14.00 15.00 16.00 30.00 31.00 32.00
8.00 00 9.00 00 10.00 00 11.00 01 13.00 00 14.00 00 15.00 00 31.00 00 32.00 00 33.00 00 34.00 00 43.00 00 55.00 00 52.00 00 53.00 00	0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	8.00 9.00 10.00 11.00 13.00 14.00 15.00 16.00 30.00 31.00 32.00
9.00 00 10.00 00 11.00 00 11.00 00 14.00 00 15.00 00 31.00 00 31.00 00 32.00 00 33.00 00 34.00 00 43.00 00 50.00 00 51.00 00 52.00 00 53.00 00	0900 HOUSEKEEPING 1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 14400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 33400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	9.00 10.00 11.00 13.00 14.00 15.00 16.00 30.00 31.00 32.00
10.00 0: 11.00 0: 13.00 0: 14.00 0: 15.00 0: 16.00 0: 30.00 0: 31.00 0: 32.00 0: 33.00 0: 34.00 0: 43.00 0: 50.00 0: 51.00 0: 52.00 0: 53.00 0:	1000 DIETARY 1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3300 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	10.00 11.00 13.00 14.00 15.00 16.00 30.00 31.00 32.00
11.00 0: 13.00 0: 14.00 0: 15.00 0: 16.00 0: 30.00 0: 31.00 0: 32.00 0: 33.00 0: 34.00 0: 43.00 0: 50.00 0: 51.00 0: 52.00 0: 53.00 0:	1100 CAFETERIA 1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4400 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	11.00 13.00 14.00 15.00 16.00 30.00 31.00 32.00
13.00 0: 14.00 0: 15.00 0: 16.00 0: 30.00 0: 31.00 0: 32.00 0: 33.00 0: 43.00 0: 50.00 0: 51.00 0: 52.00 0: 53.00 0:	1300 NURSING ADMINISTRATION 1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	14,282 0 9,232 0 31,342 0 0 0 0 6,909	93,338 1 256 0 28,316 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	13.00 14.00 15.00 16.00 30.00 31.00 32.00
14.00 0: 15.00 0: 16.00 0: 130.00 0: 31.00 0: 32.00 0: 34.00 0: 43.00 0: 50.00 0: 51.00 0: 52.00 0: 53.00 0:	1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY  NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY  NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	31,342 0 0 31,342 0 0 0 0 6,909	28,316 0 0 0 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	14.00 15.00 16.00 30.00 31.00 32.00
15.00 0: 16.00 0: 30.00 0: 31.00 0: 32.00 0: 34.00 0: 43.00 0: 50.00 0: 51.00 0: 52.00 0: 53.00 0:	1500 PHARMACY 1600 MEDICAL RECORDS & LIBRARY  NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 33200 CORONARY CARE UNIT 33400 SURGICAL INTENSIVE CARE UNIT 43400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY  NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	31,342 0 0 0 0 6,909	28,316 0 0 0	1,625 0 0 0 0 0	- 1	697 0 0	15.00 16.00 30.00 31.00 32.00
30.00 0: 31.00 0: 32.00 0: 33.00 0: 43.00 0: 43.00 0: 50.00 0: 51.00 0: 52.00 0: 53.00 0:	NPATIENT ROUTINE SERVICE COST CENTERS 3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	31,342 0 0 0 0 6,909	28,316 0 0 0	1,625 0 0 0 0	0 0 0 0 0	697 0 0	30.00 31.00 32.00
30.00 0: 31.00 0: 32.00 0: 33.00 0: 43.00 0: 43.00 0: 50.00 0: 51.00 0: 52.00 0: 53.00 0:	3000 ADULTS & PEDIATRICS 3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	0 0 0 0 6,909	0 0 0	0 0 0 0	0 0 0 0	0	31.00 32.00
31.00 0: 32.00 0: 33.00 0: 34.00 0: 43.00 0: 50.00 0: 51.00 0: 52.00 0: 53.00 0:	3100 INTENSIVE CARE UNIT 3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4400 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	0 0 0 0 6,909	0 0 0	0 0 0 0	0 0 0 0	0	31.00 32.00
32.00 0: 33.00 0: 34.00 0: 43.00 0: 50.00 0: 51.00 0: 52.00 0: 53.00 0:	3200 CORONARY CARE UNIT 3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	23,348	0 0 0 0 0	0 0 0	0 0 0 0	0	32.00
33.00 0.34.00 0.43.00 0.45.00 0.551.00 0.553.00	3300 BURN INTENSIVE CARE UNIT 3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	23,348	0 0 0 0	0	0 0 0	-	
34.00 0.43.00 0.43.00 0.551.00 0.551.00 0.553.00	3400 SURGICAL INTENSIVE CARE UNIT 4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	23,348	0 0	0	0	0	
43.00 04 50.00 09 51.00 09 52.00 09 53.00 09	4300 NURSERY NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	23,348	0	0	0	•	33.00
50.00 05 51.00 05 52.00 05 53.00 05	NCILLARY SERVICE COST CENTERS 5000 OPERATING ROOM 5100 RECOVERY ROOM	23,348	0		ام	0	34.00
50.00 09 51.00 09 52.00 09 53.00 09	5000 OPERATING ROOM 5100 RECOVERY ROOM			411	0	181	43.00
51.00 05 52.00 05 53.00 05	5100 RECOVERY ROOM		18,967	10,907	0	3,081	50.00
52.00 05 53.00 05	1	0	10,907	10,907	0	3,081	51.00
53.00 0		16,665	24,674	460	0	495	52.00
	5300 ANESTHESIOLOGY	10,003	24,074	0	0	0	53.00
	5400 RADIOLOGY-DIAGNOSTIC	14,067	492	1,742	0	549	54.00
	3630 ULTRA SOUND	2,774		19	0	138	54.01
56.00 0	5600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 0	5601 ONCOLOGY	5,748	0	301	0	141	56.01
	5700 CT SCAN	9,879	510	365	0	324	57.00
58.00 0	5800 MAGNETIC RESONANCE IMAGING (MRI)	3,944	170	101	0	89	58.00
	5900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
1	6000 LABORATORY	0	0	1	0	915	60.00
1	6200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
	6300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
1	6400 INTRAVENOUS THERAPY 6500 RESPIRATORY THERAPY	8,011	0	443	0	0 121	64.00
	6600 PHYSICAL THERAPY	16,826		177	0	359	66.00
	6700 OCCUPATIONAL THERAPY	17		1,7	0	9	67.00
	6800 SPEECH PATHOLOGY	1,685		674	0	39	68.00
	6900 ELECTROCARDIOLOGY	5,066	1	598	0	373	69.00
	7000 ELECTROENCEPHALOGRAPHY	0	o	0	0	0	70.00
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,084	0	309	71.00
72.00 0	7200 IMPL. DEV. CHARGED TO PATIENTS	0	0	24,652	0	398	72.00
	7300 DRUGS CHARGED TO PATIENTS	0	0	0	125,722	809	73.00
	7400 RENAL DIALYSIS	0	0	0	0	0	74.00
	7500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
	7700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
	UTPATIENT SERVICE COST CENTERS	22.700	10.046	1 (72	0	2 170	01 00
91.00 09	9100 EMERGENCY 9200 OBSERVATION BEDS (NON-DISTINCT PART)	22,788	19,846	1,672	0	2,179	91.00
	THER REIMBURSABLE COST CENTERS						92.00
	9900 CMHC	0	O	0	0	0	99.00
	0200 OPIOID TREATMENT PROGRAM	0	1	0	0		102.00
	PECIAL PURPOSE COST CENTERS		<u> </u>	<u> </u>	<u> </u>	0	102.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	192,583	93,338	53,648	125,722	11,206	118.00
	ONREIMBURSABLE COST CENTERS		, ,,,,,,,	,			
	9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19	9100 RESEARCH	0	o	0	0	0	191.00
192.00 19	9200 PHYSICIANS' PRIVATE OFFICES	0	0	64	1,015		192.00
193.00 19	9300 NONPAID WORKERS	0	0	0	0		193.00
	7950 COMMUNITY EDUCATION	0	0	0	0		194.00
	7951 MARKETING	0	0	0	0		194.01
	7952 SC MGMT SVH TANDEM CASTLETON	0	0	0	0		194.02
	7953 SC MGMT SVH TANDEM	0	0	0	0		194.03
	7954 SC MGMT SVH TANDEM AVON	0	0	0	0		194.04
	7955 SC MGMT TANDEM NOBLESVILLE W	0	0	0	0		194.05
	7956 SC MGMT SVH TANDEM PLAINFIELD	0	0	0	0		194.06
200.00 201.00	Cross Foot Adjustments Negative Cost Centers	^		0			200.00 201.00
201.00	TOTAL (sum lines 118 through 201)	192,583	93,338	53,712	126,737	11,206	
202.00	TOTAL (Sum Times IIO Cillough 201)	172,303	ا ا ا	JJ, / 12	120,737	11,200	202.00

Provider CCN: 15-0181

				1.0	11/20/2023 8	
	Cost Center Description	Subtotal	Intern &	Total		
			Residents Cost			
			& Post			
			Stepdown Adjustments			
		24.00	25.00	26.00		
	GENERAL SERVICE COST CENTERS					
1.00	00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500 ADMINISTRATIVE & GENERAL					5.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE					7.00 8.00
9.00	00900 HOUSEKEEPING					9.00
10.00	01000 DIETARY					10.00
11.00	01100 CAFETERIA					11.00
13.00	01300 NURSING ADMINISTRATION					13.00
	01400 CENTRAL SERVICES & SUPPLY					14.00
	01500 PHARMACY					15.00
16.00	01600 MEDICAL RECORDS & LIBRARY					16.00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	1 726 702	0	1 726 702		30.00
	03100 INTENSIVE CARE UNIT	1,736,703	0	1,736,703		30.00
	03200 CORONARY CARE UNIT	0	0	0		32.00
	03300 BURN INTENSIVE CARE UNIT	0	Ö	ő		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
43.00	04300 NURSERY	212,069	0	212,069		43.00
	ANCILLARY SERVICE COST CENTERS					
	05000 OPERATING ROOM	1,145,660	0	1,145,660		50.00
	05100 RECOVERY ROOM	072 100	0	072 100		51.00
	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	873,189	0	873,189		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	499,979	O O	499,979		54.00
	03630 ULTRA SOUND	51,710	0	51,710		54.01
56.00	05600 RADIOISOTOPE	0	Ö	0		56.00
	05601 ONCOLOGY	205,117	0	205,117		56.01
	05700 CT SCAN	144,408	0	144,408		57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	79,329	0	79,329		58.00
	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
	06000 LABORATORY	170,837	0	170,837		60.00
62.00 63.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		62.00
	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	56,432	Ö	56,432		65.00
66.00	06600 PHYSICAL THERAPY	514,096	0	514,096		66.00
67.00	06700 OCCUPATIONAL THERAPY	11,596	0	11,596		67.00
68.00	06800 SPEECH PATHOLOGY	80,119	0	80,119		68.00
69.00	06900 ELECTROCARDIOLOGY	163,018	0	163,018		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,435	0	37,435 98,117		71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	98,117 265,553	0	265,553		72.00
	07400 RENAL DIALYSIS	203,333	o o	203,333		74.00
	07500 ASC (NON-DISTINCT PART)	0	Ö	Ö		75.00
	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
	09100 EMERGENCY	835,416	0	835,416		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
00 00	OTHER REIMBURSABLE COST CENTERS  09900 CMHC	0	0	0		99.00
	10200 OPIOID TREATMENT PROGRAM	0	ol ol	0		102.00
102.00	SPECIAL PURPOSE COST CENTERS	<u> </u>	O <sub>I</sub>	O <sub>1</sub>		102.00
118.00		7,180,783	0	7,180,783		118.00
	NONREIMBURSABLE COST CENTERS	, , ,		, ,		
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
	19100 RESEARCH	0	0	0		191.00
	19200 PHYSICIANS' PRIVATE OFFICES	1,117,871	0	1,117,871		192.00
	19300 NONPAID WORKERS	0	0	0		193.00
	07950 COMMUNITY EDUCATION 07951 MARKETING	0	U O	0		194.00 194.01
	07952 SC MGMT SVH TANDEM CASTLETON	29	0	29		194.01
	07953 SC MGMT SVH TANDEM CASTLETON	0	0	0		194.02
	07954 SC MGMT SVH TANDEM AVON	ő	ő	ő		194.04
	07955 SC MGMT TANDEM NOBLESVILLE W	0	ó	0		194.05
	07956 SC MGMT SVH TANDEM PLAINFIELD	10	o	10		194.06
200.00	1 1	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0		201.00

Health Financial Systems A	SCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider Co		Period: From 07/01/2022 To 06/30/2023	
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	24.00	25.00	26.00		
202.00 TOTAL (sum lines 118 through 201)	8,298,693	0	8,298,69	93	202.00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0181

						o 06/30/2023	Date/Time Pre 11/20/2023 8:	
			CAPITAL REI	LATED COSTS			11/20/2023 8.	37 aiii
		Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMINISTRATIVE	
		cost center bescription	(SQUARE FEET)	(SQUARE FEET)	BENEFITS	Reconciliation	& GENERAL	
					DEPARTMENT		(ACCUM. COST)	
					(GROSS SALARIES)			
			1.00	2.00	4.00	5A	5.00	
1.00		AL SERVICE COST CENTERS  CAP REL COSTS-BLDG & FIXT	210,802	I				1.00
2.00	1	CAP REL COSTS-BLDG & FIXT	210,802	210,802				2.00
4.00		EMPLOYEE BENEFITS DEPARTMENT	2,084					4.00
5.00 7.00		ADMINISTRATIVE & GENERAL OPERATION OF PLANT	18,666 27,775			-13,540,685	41,508,115 3,108,317	5.00 7.00
8.00		LAUNDRY & LINEN SERVICE	0	0	1	0	143,576	
9.00	00900	HOUSEKEEPING	2,397		1	0	710,325	9.00
10.00 11.00	1	DIETARY CAFETERIA	3,413 4,082	3,413 4,082		0	448,472 436,695	
13.00	1	NURSING ADMINISTRATION	677	677		0	1,316,420	
14.00		CENTRAL SERVICES & SUPPLY	1,061	1,061			203,520	
15.00 16.00	1	PHARMACY	1,873 250				945,401	
10.00		MEDICAL RECORDS & LIBRARY  IENT ROUTINE SERVICE COST CENTERS	230	230		0	9,009	10.00
30.00	03000	ADULTS & PEDIATRICS	31,659	31,659	2,039,656		4,103,560	30.00
31.00 32.00	1	INTENSIVE CARE UNIT CORONARY CARE UNIT	0	0	0	0	0	31.00 32.00
33.00	1	BURN INTENSIVE CARE UNIT	0	0		0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00		NURSERY LARY SERVICE COST CENTERS	4,082	4,082	337,126	0	707,517	43.00
50.00		OPERATING ROOM	20,975	20,975	1,781,519	0	4,954,851	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 53.00	1	DELIVERY ROOM & LABOR ROOM	16,539	16,539	1,226,073	0	2,446,140	52.00 53.00
54.00	1	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	9,754	9,754	784,903	0	1,604,273	
54.01	1	ULTRA SOUND	886				271,317	
56.00		RADIOISOTOPE	0	0	1	0	0	56.00
56.01 57.00	1	ONCOLOGY CT SCAN	4,066 2,228				598,676 974,283	
58.00	1	MAGNETIC RESONANCE IMAGING (MRI)	1,385				398,454	
59.00		CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 62.00	1	LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS	2,142	2,142	0	0	2,304,428	60.00 62.00
63.00		BLOOD STORING, PROCESSING & TRANS.	0	0		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00		RESPIRATORY THERAPY	444	ł .	· '		761,990	
66.00 67.00		PHYSICAL THERAPY OCCUPATIONAL THERAPY	9,283	9,283			2,627,320 47,396	
68.00	1	SPEECH PATHOLOGY	1,587	1,587			239,909	
69.00	1	ELECTROCARDIOLOGY	3,145	3,145	293,313	0	545,539	
		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 845,062	
		IMPL. DEV. CHARGED TO PATIENTS	0	Ö	Ö	0	2,201,949	
		DRUGS CHARGED TO PATIENTS	0	0	0	0	4,189,561	73.00
		RENAL DIALYSIS ASC (NON-DISTINCT PART)	0	0	0	0	0	74.00 75.00
		ALLOGENEIC HSCT ACQUISITION	0	0		0	0	
		TIENT SERVICE COST CENTERS						
	1	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	15,226	15,226	1,904,541	. 0	3,438,859	91.00 92.00
32.00		REIMBURSABLE COST CENTERS						32.00
99.00			0				1	
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)	185,908	185,908	13,575,380	-13,540,685	40,582,819	118.00
		IMBURSABLE COST CENTERS	,					
		GIFT, FLOWER, COFFEE SHOP & CANTEEN RESEARCH	0	0	0	0		190.00 191.00
		PHYSICIANS' PRIVATE OFFICES	24,894	24,894	6,741		924,126	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
		COMMUNITY EDUCATION	0	0	0	0		194.00
		MARKETING SC MGMT SVH TANDEM CASTLETON	0	0	] 0	0		194.01 194.02
194.03	07953	SC MGMT SVH TANDEM	0	0	0	o o	0	194.03
194.04	07954	SC MGMT SVH TANDEM AVON	0	0	0	0		194.04
		SC MGMT TANDEM NOBLESVILLE W SC MGMT SVH TANDEM PLAINFIELD	0	0	[ 0   0	0		194.05 194.06
	15.550	100 CONTRACTOR OF THE PARTITION OF THE P		1 0	1	1	1 302	

Health Financial Systems

ASCENSION ST. VINCENT FISHERS

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0181

Period:
From 07/01/2022
From 07/01/2022

				Т	o 06/30/2023	Date/Time Pre 11/20/2023 8:	
		CAPITAL REL	LATED COSTS				
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMINISTRATIVE	
		(SQUARE FEET)	(SQUARE FEET)	BENEFITS		& GENERAL	
				DEPARTMENT		(ACCUM. COST)	
				(GROSS			
				SALARIES)			
		1.00	2.00	4.00	5A	5.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,737,881	1,858,481	2,299,860		13,540,685	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	27.219291	8.816240	0.169330		0.326218	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			75,098		1,377,344	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.005529		0.033183	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

Provider CCN: 15-0181

Period: worksheet B-1 From 07/01/2022 To 06/30/2023 Date/Time Prepared:

			Т	o 06/30/2023	Date/Time Pre 11/20/2023 8:	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	CAFETERIA	J
	PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	
	(SQUARE FEET)	(TOTAL PATIENT DAYS)				
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.00 00500 ADMINISTRATIVE & GENERAL						4.00 5.00
5.00 00500 ADMINISTRATIVE & GENERAL 7.00 00700 OPERATION OF PLANT	162,277					7.00
8.00 00800 LAUNDRY & LINEN SERVICE	102,277	3,474				8.00
9.00 00900 HOUSEKEEPING	2,397	0	159,880			9.00
10.00   01000   DIETARY	3,413	0	3,413			10.00
11.00   01100   CAFETERIA	4,082	0	4,082		268,436	11.00
13.00 01300 NURSING ADMINISTRATION	677	0	677	0	19,907	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,061	l .	1,061		0	14.00
15.00   01500   PHARMACY	1,873		1,873		12,868	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	250	0	250	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS	31,659	2,647	31,659	6,617	43,688	30.00
31.00 03100 INTENSIVE CARE UNIT	31,039	2,047	31,039	0,017	43,088	31.00
32.00 03200 CORONARY CARE UNIT	0	Ö	o o	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43.00   04300   NURSERY	4,082	827	4,082	0	9,630	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	20,975	0	20,975	0	,	50.00
51.00   05100   RECOVERY ROOM	16 530	0	0	0	0	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	16,539	0	16,539	993	1	52.00
53.00   05300   ANESTHESIOLOGY 54.00   05400   RADIOLOGY-DIAGNOSTIC	0 9,754	0	9,754	0	19,608	53.00
54.01   03630   ULTRA SOUND	886	l .	886		3,867	54.00
56.00   05600 RADIOISOTOPE	000	0	000	0	0	56.00
56.01 05601 ONCOLOGY	4,066	0	4,066	0	8,012	56.01
57.00 05700 CT SCAN	2,228	l .	2,228		13,770	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,385	0	1,385	0	5,497	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00   06000   LABORATORY	2,142	0	2,142	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00   06400   INTRAVENOUS THERAPY 65.00   06500   RESPIRATORY THERAPY	444	0	444	0	0 11,167	64.00
66.00 06600 PHYSICAL THERAPY	9,283	0	9,283		23,453	ı
67.00 06700 OCCUPATIONAL THERAPY	229		229		23	67.00
68.00 06800 SPEECH PATHOLOGY	1,587	0	1,587	0	2,348	
69.00 06900 ELECTROCARDIOLOGY	3,145	0	3,145	0	7,062	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00   07400   RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART) 77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	75.00 77.00
OUTPATIENT SERVICE COST CENTERS		0	0	0		77.00
91.00 09100 EMERGENCY	15,226	0	15,226	0	31,763	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	,		,			92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0		0	0	0	99.00
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)	137,383	3,474	134,986	7,610	268,436	118.00
NONREIMBURSABLE COST CENTERS  190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0		0	0	190.00
191.00 19100 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	24,894		24,894	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
194.00 07950 COMMUNITY EDUCATION	0	0	0	0		194.00
194.01 07951 MARKETING	0	0	0	0		194.01
194.02 07952 SC MGMT SVH TANDEM CASTLETON	0	0	0	0		194.02
194.03 07953 SC MGMT SVH TANDEM	0	0	0	0		194.03
194.04 07954 SC MGMT SVH TANDEM AVON	0	0	0	0		194.04
194.05 07955 SC MGMT TANDEM NOBLESVILLE W	0	0	0	0		194.05
194.06 07956 SC MGMT SVH TANDEM PLAINFIELD	0	0	0	0		194.06
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers						200.00
LOT.OU   Negative Cost Center's	I	I	I		i .	1201.00

Health Financial Systems	In Lieu of Form CMS-2552-10					
COST ALLOCATION - STATISTICAL BASIS		Provider C		Period: From 07/01/2022	Worksheet B-1	
					Date/Time Pre 11/20/2023 8:	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	CAFETERIA	
	PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	
	(SQUARE FEET)	(TOTAL PATIENT				
		DAYS)				

	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	CAFETERIA	
		PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	
		(SQUARE FEET)	(TOTAL PATIENT				
			DAYS)				
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	4,122,306	190,413	1,002,937	702,882	708,455	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.402898	54.810881	6.273061	92.362943	2.639195	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,104,030	4,764	126,257	163,786	192,583	204.00
205.00	Unit cost multiplier (Wkst. B, Part	6.803367	1.371330	0.789699	21.522470	0.717426	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0181 Period: Worksheet B-1 From 07/01/2022 06/30/2023 Date/Time Prepared: 11/20/2023 8:37 am Cost Center Description CENTRAL MEDICAL NURSING **PHARMACY** ADMINISTRATION SERVICES & (COSTED RECORDS & SUPPLY REQUIS.) LIBRARY (DIRECT NURS. (COSTED (GROSS HRS.) REQUIS.) CHARGES) 15.00 13.00 14.00 16.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00500 ADMINISTRATIVE & GENERAL 5.00 5.00 7.00 00700 OPERATION OF PLANT 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPING 9.00 10.00 01000 DIETARY 10.00 01100 CAFETERIA 11.00 11.00 01300 NURSING ADMINISTRATION 13.00 142,616 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 4,797,512 14.00 15.00 01500 PHARMACY 391 37,189 4,189,561 15.00 01600 MEDICAL RECORDS & LIBRARY 250,412,208 16.00 16.00 0 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 43,270 145,173 15,496,354 30.00 03100 INTENSIVE CARE UNIT 0 31.00 31.00 0 32.00 03200 CORONARY CARE UNIT 0 Λ 0 32.00 03300 BURN INTENSIVE CARE UNIT 0 0 0 33.00 33.00 0 34.00 03400 SURGICAL INTENSIVE CARE UNIT 0 0 34.00 0 43.00 04300 NURSERY 36,744 4,019,348 0 43.00 ANCILLARY SERVICE COST CENTERS 50.00 28,980 0 50.00 05000 OPERATING ROOM 974,170 69.902.349 0 51.00 05100 RECOVERY ROOM 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 37.700 10,991,374 52.00 52.00 41,122 0 53.00 05300 ANESTHESIOLOGY 53.00 12,208,407 0 54.00 05400 RADIOLOGY-DIAGNOSTIC 751 155.571 54.00 03630 ULTRA SOUND 0 54.01 97 1,706 3,060,653 54.01 0 05600 RADIOISOTOPE 56.00 0 56.00 56.01 05601 ONCOLOGY 0 26,844 0 3,125,316 56.01 0 7,200,445 57.00 05700 CT SCAN 779 32,612 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 58.00 259 8,993 0 1,983,454 58.00 0 59.00 05900 CARDIAC CATHETERIZATION 0 C 59.00 06000 LABORATORY 0 20,323,528 60.00 60.00 78 0 0 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS C 62.00 0 0 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 63.00 0 0 0 0 64.00 06400 INTRAVENOUS THERAPY 64.00 65.00 06500 RESPIRATORY THERAPY 0 39,570 2,683,149 65.00 06600 PHYSICAL THERAPY 0 0 7,967,447 66.00 66.00 15,774 0 06700 OCCUPATIONAL THERAPY 0 196,685 67.00 67.00 68.00 06800 SPEECH PATHOLOGY 0 60,175 0 860,971 68.00 69.00 06900 ELECTROCARDIOLOGY 65 53,390 8,286,863 69.00 07000 ELECTROENCEPHALOGRAPHY 0 0 70.00 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 811,389 0 6,866,290 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 2,201,949 8,835,957 72.00 0 07300 DRUGS CHARGED TO PATIENTS 4,155,997 17,974,212 73.00 73.00 07400 RENAL DIALYSIS 0 74.00 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 0 0 75.00 07700 ALLOGENEIC HSCT ACQUISITION 77.00 0 77.00 OUTPATIENT SERVICE COST CENTERS 91.00 09100 EMERGENCY 30,323 149,324 0 48,429,406 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 OTHER REIMBURSABLE COST CENTERS 99.00 Λ 0 99.00 09900 CMHC 0 0 102.00 10200 OPIOID TREATMENT PROGRAM 0 0 102.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 142,616 4,791,773 4,155,997 250,412,208 118.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190.00 191.00 19100 RESEARCH 0 0 0 191.00 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 5.739 33.564 0 192.00 0 193.00 19300 NONPAID WORKERS 0 0 193.00 194.00 07950 COMMUNITY EDUCATION 0 0 0 194.00 C 194.01 07951 MARKETING 0 0 0 194.01 194.02 07952 SC MGMT SVH TANDEM CASTLETON 0 0 0 0 194.02 194.03 07953 SC MGMT SVH TANDEM 0 C 0 0 194.03 194.04 07954 SC MGMT SVH TANDEM AVON 0 194.04 194.05 07955 SC MGMT TANDEM NOBLESVILLE W 0 0 0 194.05 194.06 07956 SC MGMT SVH TANDEM PLAINFIELD 0 194.06 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201.00

Health Fina	ncial Systems A	ASCENSION ST. VI	NCENT FISHERS		In Lie	u of Form CMS-	2552-10
COST ALLOCA	ATION - STATISTICAL BASIS		Provider Co		Period:	Worksheet B-1	
					From 07/01/2022 Fo 06/30/2023	Date/Time Pre 11/20/2023 8:	
	Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL		
		ADMINISTRATION	SERVICES &	(COSTED	RECORDS &		
			SUPPLY	REQUIS.)	LIBRARY		
		(DIRECT NURS.	(COSTED		(GROSS		
		HRS.)	REQUIS.)		CHARGES)		
		13.00	14.00	15.00	16.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	1,819,843	303,533	1,354,44	19,867		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.760441	0.063269	0.32328	0.000079		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	93,338	53,712	126,73	11,206		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.654471	0.011196	0.03025	0.000045		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

				Т	o 06/30/2023	Date/Time Pre 11/20/2023 8:	pared:
			Title	XVIII	Hospital	PPS	37 a
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	·	(from Wkst. B,	Adj.		Disallowance		
		Part I, col.					
		26)					
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	7,879,146		7,879,146	0	7,879,146	30.00
31.00	03100 INTENSIVE CARE UNIT	0		0	o	0	31.00
32.00	03200 CORONARY CARE UNIT	0		0	o	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	ol	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	ol	0	34.00
43.00	04300 NURSERY	1,141,011		1,141,011	o	1,141,011	43.00
	ANCILLARY SERVICE COST CENTERS	<u> </u>		· · · · · · · · · · · · · · · · · · ·		, ,	
50.00	05000 OPERATING ROOM	7,758,533		7,758,533	0	7,758,533	50.00
51.00	05100 RECOVERY ROOM	0		0	o	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,405,565		4,405,565	ol	4,405,565	52.00
53.00	05300 ANESTHESIOLOGY	0		0	o	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,508,722		2,508,722	25,485	2,534,207	54.00
54.01	03630 ULTRA SOUND	399,684		399,684	0	399,684	54.01
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 ONCOLOGY	945,859		945,859	3,973	949,832	56.01
57.00	05700 CT SCAN	1,411,600		1,411,600	0	1,411,600	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	590,847		590,847	ol	590,847	1
59.00	05900 CARDIAC CATHETERIZATION	0		0	Ö	0	59.00
60.00	06000 LABORATORY	3,125,635		3,125,635	Ö	3,125,635	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,123,033		0,123,033	٥	0,123,033	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	Ö	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		l o	٥	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,056,817	0	1,056,817	٥	1,056,817	65.00
66.00	06600 PHYSICAL THERAPY	3,841,971	0	3,841,971	٥	3,841,971	
67.00	06700 OCCUPATIONAL THERAPY	70,188	0	70,188	٥	70,188	
68.00	06800 SPEECH PATHOLOGY	378,513	0	378,513	٥	378,513	
69.00	06900 ELECTROCARDIOLOGY	846,625		846,625	٥	846,625	
70.00	07000 ELECTROENCEPHALOGRAPHY	040,023		040,023	٥	040,023	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,172,614		1,172,614	٥	1,172,614	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,060,275		3,060,275	٥	3,060,275	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,901,280		6,901,280	٥	6,901,280	
74.00	07400 RENAL DIALYSIS	0,301,200		0,301,200	٥	0,301,200	74.00
75.00	07500 ASC (NON-DISTINCT PART)			0	٥	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0		0	Ö	0	1
77.00	OUTPATIENT SERVICE COST CENTERS		L		<u> </u>		77.00
91.00	09100 EMERGENCY	5,527,014		5,527,014	O	5,527,014	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,092,213		2,092,213	Ĭ	2,092,213	
32.00	OTHER REIMBURSABLE COST CENTERS	2,032,213		2,032,213		2,032,213	32.00
99.00	09900 CMHC	0		0		0	99.00
	10200 OPIOID TREATMENT PROGRAM	0		ا		•	102.00
200.00		55,114,112	0	55,114,112	29,458	55,143,570	
201.00		2,092,213		2,092,213		2,092,213	
202.00		53,021,899	0		29,458		
	1 ()	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	, , , 550	,	, ,	

| Period: | Worksheet C | From 07/01/2022 | Part I | To 06/30/2023 | Date/Time Prepared:

				-	го 06/30/2023	Date/Time Pre 11/20/2023 8:	pared: 37 am
-			Title	XVIII	Hospital	PPS	
			Charges		·		
	Cost Center Description	Inpatient	Outpatient	Total (col. 6	Cost or Other	TEFRA	
		· ·		+ col. 7)	Ratio	Inpatient	
						Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	11,649,090		11,649,09	D		30.00
31.00	03100 INTENSIVE CARE UNIT	0			O		31.00
32.00	03200 CORONARY CARE UNIT	0			O		32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0			O		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0			O		34.00
43.00	04300 NURSERY	4,019,348		4,019,34	3		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	8,443,811	61,458,538	69,902,34			1
51.00	05100 RECOVERY ROOM	0	0	1	0.000000		
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,772,273	219,101	10,991,37		0.000000	
53.00	05300 ANESTHESIOLOGY	0	0	1	0.000000	0.000000	
54.00	05400 RADIOLOGY-DIAGNOSTIC	378,240	11,830,167		1	0.000000	
54.01	03630 ULTRA SOUND	131,581	2,929,072	3,060,65		0.000000	1
56.00	05600 RADIOISOTOPE	0	0	1	0.000000	0.000000	1
56.01	05601 ONCOLOGY	14,299	3,111,017			0.000000	1
57.00	05700 CT SCAN	598,535	6,601,910			0.000000	1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	57,514	1,925,940	1,983,45		0.000000	1
59.00	05900 CARDIAC CATHETERIZATION	0	0	1	0.000000	0.000000	
60.00	06000 LABORATORY	5,829,825	14,493,703	20,323,52		0.000000	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1	0.000000	0.000000	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	1	0.000000	0.000000	
64.00	06400 INTRAVENOUS THERAPY	0	0	1	0.000000	0.000000	1
65.00	06500 RESPIRATORY THERAPY	793,603	1,889,546			0.000000	1
66.00	06600 PHYSICAL THERAPY	255,495	7,711,952			0.000000	1
67.00	06700 OCCUPATIONAL THERAPY	120,403	76,282			0.000000	1
68.00	06800 SPEECH PATHOLOGY	10,832	850,139			0.000000	1
69.00	06900 ELECTROCARDIOLOGY	526,501	7,760,362	8,286,86		0.000000	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0.00000	0.000000	1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,069,622	4,796,668				
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,037,627	7,798,330			0.000000	1
73.00	07300 DRUGS CHARGED TO PATIENTS	3,231,156	14,743,056			0.000000	1
74.00	07400 RENAL DIALYSIS	0	0	1	0.000000		1
75.00	07500 ASC (NON-DISTINCT PART)	0	0	1	0.000000		1
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0		0.000000	0.000000	77.00
01 00	OUTPATIENT SERVICE COST CENTERS	2 007 463	44 521 042	40, 420, 40	0 114135	0.00000	01 00
91.00	09100 EMERGENCY	3,907,463	44,521,943				1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	693,998	3,153,266	3,847,26	0.543818	0.000000	92.00
99.00	OTHER REIMBURSABLE COST CENTERS		^				00.00
	10200 CMHC  10200 OPIOID TREATMENT PROGRAM	0	0				99.00 102.00
200.00		54 541 216	105 970 002	250 412 20			200.00
	1 1 -	54,541,216	195,870,992	250,412,20			1
201.00	1 1	54 541 216	105 970 002	250 412 20	2		201.00
202.00	Total (see instructions)	54,541,216	195,870,992	250,412,20			202.00

Health Financial Systems ASCENSION ST. VINCENT FISHERS In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0181
Period:
From 07/01/2022
To 06/30/2023
Part I
Date/Time Prepared:
11/20/2023 8:37 am

					11/20/2023 8	:37 am
			Title XVIII	Hospital	PPS	
	Cost Center Description	PPS Inpatient				
		Ratio				
		11.00				
	INPATIENT ROUTINE SERVICE COST CENTERS					
	03000 ADULTS & PEDIATRICS					30.00
31.00						31.00
	03200 CORONARY CARE UNIT					32.00
33.00	03300 BURN INTENSIVE CARE UNIT					33.00
	03400 SURGICAL INTENSIVE CARE UNIT					34.00
43.00	04300 NURSERY					43.00
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.110991				50.00
	05100 RECOVERY ROOM	0.000000				51.00
	05200 DELIVERY ROOM & LABOR ROOM	0.400820				52.00
	05300 ANESTHESIOLOGY	0.000000				53.00
	05400 RADIOLOGY-DIAGNOSTIC	0.207579				54.00
	03630 ULTRA SOUND	0.130588				54.01
	05600 RADIOISOTOPE	0.000000				56.00
	05601 ONCOLOGY	0.303916				56.01
	05700 CT SCAN	0.196043				57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.297888				58.00
	05900 CARDIAC CATHETERIZATION	0.000000				59.00
	06000 LABORATORY	0.153794				60.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000				62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000				63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000				64.00
	06500 RESPIRATORY THERAPY	0.393872				65.00
66.00	06600 PHYSICAL THERAPY	0.482209				66.00
67.00	06700 OCCUPATIONAL THERAPY	0.356855				67.00
	06800 SPEECH PATHOLOGY	0.439635				68.00
	06900 ELECTROCARDIOLOGY	0.102165				69.00
	07000 ELECTROENCEPHALOGRAPHY	0.000000				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170778				71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0.346343				72.00
		0.383955				73.00
	07400 RENAL DIALYSIS	0.000000				74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000				75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000				77.00
	OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.114125				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.543818				92.00
	OTHER REIMBURSABLE COST CENTERS					
	09900 CMHC					99.00
	10200 OPIOID TREATMENT PROGRAM					102.00
200.00						200.00
201.00						201.00
202.00	Total (see instructions)					202.00

Period: worksheet C From 07/01/2022 Part I To 06/30/2023 Date/Time Prepared:

					10 00/30/2023	11/20/2023 8:	
			Titl	e XIX	Hospital	Cost	
	·				Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj.		Disallowance		
		Part I, col.					
		26)					
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	7,879,146		7,879,14	6 0	7,879,146	
31.00	03100 INTENSIVE CARE UNIT	0			0	0	31.00
32.00	03200 CORONARY CARE UNIT	0			0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0			0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0			0	0	34.00
43.00	04300 NURSERY	1,141,011		1,141,01	1 0	1,141,011	43.00
	ANCILLARY SERVICE COST CENTERS				-T		
50.00	05000 OPERATING ROOM	7,758,533		7,758,53	3 0	7,758,533	
51.00	05100 RECOVERY ROOM	0		4 405 50	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,405,565		4,405,56	5 0	4,405,565	
53.00	05300 ANESTHESIOLOGY	0		2 500 70	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,508,722		2,508,72		2,534,207	54.00
54.01	03630 ULTRA SOUND	399,684		399,68	4 0	399,684	
56.00	05600 RADIOISOTOPE	0		0.45 0.5	0	0	56.00
56.01	05601 ONCOLOGY	945,859		945,85		949,832	56.01
57.00	05700 CT SCAN	1,411,600		1,411,60		1,411,600	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	590,847		590,84		590,847	
59.00	05900 CARDIAC CATHETERIZATION	2 125 625		l	0	0	59.00
60.00	06000 LABORATORY	3,125,635		3,125,63	5	3,125,635	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0			0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0			0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	1 056 017	•	1 056 01	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,056,817	0	1,056,81		1,056,817	
66.00	06600 PHYSICAL THERAPY	3,841,971	0	3,841,97		3,841,971	
67.00	06700 OCCUPATIONAL THERAPY	70,188	0	70,18		70,188	
68.00	06800 SPEECH PATHOLOGY	378,513	0	378,51		378,513	1
69.00	06900 ELECTROCARDIOLOGY	846,625		846,62	0	846,625	
70.00	07000 ELECTROENCEPHALOGRAPHY	1 172 614		1 172 61	0	1 172 614	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,172,614		1,172,61		1,172,614	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,060,275		3,060,27		3,060,275	
73.00	07300 DRUGS CHARGED TO PATIENTS	6,901,280		6,901,28	0 0	6,901,280	
74.00	07400 RENAL DIALYSIS	0			9	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0			0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	U			0 0	0	77.00
91.00	09100 EMERGENCY	5,527,014		5,527,01	4 0	5,527,014	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,092,213		2,092,21		2,092,213	
32.00	OTHER REIMBURSABLE COST CENTERS	2,032,213		2,032,21	J	2,032,213	32.00
99 00	09900 CMHC	0			0	0	99.00
	10200 OPIOID TREATMENT PROGRAM				Õ		102.00
200.00		55,114,112	0	55,114,11	29,458		
201.00		2,092,213	O	2,092,21		2,092,213	
202.00	I I	53,021,899	0				
	11.1.1	33,022,033	· ·	, 33,321,03	-, 25,150	, 55,552,557	1-300

Period: | Worksheet C From 07/01/2022 | Part I To 06/30/2023 | Date/Time Prepared: 11/20/2023 8:37 am Title XIX Hospital Cost

				C VIV	ποσριται	COST	
			Charges				
	Cost Center Description	Inpatient	Outpatient	Total (col. 6		TEFRA	
				+ col. 7)	Ratio	Inpatient	
						Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	11,649,090		11,649,090			30.00
31.00	03100 INTENSIVE CARE UNIT	0		0			31.00
32.00	03200 CORONARY CARE UNIT	0		0			32.00
33.00	03300 BURN INTENSIVE CARE UNIT	ol		0			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
43.00	04300 NURSERY	4,019,348		4,019,348			43.00
	ANCILLARY SERVICE COST CENTERS	.,,		1,020,010			1
50.00	05000 OPERATING ROOM	8,443,811	61,458,538	69,902,349	0.110991	0.000000	50.00
51.00	05100 RECOVERY ROOM	0,, 0	02, 150,550	03,302,313	0.000000		1
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,772,273	219,101	10,991,374			1
53.00	05300 ANESTHESIOLOGY	10,772,275	213,101	10,331,374	0.000000		1
54.00	05400 RADIOLOGY-DIAGNOSTIC	378,240	11,830,167	12,208,407		0.000000	1
54.00	03630 ULTRA SOUND						1
	1 1	131,581	2,929,072	3,060,653			1
56.00	05600 RADIOISOTOPE	14 200	2 111 017	2 125 216	0.000000	0.000000	1
56.01	05601 ONCOLOGY	14,299	3,111,017			0.000000	
57.00	05700 CT SCAN	598,535	6,601,910				1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	57,514	1,925,940	1,983,454			
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	1
60.00	06000 LABORATORY	5,829,825	14,493,703	20,323,528		0.000000	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	1
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	793,603	1,889,546	2,683,149	0.393872	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	255,495	7,711,952	7,967,447	0.482209	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	120,403	76,282	196,685	0.356855	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	10,832	850,139	860,971	0.439635	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	526,501	7,760,362	1		0.000000	1
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000		1
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,069,622	4,796,668	6,866,290			
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,037,627	7,798,330				
73.00	07300 DRUGS CHARGED TO PATIENTS	3,231,156	14,743,056				
74.00	07400 RENAL DIALYSIS	3,231,130	14,743,030	17,574,212	0.000000		
75.00	07500 ASC (NON-DISTINCT PART)	0	0	Ö			1
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0			
77.00	OUTPATIENT SERVICE COST CENTERS	ı o		1 0	0.000000	0.000000	77.00
91.00	09100 EMERGENCY	3,907,463	44,521,943	48,429,406	0.114125	0.000000	91.00
92.00	1 1	693,998	3,153,266				1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	[ 055,556	3,133,200	3,047,204	0.343616	0.000000	32.00
00 00	OTHER REIMBURSABLE COST CENTERS 09900 CMHC	ام	0	0			99.00
	09900 CMHC  10200 OPIOID TREATMENT PROGRAM	0	0				1
		T4 F41 316	105 070 003	0			102.00
200.00		54,541,216	195,870,992	250,412,208			200.00
201.00		F4 F41 316	105 070 000	250 412 200			201.00
202.00	Total (see instructions)	54,541,216	195,870,992	250,412,208			202.00

Health Financial Systems ASCENSION ST. VINCENT FISHERS In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0181
Period: Worksheet C
From 07/01/2022
To 06/30/2023 8:37 am

				.0 00, 30, 2023	11/20/2023 8:	37 am
			Title XIX	Hospital	Cost	
	Cost Center Description	PPS Inpatient				
		Ratio				
		11.00				
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS					30.00
31.00	03100 INTENSIVE CARE UNIT					31.00
32.00	03200 CORONARY CARE UNIT					32.00
33.00	03300 BURN INTENSIVE CARE UNIT					33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT					34.00
43.00	04300 NURSERY					43.00
	ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000				50.00
51.00	05100 RECOVERY ROOM	0.000000				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000				52.00
53.00	05300 ANESTHESIOLOGY	0.000000				53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000				54.00
54.01	03630 ULTRA SOUND	0.000000				54.01
56.00	05600 RADIOISOTOPE	0.000000				56.00
56.01	05601 ONCOLOGY	0.000000				56.01
57.00	05700 CT SCAN	0.000000				57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000				58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000				59.00
60.00	06000 LABORATORY	0.000000				60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000				62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000				63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000				64.00
65.00	06500 RESPIRATORY THERAPY	0.000000				65.00
66.00	06600 PHYSICAL THERAPY	0.000000				66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000				67.00
68.00	06800 SPEECH PATHOLOGY	0.000000				68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000				69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000				73.00
74.00		0.000000				74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000				75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000				77.00
	OUTPATIENT SERVICE COST CENTERS					
91.00		0.000000				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000				92.00
	OTHER REIMBURSABLE COST CENTERS					1
99.00						99.00
	10200 OPIOID TREATMENT PROGRAM					102.00
200.00						200.00
201.00						201.00
202.00						202.00
. = . 0 .	1					

Health	Financial Systems	ASCENSION ST. V	INCENT FISHERS			u of Form CMS-2	2552-10
APPOR1	TONMENT OF INPATIENT ROUTINE SERVICE CAPIT.	AL COSTS	Provider C		Period: From 07/01/2022 To 06/30/2023		
			Title	XVIII	Hospital	PPS	
	Cost Center Description	Capital	Swing Bed	Reduced	Total Patient	Per Diem (col.	
		Related Cost	Adjustment	Capital	Days	3 / col. 4)	
		(from Wkst. B,		Related Cost			
		Part II, col.		(col. 1 - col			
		26)		2)			
	T.	1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						1
30.00	ADULTS & PEDIATRICS	1,736,703	0	1,736,70	3,604	481.88	
31.00	INTENSIVE CARE UNIT	0			0	0.00	
32.00	CORONARY CARE UNIT	0			0	0.00	
33.00	BURN INTENSIVE CARE UNIT	0			0	0.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0			0	0.00	
43.00	NURSERY	212,069		212,06		256.43	
200.00	Total (lines 30 through 199)	1,948,772		1,948,77	2 4,431		200.00
	Cost Center Description	Inpatient	Inpatient				
		Program days	Program				
			Capital Cost				
			(col. 5 x col.				
			6)	-			
		6.00	7.00				
20.00	INPATIENT ROUTINE SERVICE COST CENTERS		225 270				
30.00	ADULTS & PEDIATRICS	697	335,870	<u>'</u>			30.00
31.00	INTENSIVE CARE UNIT	0		<u>'</u>			31.00
32.00	CORONARY CARE UNIT	0		<u>'</u>			32.00
33.00	BURN INTENSIVE CARE UNIT	0		<u>'</u>			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	<u>'</u>			34.00
43.00	NURSERY	0	0	<u>'</u>			43.00
200.00	Total (lines 30 through 199)	697	335,870	)			200.00

Health Financial Systems	A	ASCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-2	2552-1
APPORTIONMENT OF INPATIENT A	NCILLARY SERVICE CAPITA	AL COSTS	Provider Co	CN: 15-0181	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prep 11/20/2023 8:3	
			Title	XVIII	Hospital	PPS	
Cost Center Desc	ription	Capital Related Cost (from Wkst. B, Part II, col.	Total Charges (from Wkst. C, Part I, col. 8)	to Charges	Program	Capital Costs (column 3 x column 4)	
		26) 1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST	CENTERS	'					
FO OO OFFOOD OPERATING BOOM		1 145 660	CO 002 240	0.01636	2 100 275	26 020	

		11111	VATIT	поѕртсат	PP3	
Cost Center Description	Capital		Ratio of Cost	Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col.	Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00   05000 OPERATING ROOM	1,145,660	69,902,349		2,198,375	36,029	50.00
51.00   05100 RECOVERY ROOM	0	1	0.000000	0	0	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	873,189	10,991,374		0	0	52.00
53.00   05300   ANESTHESIOLOGY	0	1	0.000000	0	0	53.00
54.00   05400   RADIOLOGY-DIAGNOSTIC	499,979	12,208,407		210,930	8,638	
54.01  03630 ULTRA SOUND	51,710	3,060,653		0	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01   05601   ONCOLOGY	205,117	3,125,316	0.065631	3,148	207	56.01
57.00   05700 CT SCAN	144,408	7,200,445	0.020055	214,390	4,300	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	79,329	1,983,454	0.039995	17,100	684	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00   06000   LABORATORY	170,837	20,323,528	0.008406	1,623,052	13,643	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	56,432	2,683,149	0.021032	147,870	3,110	65.00
66.00 06600 PHYSICAL THERAPY	514,096	7,967,447	0.064525	98,781		66.00
67.00 06700 OCCUPATIONAL THERAPY	11,596	196,685	0.058957	53,501	3,154	67.00
68.00 06800 SPEECH PATHOLOGY	80,119	860,971	0.093057	4,885	455	68.00
69.00 06900 ELECTROCARDIOLOGY	163,018	8,286,863	0.019672	296,987	5,842	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,435	6,866,290	0.005452	378,283	2,062	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	98,117	8,835,957	0.011104	469,627	5,215	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	265,553	17,974,212	0.014774	717,464	10,600	73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	. 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	835,416	48,429,406	0.017250	1,186,187	20,462	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	461,161			211,682		
200.00   Total (lines 50 through 199)	5,693,172	, , ,		7,832,262		
					'	

Health Financial Systems A	SCENSION ST. V	INCENT FISHERS		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS			Period: From 07/01/2022 To 06/30/2023		pared: 37 am
			XVIII	Hospital	PPS	
Cost Center Description	Nursing Program Post-Stepdown Adjustments	Nursing Program	Post-Stepdown Adjustments		Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS	_	_	1			
30.00   03000   ADULTS & PEDIATRICS 31.00   03100   INTENSIVE CARE UNIT 32.00   03200   CORONARY CARE UNIT	0 0 0	0 0		0 0 0	0	31.00 32.00
33.00   03300   BURN INTENSIVE CARE UNIT 34.00   03400   SURGICAL INTENSIVE CARE UNIT	0			0 0	0	1
43.00   04300   NURSERY   Total (lines 30 through 199)	0	0		0 0	0	43.00 200.00
Cost Center Description	Swing-Bed	Total Costs	Total Patien	t Per Diem (col.	Inpatient	
·	Adjustment Amount (see instructions)	(sum of cols. 1 through 3, minus col. 4)	Days	5 ÷ col. 6)	Program Days	
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS		3.00	0.00		0.00	
30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT	0	0	3,60	0.00		
32.00 03200 CORONARY CARE UNIT 33.00 03300 BURN INTENSIVE CARE UNIT		0		0.00		1
34.00 03400 SURGICAL INTENSIVE CARE UNIT		0		0.00	0	34.00
43.00   04300   NURSERY 200.00   Total (lines 30 through 199)		0	82 4,43			43.00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00		, ., .,			

30.00

31.00 32.00 33.00 34.00

43.00

30.00 03000 ADULTS & PEDIATRICS
31.00 03100 INTENSIVE CARE UNIT
32.00 03200 CORONARY CARE UNIT
33.00 03300 BURN INTENSIVE CARE UNIT
34.00 03400 SURGICAL INTENSIVE CARE UNIT

43.00 04300 NURSERY 200.00 Total (lines 30 through 199) Health Financial Systems

ASCENSION ST. VINCENT FISHERS

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

THROUGH COSTS

In Lieu of Form CMS-2552-10

Worksheet D

Part IV

THROUG	H COSTS				To 06/30/2023		
				2 XVIII	Hospital	PPS	
	Cost Center Description	Non Physician	Nursing	Nursing	Allied Health	Allied Health	
		Anesthetist	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	1	0	0	30.00
	05100 RECOVERY ROOM	0	0		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		0	0	54.00
54.01	03630 ULTRA SOUND	0	0		0	0	54.01
56.00	05600 RADIOISOTOPE	0	0		0	0	56.00
56.01	05601 ONCOLOGY	0	0		0	0	56.01
57.00	05700 CT SCAN	0	0		0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		0	0	59.00
60.00	06000 LABORATORY	0	0		0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	)	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	)	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0		0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0		0	0	77.00
	OUTPATIENT SERVICE COST CENTERS	'			<u>'</u>	<u> </u>	1
91.00	09100 EMERGENCY	0	0		0 0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
200.00	Total (lines 50 through 199)	0	0		0	0	200.00

Health Financial Systems	ENT FISHERS	ISHERS In Lieu of Form CMS		
APPORTIONMENT OF INPATIENT/OUTPATIENT	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0181	Period:	Worksheet D
THROUGH COSTS			From 07/01/2022	Part IV

THROUG	H COSTS				From 07/01/2022 To 06/30/2023	Part IV Date/Time Pre	
				XVIII	Hospital	PPS	
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
		Medical	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
		Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
			4)	cols. 2, 3,	8)	7)	
				and 4)		(see	
						instructions)	
		4.00	5.00	6.00	7.00	8.00	
F0 00	ANCILLARY SERVICE COST CENTERS	1		ı		0.00000	
	05000 OPERATING ROOM	0	0	'	69,902,349	0.000000	
	05100 RECOVERY ROOM	0	0	'	0	0.000000	
	05200 DELIVERY ROOM & LABOR ROOM	0	0	'	10,991,374	0.000000	
	05300 ANESTHESIOLOGY	0	0	'	0	0.000000	1
	05400 RADIOLOGY-DIAGNOSTIC	0	0	1	12,208,407	0.000000	
	03630 ULTRA SOUND	0	0	1	3,060,653	0.000000	
	05600 RADIOISOTOPE	0	0	1	0	0.000000	
	05601 ONCOLOGY	0	0	1	3,125,316		
	05700 CT SCAN	0	0	1	7,200,445	0.000000	
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	1	1,983,454		1
	05900 CARDIAC CATHETERIZATION	0	0	1	0	0.000000	
	06000 LABORATORY	0	0	1	0 20,323,528	0.000000	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1	0	0.000000	
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	1	0	0.000000	
64.00	06400 INTRAVENOUS THERAPY	0	0		0	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0		0 2,683,149	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0		7,967,447	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		196,685	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0		0 860,971	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		8,286,863	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		0	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		6,866,290	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		8,835,957	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 17,974,212	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0		0	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		0	0.000000	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	)	0	0.000000	77.00
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	0		0 48,429,406	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		3,847,264	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0		234,743,770	 	200.00

Health Financial Systems	ASCENSION ST. VINC	In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 15-0181	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/20/2023 8:37 am

THROUG	in COSTS				o 06/30/2023	Date/Time Pre 11/20/2023 8:	
			Title	XVIII	Hospital	PPS	
	Cost Center Description	Outpatient	Inpatient	Inpatient	Outpatient	Outpatient	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through	Charges	Pass-Through	
		(col. 6 ÷ col.		Costs (col. 8		Costs (col. 9	
		7)		x col. 10)		x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS			1			
	05000 OPERATING ROOM	0.000000	2,198,375	0	11,715,781	0	50.00
	05100 RECOVERY ROOM	0.000000	0	C	0	0	51.00
	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	C	0	0	52.00
	05300 ANESTHESIOLOGY	0.000000	0	C	0	0	53.00
	05400 RADIOLOGY-DIAGNOSTIC	0.000000	210,930	C	1,870,029	•	54.00
	03630 ULTRA SOUND	0.000000	0	C	226,710	0	54.01
	05600 RADIOISOTOPE	0.000000	0	C	0	0	56.00
	05601 ONCOLOGY	0.000000	3,148		518,991	0	56.01
	05700 CT SCAN	0.000000	214,390		1,140,384		57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	17,100	C	290,258	0	58.00
	05900 CARDIAC CATHETERIZATION	0.000000	0	(	0	0	59.00
	06000 LABORATORY	0.000000	1,623,052	[ C	2,752,966	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	(	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	C	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	C	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	147,870	C	44,390	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	98,781	C	40,418	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	53,501	C	12,609	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	4,885	C	55,347	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	296,987	C	1,436,887	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	C	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	378,283	C	986,318	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	469,627	C	2,547,323	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	717,464	C	3,076,346	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	C	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	C	0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	C	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.000000	1,186,187	C	4,931,990	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	211,682	C	1,000,497		1 32.00
200.00	Total (lines 50 through 199)		7,832,262	C	32,647,244	0	200.00

APPORT	TONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0181	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Pre 11/20/2023 8:	
			Title	XVIII	Hospital	PPS	
				Charges		Costs	
	Cost Center Description		PPS Reimbursed		Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet_C,	inst.)	Services	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins			
		1.00	2.00	(see inst.)	(see inst.)	5.00	
		1.00	2.00	3.00	4.00	5.00	
FO 00	ANCILLARY SERVICE COST CENTERS	0 110001	11 715 701	I		1 200 246	FO 00
50.00	05000 OPERATING ROOM	0.110991			0	1,300,346	1
51.00	05100 RECOVERY ROOM	0.000000	l .		0	0	1 32.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.400820	l .		0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000			0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205491			0	384,274	1
54.01	03630 ULTRA SOUND	0.130588			0	29,606	1
56.00	05600 RADIOISOTOPE	0.000000			0	0	50.00
56.01	05601 ONCOLOGY	0.302644			0	157,070	
57.00	05700 CT SCAN	0.196043	' '		0	223,564	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.297888			0	86,464	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	l .		0	0	1
60.00	06000 LABORATORY	0.153794	, . ,		0	423,390	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	l .		0	0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			0	0	00.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.393872		1	0	17,484	1
66.00	06600 PHYSICAL THERAPY	0.482209		1	0	19,490	
67.00	06700 OCCUPATIONAL THERAPY	0.356855			0	4,500	
68.00	06800 SPEECH PATHOLOGY	0.439635	· '		0	24,332	
69.00	06900 ELECTROCARDIOLOGY	0.102165	' '		0	146,800	1
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			0	0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170778	· '	l .	0	168,441	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.346343	' '		0	882,247	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.383955	' '		0 2,863	1,181,178	
74.00	07400 RENAL DIALYSIS	0.000000	l .		0	0	1
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			0	0	75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0		0 0	0	77.00
	OUTPATIENT SERVICE COST CENTERS				_		
91.00	09100 EMERGENCY	0.114125	, ,		0	562,863	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.543818	· · ·		0	544,088	
200.00			32,647,244		0 2,863	6,156,137	
201.00					0		201.00
202.00	Only Charges		22 647 244		2 222	6 156 137	202 00
202.00	Net Charges (line 200 - line 201)	1	32,647,244	1	0 2,863	6,156,137	202.00

 
 Health Financial Systems
 ASCENSION ST. V

 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST
 In Lieu of Form CMS-2552-10 ASCENSION ST. VINCENT FISHERS Provider CCN: 15-0181

Period: Worksheet D From 07/01/2022 Part V To 06/30/2023 Date/Time Prepared:

				10 06/30/2023	11/20/2023 8:	
		Title	XVIII	Hospital	PPS	
	Cos					
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Services	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	0	0				50.00
51.00   05100   RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00 05300 ANESTHESIOLOGY	0	0				53.00
54.00   05400   RADIOLOGY-DIAGNOSTIC	0	0				54.00
54.01  03630 ULTRA SOUND	0	0				54.01
56.00 05600 RADIOISOTOPE	0	0				56.00
56.01  05601 ONCOLOGY	0	0				56.01
57.00  05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00  05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00  06000 LABORATORY	0	0				60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00 06400 INTRAVENOUS THERAPY	0	0				64.00
65.00 06500 RESPIRATORY THERAPY	0	0				65.00
66.00  06600 PHYSICAL THERAPY	0	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69.00 06900 ELECTROCARDIOLOGY	0	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,099				73.00
74.00 07400 RENAL DIALYSIS	0	0				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0				75.00
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0				77.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
200.00 Subtotal (see instructions)	0	1,099				200.00
201.00 Less PBP Clinic Lab. Services-Program	0					201.00
Only Charges						L
202.00   Net Charges (line 200 - line 201)	0	1,099				202.00

| Period: | Worksheet D | From 07/01/2022 | Part V | To 06/30/2023 | Date/Time Prepared:

					го 06/30/2023	Date/Time Pre 11/20/2023 8:	pared: 37 am
			Titl	e XIX	Hospital	Cost	
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Services	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.			
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
	ILLARY SERVICE COST CENTERS	0 110001		373.00	- 0	0	50.00
	OO OPERATING ROOM	0.110991	0	] 3.2,33		0	
	00 RECOVERY ROOM	0.000000	0		0	0	
	DO DELIVERY ROOM & LABOR ROOM	0.400820	0	2,37	8 0	0	52.00
	OO ANESTHESIOLOGY	0.000000	0	70.12	0	0	53.00
	00 RADIOLOGY-DIAGNOSTIC	0.205491	0	79,12		0	54.00
	30 ULTRA SOUND	0.130588	0	21,17	0	0	54.01
	00 RADIOISOTOPE	0.000000	0	2 20	0	0	56.00
	O1 ONCOLOGY	0.302644	0	2,28		0	56.01
	OO CT SCAN	0.196043	0	62,32		0	57.00
	MAGNETIC RESONANCE IMAGING (MRI)	0.297888	0	18,81		0	58.00
	OO CARDIAC CATHETERIZATION	0.000000	0		0	0	59.00
	00 LABORATORY	0.153794	0	187,72	0	0	60.00
	00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	1	0	0	62.00
	00 BLOOD STORING, PROCESSING & TRANS.	0.000000	0		0	0	63.00
	00 INTRAVENOUS THERAPY	0.000000	0	4= 00	0	0	64.00
	00 RESPIRATORY THERAPY	0.393872	0	17,90		0	65.00
	00 PHYSICAL THERAPY	0.482209	0	307,81		0	66.00
	OO OCCUPATIONAL THERAPY	0.356855	0	46		0	67.00
	OO SPEECH PATHOLOGY	0.439635	0	18,31		0	68.00
	00 ELECTROCARDIOLOGY	0.102165	0	104,75		0	69.00
	00 ELECTROENCEPHALOGRAPHY	0.000000	0	1	0	0	70.00
	00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.170778	0	131,81		0	71.00
	OO IMPL. DEV. CHARGED TO PATIENTS	0.346343	0	1,67		0	72.00
	OD DRUGS CHARGED TO PATIENTS	0.383955	0	49,84		0	73.00
-	00 RENAL DIALYSIS	0.000000	0	1	0	0	74.00
	OO ASC (NON-DISTINCT PART)	0.000000	0		0	0	75.00
	OO ALLOGENEIC HSCT ACQUISITION	0.000000	0		0	0	77.00
	PATIENT SERVICE COST CENTERS	0 114125		741 46		0	01 00
	OO EMERGENCY	0.114125	0	, .		0	
	OO OBSERVATION BEDS (NON-DISTINCT PART)	0.543818	0	41,94		0	
200.00	Subtotal (see instructions)		0	2,162,83		0	200.00
201.00	Less PBP Clinic Lab. Services-Program				0		201.00
202.00	Only Charges Net Charges (line 200 - line 201)		^	2 162 92		^	202 00
202.00	inet charges (Time 200 - Time 201)	1	0	2,162,83	2 0	U	202.00

 
 Health Financial Systems
 ASCENSION ST. V

 APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST
 In Lieu of Form CMS-2552-10 ASCENSION ST. VINCENT FISHERS Provider CCN: 15-0181

Period: Worksheet D From 07/01/2022 Part V To 06/30/2023 Date/Time Prepared:

					To 06/30/2023	Date/Time Prep 11/20/2023 8:	oared: 37 am
			Titl	le XIX	Hospital	Cost	
		Cos	sts				
	Cost Center Description	Cost	Cost	1			
		Reimbursed	Reimbursed				
		Services	Services Not				
		Subject To	Subject To				
			Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
	ANCILLARY SERVICE COST CENTERS		1				
	05000 OPERATING ROOM	41,399		1			50.00
1	05100 RECOVERY ROOM	0	0	2			51.00
	05200 DELIVERY ROOM & LABOR ROOM	953	0	)			52.00
	05300 ANESTHESIOLOGY	0	0	)			53.00
1	05400 RADIOLOGY-DIAGNOSTIC	16,260		)			54.00
	03630 ULTRA SOUND	2,765	0	)			54.01
	05600 RADIOISOTOPE	0	0				56.00
	05601 ONCOLOGY	691	0				56.01
	05700 CT SCAN	12,218	0				57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,605	0				58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0				59.00
	06000 LABORATORY	28,871	0				60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	)			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	)			63.00
	06400 INTRAVENOUS THERAPY	0	0	)			64.00
65.00	06500 RESPIRATORY THERAPY	7,051	0	)			65.00
66.00	06600 PHYSICAL THERAPY	148,432	0	)			66.00
	06700 OCCUPATIONAL THERAPY	167	0	)			67.00
	06800 SPEECH PATHOLOGY	8,053	0	)			68.00
69.00	06900 ELECTROCARDIOLOGY	10,702	0	)			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,511	0				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	582	0				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,139	0				73.00
74.00	07400 RENAL DIALYSIS	0	0				74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0				75.00
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0				77.00
C	OUTPATIENT SERVICE COST CENTERS						
	09100 EMERGENCY	84,620	0				91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	22,808	0	)			92.00
200.00	Subtotal (see instructions)	432,827	0	)			200.00
201.00	Less PBP Clinic Lab. Services-Program	0					201.00
	Only Charges						
202.00	Net Charges (line 200 - line 201)	432,827	0	)			202.00

Health Financial Systems	ASCENSION ST. VINCEN	IT FISHERS	In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST	P	Provider CCN: 15-0181	From 07/01/2022	Worksheet D-1 Date/Time Prepared: 11/20/2023 8:37 am	
		-1.1			

			,,	11/20/2023 8:	37 am
		Title XVIII	Hospital	PPS	
	Cost Center Description				
				1.00	
	PART I - ALL PROVIDER COMPONENTS				
1 00	INPATIENT DAYS	7 1		2 604	1 00
1.00	Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-le			3,604 3,604	
3.00	Private room days (excluding swing-bed and observation bed day		ivato room days	3,604	3.00
3.00	do not complete this line.	ys). If you have only pr	ivate room days,		3.00
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		2,647	4.00
5.00	Total swing-bed SNF type inpatient days (including private roo		r 31 of the cost		5.00
	reporting period	3 ,			
6.00	Total swing-bed SNF type inpatient days (including private roo	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 room	n days) through December	31 of the cost	0	7.00
0 00	reporting period		1 . 6 . 1		0.00
8.00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	m days) after December 3	1 of the cost	0	8.00
9.00	Total inpatient days including private room days applicable to	the Program (evoluding	swing-had and	697	9.00
3.00	newborn days) (see instructions)	o the Frogram (extracting	swriig-bed and	057	3.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days)	0	10.00
	through December 31 of the cost reporting period (see instruct		• •		
11.00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days) after	0	11.00
	December 31 of the cost reporting period (if calendar year, er				
12.00	Swing-bed NF type inpatient days applicable to titles V or XI)	Conly (including private	e room days)	0	12.00
13.00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI	v only (including privat	o noom day(c)		13.00
13.00	after December 31 of the cost reporting period (if calendar ye				13.00
14.00				0	14.00
15.00		(	,,	0	ı
16.00	Nursery days (title V or XIX only)		0	16.00	
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to service	0.00	17.00		
	reporting period				
18.00	Medicare rate for swing-bed SNF services applicable to service	0.00	18.00		
19.00	reporting period Medicaid rate for swing-bed NF services applicable to services	0.00	19.00		
19.00	reporting period	s ciliough becember 31 of	the cost	0.00	19.00
20.00		s after December 31 of t	he cost	0.00	20.00
	reporting period				
21.00	Total general inpatient routine service cost (see instructions	s)		7,879,146	21.00
22.00		er 31 of the cost report	ing period (line	0	22.00
22.00	5 x line 17)	24 6 1			22.00
23.00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	g period (line 6	0	23.00
24.00		r 31 of the cost reporti	ng pariod (line		24.00
24.00	7 x line 19)	of the cost report	ing per rou (Trine		24.00
25.00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25.00
	x line 20)	. 3	,		
26.00	1				26.00
27.00	,	(line 21 minus line 26)		7,879,146	27.00
20.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		`		
28.00	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	0	ı
30.00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)				29.00 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 -	: line 28)		0.000000	
32.00	Average private room per diem charge (line 29 ÷ line 3)	. 11110 20)			32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)				33.00
34.00	Average per diem private room charge differential (line 32 min	nus line 33)(see instruc	tions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line				35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	
37.00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	7,879,146	37.00
	27 minus line 36)				ļ
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	ICTMENTS			
38.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU Adjusted general inpatient routine service cost per diem (see			2,186.22	38 00
39.00	Program general inpatient routine service cost per drem (see			1,523,795	
	Medically necessary private room cost applicable to the Progra			1,323,733	ı
	Total Program general inpatient routine service cost (line 39			1,523,795	
	, 5 5		ı	,,	

	Financial Systems ATION OF INPATIENT OPERATING COST	ASCENSION ST. V			In Lie Period:	worksheet D-1	
COM 01	WISH OF INFATENT OF ENVITAGE COST		l l ov luci c	F	From 07/01/2022 To 06/30/2023		
						11/20/2023 8:	
	Cost Center Description	Total	Titl	e XVIII  Average Per	Hospital Program Days	PPS Program Cost	
		Inpatient Cost	Inpatient Day	sDiem (col. 1 -		(col. 3 x col.	
		1.00	2.00	col. 2) 3.00	4.00	4) 5.00	
2.00	NURSERY (title V & XIX only)	C		0.00	0	0	42.00
.00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT			0.00	0	0	43.00
	CORONARY CARE UNIT	C		0.00		1	
	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT			0.00		1	
	OTHER SPECIAL CARE (SPECIFY)		<u> </u>	0.00		· ·	47.00
	Cost Center Description					1.00	
3.00	Program inpatient ancillary service cost (Wk	st. D-3, col.	3, line 200)			1,496,157	48.00
	Program inpatient cellular therapy acquisiti				column 1)	0	48.01
9.00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48.	01)(see instru	Ctions)		3,019,952	49.00
.00	Pass through costs applicable to Program inp	atient routine	services (fro	m Wkst. D, sum	of Parts I and	335,870	50.00
.00	III) Pass through costs applicable to Program inp	atient ancilla	ry services (f	rom Wkst. D, sı	ım of Parts II	146,149	51.00
00	and IV)	FO 4 F1)				402 010	F2 00
.00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu		elated, non-ph	ysician anesthe	etist, and	482,019 2,537,933	1
	medical education costs (line 49 minus line	52)		-			
.00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges		0	54.00			
	Target amount per discharge		0.00				
	Permanent adjustment amount per discharge Adjustment amount per discharge (contractor		1	55.01 55.02			
.00	Target amount (line 54 x sum of lines 55, 55	0	1				
	Difference between adjusted inpatient operat Bonus payment (see instructions)	0					
.00	Trended costs (lesser of line 53 ÷ line 54,	ending 1996,	0.00	1			
.00	updated and compounded by the market basket) Expected costs (lesser of line 53 ÷ line 54,		om prior voar	cost roport ur	adated by the	0.00	60.00
.00	market basket)	or time 33 fr	om prior year	cost report, up	dated by the	0.00	00.00
L.00	Continuous improvement bonus payment (if lin 55.01, or line 59, or line 60, enter the les					0	61.00
	53) are less than expected costs (lines $54 \times 10^{-10}$						
2.00	enter zero. (see instructions) Relief payment (see instructions)					0	62.00
3.00	Allowable Inpatient cost plus incentive paym	ent (see instr	uctions)			o o	
	PROGRAM INPATIENT ROUTINE SWING BED COST	to the sough Doc	amban 21 af ±b	a sast manamtin	a married (Can	0	64.00
.00	Medicare swing-bed SNF inpatient routine cos instructions)(title XVIII only)	its through beco	emper 31 or cu	e cost reportir	ig period (See	0	64.00
.00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	ber 31 of the	cost reporting	period (See	0	65.00
00.6	<pre>instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi</pre>	ne costs (line	64 plus line	65)(title XVIII	only); for	0	66.00
7 00	CAH, see instructions		h Danamban 21	-£ +b+			67.00
7.00	Title V or XIX swing-bed NF inpatient routin (line 12 x line 19)	e costs through	n becember 31	or the cost rep	orting period	0	67.00
3.00	Title V or XIX swing-bed NF inpatient routin	e costs after	December 31 of	the cost repor	rting period	0	68.00
00.0	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs	(line 67 + lin	e 68)		0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER N	URSING FACILITY	Y, AND ICF/IID	ONLY		I	
	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service of	•					70.00
.00	Program routine service cost (line 9 $\times$ line	71)					72.00
	Medically necessary private room cost applic	_					73.00
5.00	Total Program general inpatient routine serv Capital-related cost allocated to inpatient				art II, column		75.00
- 00	26, line 45)	2)					76.00
	Per diem capital-related costs (line $75 \div 1i$ Program capital-related costs (line $9 \times 1i$						76.00
.00	Inpatient routine service cost (line 74 minu	s line 77)					78.00
	Aggregate charges to beneficiaries for exces Total Program routine service costs for comp				is lino 70)		79.00 80.00
	Inpatient routine service costs for comp		cost Timilat10	n (ine 76 minu	13 THE /3)		81.00
2.00	Inpatient routine service cost limitation (1	ine 9 x line 8					82.00
3.00 4.00	Reasonable inpatient routine service costs ( Program inpatient ancillary services (see in		ns)				83.00
	riogiam impacione ancillary scrvices (see III	J C1 UC C 1 U113/				I .	1 0 7 . 0 0

85.00

85.00

Health Financial Systems A		SCENSION ST. VINCENT FISHERS			In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST			Provider Co		Period: From 07/01/2022	Worksheet D-1	
					то 06/30/2023		
			Title	XVIII	Hospital	PPS	
	Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
			(from line 21)	column 2	Observation	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,736,703	7,879,146	0.22041	8 2,092,213	461,161	90.00
91.00	Nursing Program cost		7,879,146	0.00000	0 2,092,213	0	91.00
92.00	Allied health cost		7,879,146	0.00000	0 2,092,213	0	92.00
93.00	All other Medical Education		7.879.146	0.00000	0 2.092.213	0	93.00

Health Financial Systems	ASCENSION ST. VINC	ENT FISHERS	In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0181	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/20/2023 8:37 am	
		Ti+lo VTV	µocni+al	Cost	

		Title XIX	Hospital	11/20/2023 8: Cost	37 am	
	Cost Center Description	11010 //2/		1.00		
	PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)				1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,604		
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation be	ed days)		2,647	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost			0	5.00	
	reporting period					
6.00	Total swing-bed SNF type inpatient days (including private rolling period (if calendar year, enter 0 on this line)	om days) after December	31 of the cost	0	6.00	
7.00	Total swing-bed NF type inpatient days (including private roo	n davs) through December	31 of the cost	0	7.00	
	reporting period	, .,g				
8.00	Total swing-bed NF type inpatient days (including private room	n days) after December 3	1 of the cost	0	8.00	
0.00	reporting period (if calendar year, enter 0 on this line)			104	9.00	
9.00	Total inpatient days including private room days applicable to newborn days) (see instructions)	the Program (excluding	Swing-bed and	104	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII on	nly (including private re	oom days)	0	10.00	
	through December 31 of the cost reporting period (see instruc					
11.00	Swing-bed SNF type inpatient days applicable to title XVIII of		oom days) after	0	11.00	
12.00	December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XIX		room days)	0	12.00	
12.00	through December 31 of the cost reporting period	( only (meraaring private	c room days)	Ŭ	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XI			0	13.00	
14.00	after December 31 of the cost reporting period (if calendar year)				14.00	
14.00 15.00	Medically necessary private room days applicable to the Progratotal nursery days (title V or XIX only)	am (excluding swing-bed	days)	0 827	14.00 15.00	
16.00	Nursery days (title V or XIX only)			36		
	SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17.00	
18.00	reporting period Medicare rate for swing-bed SNF services applicable to service	os after December 21 of	the cost	0.00	18.00	
10.00	reporting period	arter becember 31 or	the cost	0.00	10.00	
19.00	Medicaid rate for swing-bed NF services applicable to service	s through December 31 of	the cost	0.00	19.00	
20.00	reporting period Medicaid rate for swing-bed NF services applicable to services	after December 21 of the	20 505+	0.00	20.00	
20.00	reporting period	s arter becember 31 or th	ie cost	0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions			7,879,146		
22.00	Swing-bed cost applicable to SNF type services through December 177	er 31 of the cost report	ing period (line	0	22.00	
23.00	5 x line 17)  Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	neriod (line 6	0	23.00	
23.00	x line 18)	or the cost reporting	g per rou (Time o	Ŭ	23.00	
24.00	Swing-bed cost applicable to NF type services through Decembe	r 31 of the cost reporti	ng period (line	0	24.00	
25.00	7 x line 19) Swing-bed cost applicable to NF type services after December:	21 of the cost reporting	nomind (line 9	0	25.00	
23.00	x line 20)	of the cost reporting	per rou (Title 8	O	23.00	
26.00	Total swing-bed cost (see instructions)			0	26.00	
27.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		7,879,146	27.00	
28.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	1 and absorbed ab	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0	20 00	
29.00	General inpatient routine service charges (excluding swing-bed  Private room charges (excluding swing-bed charges)	a and observation bed the	arges)	0	28.00 29.00	
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27	: line 28)		0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	1	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	aug line 22)(see instruc	tions)	0.00	1	
34.00 35.00	Average per diem private room charge differential (line 32 mil Average per diem private room cost differential (line 34 x li		LIUIIS)	0.00		
36.00	Private room cost differential adjustment (line 3 x line 35)	51)		0.00	36.00	
37.00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	7,879,146	ı	
	27 minus line 36)					
	PART II - HOSPITAL AND SUBPROVIDERS ONLY					
38.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU Adjusted general inpatient routine service cost per diem (see		I	2,186.22	38.00	
39.00	Program general inpatient routine service cost per drem (see			227,367	39.00	
40.00	Medically necessary private room cost applicable to the Progra	am (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39	+ line 40)		227,367	41.00	

Health	Financial Systems A	SCENSION ST. V	INCENT ETSHERS		Tn Lie	eu of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST	SCENSION SI. V.			Period:	Worksheet D-1	
					From 07/01/2022 To 06/30/2023		
			Tit	le XIX	Hospital	Cost	
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 col. 2)	Program Days ÷	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,141,011	827		_		42.00
	Intensive Care Type Inpatient Hospital Units	_				_	
	INTENSIVE CARE UNIT CORONARY CARE UNIT	0	0		-		
	BURN INTENSIVE CARE UNIT	0	C	1			
	SURGICAL INTENSIVE CARE UNIT	0	C	1			
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wk:	st D=3 col 3	line 200)			1.00	48.00
	Program inpatient cellular therapy acquisition			III. line 10.	column 1)	270,330	1
	Total Program inpatient costs (sum of lines					548,032	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpa	atient routine	services (from	n Wkst. D, sum	of Parts I and	0	50.00
51.00	Pass through costs applicable to Program inpa and IV)	atient ancillar	y services (fr	om Wkst. D, s	um of Parts II	0	51.00
52.00	Total Program excludable cost (sum of lines					0	52.00
3.00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line		lated, non-phy	/sician anesth	etist, and	0	53.00
- 4 00	TARGET AMOUNT AND LIMIT COMPUTATION						F4 00
	Program discharges Target amount per discharge					0	54.00
	Permanent adjustment amount per discharge						55.01
	Adjustment amount per discharge (contractor	use only)					55.02
6.00	Target amount (line 54 $\times$ sum of lines 55, 55	.01, and 55.02)				0	56.00
	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
						0	
9.00	updated and compounded by the market basket)					0.00	59.00
	market basket) Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus					0.00	
2100	55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise				J	02.00	
62.00	enter zero. (see instructions) Relief payment (see instructions)					0	62.00
	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST					_	
	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		
55.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		
66.00 67.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period				0		
	(line 12 x line 19)  Title V or XIX swing-bed NF inpatient routing					0	
	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient			·	reing period	0	
33.00	PART III - SKILLED NURSING FACILITY, OTHER NU						03.00
70.00	Skilled nursing facility/other nursing facil						70.00
	Adjusted general inpatient routine service co		ine 70 ÷ line	2)			71.00
	Program routine service cost (line 9 x line )	•	(lino 14 v 1	ino 25)			72.00
	Medically necessary private room cost applications of the Program general inpatient routine services.	_					73.00
75.00	Capital-related cost allocated to inpatient				art II, column		75.00
7.6 00	26, line 45)	2)					76.00
	Per diem capital-related costs (line 75 ÷ line Program capital-related costs (line 9 x line						76.00
	Inpatient routine service cost (line 74 minus						78.00
79.00	Aggregate charges to beneficiaries for excess		rovider record	ds)			79.00
	Total Program routine service costs for compa	arison to the o			us line 79)		80.00
	Inpatient routine service cost per diem limi		`				81.00
	Inpatient routine service cost limitation (1:						82.00
83.00 84.00	Reasonable inpatient routine service costs ( Program inpatient ancillary services (see in:		15)				83.00
	Utilization review - physician compensation		ns)				85.00
	Total Program inpatient operating costs (sum						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS						

957 87.00 2,186.22 88.00 2,092,213 89.00

PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST

87.00 Total observation bed days (see instructions)

88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)

89.00 Observation bed cost (line 87 x line 88) (see instructions)

Health	Financial Systems	ASCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST			Provider CO		Period:	Worksheet D-1	
					From 07/01/2022 To 06/30/2023	Date/Time Pre 11/20/2023 8:	
			Titl	e XIX	Hospital	Cost	
	Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
			(from line 21)	column 2	Observation	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00	Capital-related cost	1,736,703	7,879,146	0.22041	2,092,213	461,161	90.00
91.00	Nursing Program cost	0	7,879,146	0.00000	2,092,213	0	91.00
92.00	Allied health cost	0	7,879,146	0.00000	0 2,092,213	0	92.00
93.00	All other Medical Education	0	7.879.146	0.00000	2.092.213	0	93.00

Health Financial Systems	ASCENSION ST. VINCE	ENT FISHERS	In Lieu of Form CMS-2552-10			
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0181	Period: From 07/01/2022	Worksheet D-3		

Title XVIII	INPAII	LENI ANCILLARY SERVICE COST APPORTIONMENT	rovider C	CN: 15-0181	From 07/01/2022	worksneet D-3	5
Title XVIIIT   Hospital   PPS   Program Costs   To Charges   Program Costs   Cool I x col   Cost   Content   Cost   Cos						Date/Time Pre	
TOTAL PROPERTY   TOTA			Title	XVIII	Hospital		J/ alli
TRAPATIENT ROUTINE SERVICE COST CENTERS   1.00   2.00   3.00		Cost Center Description				-	
INPATEUR ROUTINE SERVICE COST CENTERS   1.00   2.00   3.00				To Charges	Program	Program Costs	
INDICATE NOTINE SERVICE COST CENTERS					Charges	(col. 1 x col.	
NATTENT ROUTINE SERVICE COST CENTERS   2,322,587   30.00   31.00   03100   DUITS & PEDIATRICS   2,322,587   31.00   03100   DUITS & PEDIATRICS   0   31.00   31.00   32.00   32.00   32.00   32.00   33.00   03.00   DUITS & PEDIATRICS   0   32.00   33.00   33.00   33.00   DUITS INSTITUT   0   0   33.00   33.00   33.00   33.00   DUITS INTENSIVE CARE UNIT   0   0   34.00   3						2)	
30.00   3000   ADULTS & PEDIATRICS   2,322,587   30.00   31.				1.00	2.00	3.00	
31.00   33.00   03.0				1		ı	
32.00   32.00   03200   03000   03000   03					2,322,587		
33.00   3330   8URN INTENSIVE CARE UNIT   33.00   33					0		
34.00   03400   SURCICAL INTENSIVE CARE UNIT   04300   03400   03400   03400   03400   03400   03400   03400   03400   03400   03400   03400   03400   03400   03400   03400   03400   034000   0340					0		
43.00					0		
ANCILLARY SERVICE COST CENTERS					0		
50.00	43.00						43.00
S1.00	FO 00			0 1100	2 100 275	244 000	F0 00
S2.00   S200				1			
53.00   05400   05400   05400   05400   05400   05400   05400   05400   05400   05400   05400   05400   05400   05400   0560				1			
54.00							1
S4.01   03630   ULTRA SOUND   0.130588   0   0.54.01   0.56.00				1			1
56.00       05600 ORGOOD ORGOLOGY       0.000000       0       0       56.00       56.00       56.00       0.303316       3,148       95       56.00       56.00       56.00       0.303316       3,148       95       56.00       56.00       56.00       0.303316       3,148       214,390       42,030       57.00       56.00       56.00       0.000000       0       1.000000       5.00       58.00       56.00       56.00       0.000000       0       0.000000       5.00       58.00       56.00       0.000000       0       0       0.000000       0       0       59.00       56.00       0.000000       0       0       0       0.90000       0       0.000000       0       0       0.00000       0       0       0.00000       0       0       62.00       62.00       62.00       62.00       63.00       0.000000       0       0       0       62.00       62.00       63.00       0.000000       0       0       0       62.00       63.00       63.00       63.00       0.000000       0       0       62.00       63.00       63.00       63.00       0.000000       0       0       62.00       63.00       66.00       65.00       65.00       66.0				1			
56.01       05001       ONCOLOGY       3,348       957       56.01         57.00       05700       CT SCAN       0.196043       214,390       42,030       57.00         58.00       DASSOO       MAGNETIC RESONANCE IMAGING (MRI)       0.297888       17,100       5.04       45.00         59.00       05900       CARDIAC CATHETERIZATION       0.000000       0       0       59.00         60.00       06000       LABORATORY       0.153794       1,623,052       249,616       60.00         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0.000000       0       0       62.00         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0.000000       0       0       62.00         64.00       06400       INTRAVENOUS THERAPY       0.000000       0       0       64.00         66.00       06500       PHYSICAL THERAPY       0.393872       147,870       58,242       65.00         66.00       06600       PHYSICAL THERAPY       0.356855       53,501       19,992       67.00         67.00       06700       OCCUPATIONAL THERAPY       0.356855       53,501       19,992       67.00         67.00       06800							
57.00         05700         CT SCAN         0.196043         214,390         42,030         57.00           58.00         05800         MAGNETIC RESONANCE IMAGING (MRI)         0.297888         17,100         5,94         58.00           69.00         05900         CABDIAC CATHETERIZATION         0.000000         0         0         9.90           60.00         06000         LABORATORY         0.153794         1,623,052         249,616         60.00           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0.000000         0         0         62.00           64.00         06400         INTRAVENOUS THERAPY         0.000000         0         0         64.00           65.00         06500         RESPIRATORY THERAPY         0.335872         147,870         58,242         65.00           66.00         06700         OCCUPATIONAL THERAPY         0.482209         98,781         47,633         66.00           68.00         06800         SPECH PATHOLOGY         0.336855         53,501         19,092         67.00           68.00         06900         ELECTROCARDIOLOGY         0.102165         296,987         30,342         69.00           72.00         O7200         IMPL				1		-	
58.00       05800       MAGNETIC RESONANCE IMAGING (MRI)       0.297888       17,100       5,094       58.00         59.00       05900       CARDIAC CATHETERIZATION       0.000000       0       0       59.00         60.00       GOMO CARDIAC CATHETERIZATION       0.000000       0       0.53.90       66.00         60.00       GOMO CARDIAC CATHETERIZATION       0.000000       0       0       62.00         62.00       GORDIAC CATHETERIZATION       0.000000       0       0       62.00         63.00       GORDIAC CATHETERIZATION       0.000000       0       0       62.00         64.00       GORDIAC CATHETERIZATION       0.000000       0       0       62.00         65.00       GORDIAC CATHETERIZATION       0.300000       0       0       0       66.00       0       98.781       47.633       66.00       0       0       0       70.00       0       0       0 <t< td=""><td></td><td></td><td></td><td>1</td><td></td><td>l .</td><td></td></t<>				1		l .	
59.00   05900   CARDIAC CATHETERIZATION   0.000000   0   0   0   0   0   0   0				1			1
60.00   060000   06000   06000   06000   060000   060000   060000   060000   0600000   0600000   0600000   0600000   06000000   06000000   060000000   060000000   0600000000							
62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   0.0000000   0   0.000000   0   0.000000   0							
63.00   63.00   66300   60400   1NTRAVENOUS THERAPY   0.000000   0   0   64.00   64.00   65.00   65.00   65.00   66.							
64.00   06400   INTRAVENOUS THERAPY   0.000000   0   0   64.00   65.00   06500   RESPIRATORY THERAPY   0.393872   147,870   58,242   65.00   66.00   06600   06700   OCCUPATIONAL THERAPY   0.482209   98,781   47,633   66.00   67.00   06700   OCCUPATIONAL THERAPY   0.356855   53,501   19,092   67.00   68.00   06800   SPEECH PATHOLOGY   0.439635   4,885   2,148   68.00   69.00   06900   ELECTROCARDIOLOGY   0.102165   296,987   30,342   69.00   70.00   07000   ELECTROCREPHALOGRAPHY   0.000000   0   0   70.00   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0.346343   469,627   162,652   72.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0.346343   469,627   162,652   72.00   74.00   07400   RENAL DIALYSIS   0.000000   0   0   74.00   75.00   07500   ASC (NON-DISTINCT PART)   0.000000   0   0   75.00   77.00   07700   ALLOGENEIC HSCT ACQUISITION   0.000000   0   0   75.00   77.00   07500   DRUGS CHARGED TO PATIENTS   0.114125   1,186,187   135,374   91.00   77.00   07500   OBSERVATION BEDS (NON-DISTINCT PART)   0.543818   211,682   115,116   92.00   200.00   Total (sum of lines 50 through 94 and 96 through 98)   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   0.000000   0   0.0000000   0   0.000000   0   0.000000   0   0.0000000   0   0				1			
65.00   06500   RESPIRATORY THERAPY   0.393872   147,870   58,242   65.00   66.00   06600   PHYSICAL THERAPY   0.482209   98,781   47,633   66.00   67.00   06700   0CCUPATIONAL THERAPY   0.356855   53,501   19,092   67.00   68.00   06800   SPEECH PATHOLOGY   0.439635   4,885   2,148   68.00   69.00   06900   ELECTROCARDIOLOGY   0.102165   296,987   30,342   69.00   07.0						1	
66.00       06600       PHYSICAL THERAPY       0.482209       98,781       47,633       66.00         67.00       06700       OCCUPATIONAL THERAPY       0.356855       53,501       19,092       67.00         68.00       06800       SPEECH PATHOLOGY       0.439635       4,885       2,148       68.00         69.00       06900       ELECTROCARDIOLOGY       0.102165       296,987       30,342       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       0       70.00       70.00         71.00       O7100       MEDICAL SUPPLIES CHARGED TO PATIENTS       0.170778       378,283       64,602       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.346343       469,627       162,652       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.383955       717,464       275,474       73.00         74.00       07400       RENAL DIALYSIS       0.000000       0       0       74.00         75.00       O7500       ASC (NON-DISTINCT PART)       0.000000       0       0       75.00         77.00       OTDATAIENT SERVICE COST CENTERS       0.114125       1,186,187       135,374       91.00 <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td>				1			
67.00   06700   06700   06700   06800				1			
68.00   06800   SPEECH PATHOLOGY   0.439635   4,885   2,148   68.00   69.00   06900   ELECTROCARDIOLOGY   0.102165   296,987   30,342   69.00   70.00   70.00   ELECTROENCEPHALOGRAPHY   0.000000   0   0   70.00   70.00   70.00   70.00   MEDICAL SUPPLIES CHARGED TO PATIENTS   0.170778   378,283   64,602   71.00   72.00   72.00   72.00   72.00   72.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0.346343   469,627   162,652   72.00   73.00   73.00   73.00   07400   RENAL DIALYSIS   0.000000   0   0   0   0   0   0   0							1
69.00   06900   ELECTROCARDIOLOGY   0.102165   296,987   30,342   69.00   70.00   70.00   70.00   70.00   ELECTROENCEPHALOGRAPHY   0.000000   0   0   70.00						1	1
70.00   07000   ELECTROENCEPHALOGRAPHY   0.000000   0   0   70.00   71.00   71.00   71.00   71.00   71.00   71.00   71.00   MEDICAL SUPPLIES CHARGED TO PATIENTS   0.170778   378,283   64,602   71.00   72.00   72.00   72.00   73.				1			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.170778 378,283 64,602 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.346343 469,627 162,652 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.383955 717,464 275,474 73.00 74.00 07400 RENAL DIALYSIS 0.000000 0 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 75.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						1	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.346343 469,627 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.383955 717,464 275,474 73.00 74.00 07400 RENAL DIALYSIS 0.000000 0 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 75.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1			1
73.00 07300 DRUGS CHARGED TO PATIENTS 0.383955 717,464 275,474 73.00 74.00 07400 RENAL DIALYSIS 0.000000 0 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 75.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1			
74.00 07400 RENAL DIALYSIS 0.000000 0 0 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0.000000 0 0 0 75.00 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 0 0 0 77.00  OUTPATIENT SERVICE COST CENTERS  91.00 09100 EMERGENCY 0.114125 1,186,187 135,374 91.00 92.00 08SERVATION BEDS (NON-DISTINCT PART) 0.543818 211,682 115,116 92.00 200.00 Total (sum of lines 50 through 94 and 96 through 98) Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00				1		1	
75.00   07500   ASC (NON-DISTINCT PART)   0.000000   0   0   0   75.00   07700							
77.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 0 0 77.00  OUTPATIENT SERVICE COST CENTERS  91.00 09100 EMERGENCY 0.114125 1,186,187 135,374 91.00  92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.543818 211,682 115,116 92.00  Total (sum of lines 50 through 94 and 96 through 98) 7,832,262 1,496,157 200.00  201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00				1		-	
OUTPATIENT SERVICE COST CENTERS   91.00   O9100   EMERGENCY   O.114125   1,186,187   135,374   91.00   O9200   OBSERVATION BEDS (NON-DISTINCT PART)   O.543818   211,682   115,116   92.00   200.00   Total (sum of lines 50 through 94 and 96 through 98)   T,832,262   1,496,157   200.00   201.00   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O   Cess PBP Clinic Laboratory Services-Program only charges (line 61)   O							
91.00	77.00			0.0000	0	1 0	17.00
92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0.543818   211,682   115,116   92.00   200.00   Total (sum of lines 50 through 94 and 96 through 98)   1,496,157   200.00   201.00   Less PBP Clinic Laboratory Services-Program only charges (line 61)   0   0   201.00	91.00			0 1141	25 1 186 187	135 374	91 00
200.00 Total (sum of lines 50 through 94 and 96 through 98) 7,832,262 1,496,157 200.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00					, , .	1	
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00				0.5450			
			Tine 61)		7,032,202	1,430,137	
			(		7.832.262		
	_02.00	1 2 233 (1 233		1	.,002,202	1	1-02.00

Health Financial Systems	ASCENSION ST. VINCE	ENT FISHERS	In Lie	ı of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0181	Period: From 07/01/2022	Worksheet D-3

06/30/2023 Date/Time Prepared: 11/20/2023 8:37 am Title XIX Hospital Cost Inpatient Cost Center Description Ratio of Cost Inpatient To Charges Program Costs Program Charges (col. 1 x col. 2) 1.00 2.00 3.00 INPATIENT ROUTINE SERVICE COST CENTERS 250,761 30.00 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 0 31.00 32.00 03200 CORONARY CARE UNIT 0 32.00 03300 BURN INTENSIVE CARE UNIT 0 33.00 33.00 03400 SURGICAL INTENSIVE CARE UNIT 34.00 0 34.00 43.00 04300 NURSERY 1,938 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.110991 343,182 38,090 50.00 05100 RECOVERY ROOM 51.00 0.000000 0 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 0.400820 272,227 109,114 52.00 53.00 05300 ANESTHESIOLOGY 0.000000 53.00 05400 RADIOLOGY-DIAGNOSTIC 0.205491 17,688 3,635 54.00 54.00 0.130588 54.01 03630 ULTRA SOUND 7,940 1,037 54.01 56.00 | 05600 RADIOISOTOPE 0.000000 0 0 56.00 05601 ONCOLOGY 0.302644 56.01 0 0 56.01 4,610 57.00 05700 CT SCAN 0.196043 23.513 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.297888 2,014 600 58.00 59.00 05900 CARDIAC CATHETERIZATION 0.000000 0 59.00 60.00 | 06000 | LABORATORY 0.153794 211,879 32,586 60.00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.000000 0 0 62.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0.000000 0 0 63.00 64.00 06400 INTRAVENOUS THERAPY 0.000000 64.00 0 65.00 06500 RESPIRATORY THERAPY 0.393872 21,332 8,402 65.00 66.00 06600 PHYSICAL THERAPY 0.482209 2,754 1,328 66.00 67.00 06700 OCCUPATIONAL THERAPY 0.356855 2,956 1,055 67.00 68.00 06800 SPEECH PATHOLOGY 0.439635 0 68.00 0 69.00 06900 ELECTROCARDIOLOGY 0.102165 22.284 2.277 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.170778 63,206 10,794 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.346343 805 279 72.00 73.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.383955 84.762 32.545 74.00 07400 RENAL DIALYSIS 0.000000 0 0 74.00 07500 ASC (NON-DISTINCT PART) 0.000000 75.00 75.00 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0.000000 0 77.00 OUTPATIENT SERVICE COST CENTERS 91.00 09100 EMERGENCY 0.114125 215,941 24,644 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0.543818 0 92.00 Total (sum of lines 50 through 94 and 96 through 98) 200.00 270,996 200.00 1,292,483 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 201.00 202.00 Net charges (line 200 minus line 201) 1,292,483 202.00

	Title XVIII Hospital	PPS	
		1 00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS	1.00	
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see	579,443	1.01
	instructions)		
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see	1,515,807	1.02
1.03	instructions) DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October	0	1.03
1.03	1 (see instructions)	U	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after	0	1.04
	October 1 (see instructions)		
2.00	Outlier payments for discharges. (see instructions)	_	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see instructions)	0	2.03
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	43.38	4.00
	Indirect Medical Education Adjustment	.5150	
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on	0.00	5.00
	or before 12/31/1996.(see instructions)		
5.01	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions)	0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for	0.00	6.00
6 26	new programs in accordance with 42 CFR 413.79(e) Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of	0.00	6 26
6.26	the CAA 2021 (see instructions)	0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(i)(iv)(B)(2) If the	0.00	7.01
	cost report straddles July 1, 2011 then see instructions.	0.00	
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural	0.00	7.02
	track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b)		
	and 87 FR 49075 (August 10, 2022) (see instructions)		
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for	0.00	8.00
	affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12,		
8.01	1998), and 67 FR 50069 (August 1, 2002).   The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost	0.00	8.01
0.01	report straddles July 1, 2011, see instructions.	0.00	0.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital	0.00	8.02
	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	0.00	8.21
	instructions)		
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or	0.00	9.00
10.00	minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)  FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		11.00
12.00	Current year allowable FTE (see instructions)		12.00
13.00	Total allowable FTE count for the prior year.		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997,	0.00	14.00
	otherwise enter zero.		
15.00	Sum of lines 12 through 14 divided by 3.		15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		16.00
17.00	Adjustment for residents displaced by program or hospital closure		17.00
18.00 19.00	Adjusted rolling average FTE count		18.00 19.00
20.00	Current year resident to bed ratio (line 18 divided by line 4).  Prior year resident to bed ratio (see instructions)	0.000000	20.00
	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	
	IME payment adjustment (see instructions)	0.000000	22.00
	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105	0.00	23.00
	(f)(1)(iv)(c).		
24.00	IME FTE Resident Count Over Cap (see instructions)		24.00
25.00	If the amount on line 24 is greater than -O-, then enter the lower of line 23 or line 24 (see	0.00	25.00
26.00	instructions)	0 000000	26.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00 28.00	IME payments adjustment factor. (see instructions) IME add-on adjustment amount (see instructions)	0.000000	27.00 28.00
28.00		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.00
32.00	Sum of lines 30 and 31		32.00
33.00	Allowable disproportionate share percentage (see instructions)		33.00
34.00	Disproportionate share adjustment (see instructions)	28,182	34.00

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0181	Period: From 07/01/2022	Worksheet E Part A	
			To 06/30/2023		pare
		Title XVIII	Hospital	PPS	
			Prior to 10/1 1.00	On/After 10/1 2.00	
	Uncompensated Care Payment Adjustment				
	Total uncompensated care amount (see instructions)			6,874,403,459	
.01	Factor 3 (see instructions) Hospital UCP, including supplemental UCP (If line 34 is zero,	enter zero on this line	0.000093407 671,784	0.000092644 636,874	
.02	(see instructions)	, circer zero on cirra rinc	071,704	030,074	
.03	Pro rata share of the hospital UCP, including supplemental UCP	CP (see instructions)	169,327	476,347	
.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)  Additional payment for high percentage of ESRD beneficiary di	ischanges (lines 40 throu	645,674		36
.00	Total Medicare discharges (see instructions)	ischarges (Thes 40 throu	0		40
			Before 1/1	On/After 1/1	
			1.00	1.01	
.00	Total ESRD Medicare discharges (see instructions) Total ESRD Medicare covered and paid discharges (see instruct	tions)	0	0	41
.00	Divide line 41 by line 40 (if less than 10%, you do not quali		0.00	O	42
00	Total Medicare ESRD inpatient days (see instructions)		0		43
00	Ratio of average length of stay to one week (line 43 divided days)	by line 41 divided by 7	0.000000		44
00 00	Average weekly cost for dialysis treatments (see instructions Total additional payment (line 45 times line 44 times line 43	-	0.00	0.00	45
.00	Subtotal (see instructions)	1.01)	2,769,106		47
00		small rural hospitals	0		48
	only.(see instructions)			Amount	
				1.00	
00	Total payment for inpatient operating costs (see instructions			2,769,106	
00	Payment for inpatient program capital (from Wkst. L, Pt. I ar Exception payment for inpatient program capital (Wkst. L, Pt.			158,392 0	5.
00				0	52
00	Nursing and Allied Health Managed Care payment	ŕ		0	5
00	Special add-on payments for new technologies			0	54
01 00	Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6	69)		0	54
01	Cellular therapy acquisition cost (see instructions)			0	5
00	Cost of physicians' services in a teaching hospital (see intr			0	5
00	Routine service other pass through costs (from Wkst. D, Pt. 1 Ancillary service other pass through costs from Wkst. D, Pt.	III, column 9, lines 30 t	hrough 35).	0	5
00		1V, COT. 11 Time 200)		2,927,498	
00	Primary payer payments			0	6
	Total amount payable for program beneficiaries (line 59 minus	s line 60)		2,927,498	
00	Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries			310,492 1,167	
	Allowable bad debts (see instructions)			16,797	
	Adjusted reimbursable bad debts (see instructions)			10,918	6
00	Allowable bad debts for dual eligible beneficiaries (see inst	tructions)		5,852	
00	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for	annlicable to MS-DRGs (s	ee instructions)	2,626,757 0	1
00	Outlier payments reconciliation (sum of lines 93, 95 and 96).	• •		0	
00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70
50 75	Rural Community Hospital Demonstration Project (§410A Demonst	tration) adjustment (see	instructions)	0	70
75 87	N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before sequestration			0	70
. 88	SCH or MDH volume decrease adjustment (contractor use only)			0	70
. 89	Pioneer ACO demonstration payment adjustment amount (see inst	tructions)			70
.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	
. 91 . 92	HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)			0	
				_	70
.93	HVBP payment adjustment amount (see instructions)			0	/ / /

Health Financial Systems	ASCENSION ST. VINCENT FISHERS	In Lie	eu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0181		Worksheet E
		From 07/01/2022	

To 06/30/2023 Date/Time Prepared: 11/20/2023 8:37 am Title XVIII Hospital FFY (yyyy) Amount 0 1.00 70.96 Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 0 70.96 the corresponding federal year for the period prior to 10/1) 70.97 Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 0 70.97 0 the corresponding federal year for the period ending on or after 10/1) 70.98 0 70.98 Low Volume Payment-3 0 70.99 HAC adjustment amount (see instructions) 0 70.99 Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70) 2,626,004 71.00 71.01 Sequestration adjustment (see instructions) 52,520 71.01 71.02 Demonstration payment adjustment amount after sequestration 71.02 71.03 Sequestration adjustment-PARHM pass-throughs 71.03 Interim payments 2,624,558 72.00 72.01 Interim payments-PARHM 72.01 73.00 Tentative settlement (for contractor use only) 73.00 73.01 Tentative settlement-PARHM (for contractor use only) 73.01 74.00 Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and -51,074 74.00 73) 74.01 Balance due provider/program-PARHM (see instructions) 74.01 75.00 Protested amounts (nonallowable cost report items) in accordance with 74,604 75.00 CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96) 90.00 0 90.00 Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 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 92.00 93.00 Capital outlier reconciliation adjustment amount (see instructions) 93.00 0 94.00 The rate used to calculate the time value of money (see instructions) 0.00 94.00 95.00 Time value of money for operating expenses (see instructions) 0 95.00 96.00 Time value of money for capital related expenses (see instructions) 96.00 0 Prior to 10/1 On/After 10/1 1.00 2.00 HSP Bonus Payment Amount 0 100.00 100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 0.0000000000 101.00 101.00 HVBP adjustment factor (see instructions) 0.0000000000 102.00 HVBP adjustment amount for HSP bonus payment (see instructions) 0 102.00 HRR Adjustment for HSP Bonus Payment 0.0000 103.00 103.00 HRR adjustment factor (see instructions) 0.0000 104.00 HRR adjustment amount for HSP bonus payment (see instructions) 0 104.00 Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 200.00 Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no. 200.00 Cost Reimbursement 201.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) 201.00 202.00 Medicare discharges (see instructions) 202.00 203.00 Case-mix adjustment factor (see instructions) 203.00 Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period) 204.00 Medicare target amount 204.00 205.00 Case-mix adjusted target amount (line 203 times line 204) 205.00 206.00 Medicare inpatient routine cost cap (line 202 times line 205) 206.00 Adjustment to Medicare Part A Inpatient Reimbursement 207.00 Program reimbursement under the §410A Demonstration (see instructions) 207.00 208.00 208.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) 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 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)

(line 212 minus line 213) (see instructions)

Period: Worksheet E From 07/01/2022 Part A Exhibit 4 To 06/30/2023 Date/Time Prepared: 11/20/2023 8:37 am Provider CCN: 15-0181

	PPS Total (Col 2 through 4) 5.00  0 1.0 579,443 1.0  1,515,807 1.0  0 1.0  0 2.0  0 2.0  0 2.0
Tine   E, Part A   Entitlement   to 10/01   on/After 10/01	through 4) 5.00 0 1.0 579,443 1.0 1,515,807 1.0 0 1.0 0 1.0 0 2.0 0 2.0
1.00 DRG amounts other than outlier payments  1.01 DRG amounts other than outlier payments for discharges occurring prior to October 1  1.02 DRG amounts other than outlier payments for discharges occurring prior to October 1  1.02 DRG amounts other than outlier payments for discharges occurring prior to October 1  1.03 DRG amounts other than outlier payments for discharges occurring prior to October 1  1.04 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1  1.04 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1  2.00 Outlier payments for October 1  2.01 Outlier payments for October 1  2.02 Outlier payments for October 1  2.03 Outlier payments for October 1  2.04 Outlier payments for October 1 (see instructions)  2.05 Outlier payments for October 1 (see instructions)  2.06 Outlier payments for October 1 (see instructions)  2.07 Outlier payments for October 1 (see instructions)  2.08 Outlier payments for October 1 (see instructions)  3.00 Operating outlier October 1 (see	5.00  0 1.0  579,443 1.0  1,515,807 1.0  0 1.0  0 2.0  0 2.0  0 2.0
DRG amounts other than outlier payments   DRG amounts other than outlier payments   DRG amounts other than outlier payments for discharges occurring prior to October 1	0 1.0 579,443 1.0 1,515,807 1.0 0 1.0 0 1.0 0 2.0 0 2.0 0 2.0
payments  1.01 DRG amounts other than outlier payments for discharges occurring prior to October 1  1.02 DRG amounts other than outlier payments for discharges occurring on or after October 1  1.03 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1  1.04 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1  2.00 Outlier payments for discharges (see instructions)  2.01 Outlier payments for October 1  2.02 Outlier payments for October 1  2.03 Outlier payments for October 1  2.04 Outlier payments for October 1  2.05 Outlier payments for October 1  2.06 Outlier payments for October 1  2.07 Outlier payments for October 1  2.08 Outlier payments for October 1  2.09 Outlier payments for October 1 (see instructions)  2.00 Outlier payments for October 1 (see instructions)  2.01 Outlier payments for October 1 (see instructions)  2.02 October 1 (see instructions)  2.03 Operating outlier October 1 (see instructions)  3.00 Operating outlier October 1 (see instructions)  3.00 Operating outlier October 1 (see instructions)	579,443 1.0 1,515,807 1.0 0 1.0 0 1.0 0 2.0 0 2.0
payments for discharges occurring prior to October 1  1.02 DRG amounts other than outlier payments for discharges occurring on or after October 1  1.03 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1  1.04 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1  2.00 Outlier payments for discharges (see instructions)  2.01 Outlier payments for discharges (see instructions)  2.02 Outlier payments for October 1  2.03 Outlier payments for October 1  2.04 Outlier payments for October 1  2.05 Outlier payments for October 1  2.06 Outlier payments for October 1  2.07 Outlier payments for October 1  2.08 Outlier payments for October 1  2.09 Outlier payments for October 1 (see instructions)  2.00 Outlier payments for October 1 (see instructions)  2.01 Outlier payments for October 1 (see instructions)  2.02 Outlier payments for October 1 (see instructions)  3.00 Operating outlier October 1 (see instructions)	1,515,807 1.0 0 1.0 0 1.0 2.0 0 2.0 0 2.0
1.02 DRG amounts other than outlier payments for discharges occurring on or after October 1  1.03 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1  1.04 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1  2.00 Outlier payments for discharges (see instructions) outlier payments for discharges for Model 4 BPCI October 1  2.02 Outlier payments for 2.02 Outlier payments for discharges occurring prior to October 1 (see instructions) 2.03 Outlier payments for discharges occurring on or after October 1 (see instructions) 2.04 Outlier payments for October 1 (see instructions) 2.05 Outlier payments for October 1 (see instructions) 2.06 Operating outlier 2.01 OUTLIER DAY ON OUTLIER DAY OUTLI	0 1.0 0 1.0 2.0 0 2.0 0 2.0
1.03 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1  1.04 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1  2.00 Outlier payments for discharges (see instructions) Outlier payments for October 1  2.01 Outlier payments for October 1 Outlier payments for Outlier payments for October 1 (see instructions) Outlier Payments for October 1 (se	0 1.0 2.0 0 2.0 0 2.0
operating payment for Model 4 BPCI occurring prior to October 1  1.04 DRG for Federal specific Operating payment for Model 4 BPCI occurring on or after October 1  2.00 Outlier payments for discharges (see instructions)  2.01 Outlier payments for October 1  2.02 Outlier payments for discharges for Model 4 BPCI  2.03 Outlier payments for October 1 (see instructions)  2.04 O O October 1 (see instructions)  2.05 Outlier payments for October 1 (see instructions)  2.00 Operating outlier  2.01 O O O October 1 (see instructions)	0 1.0 2.0 0 2.0 0 2.0
operating payment for Model 4 BPCI occurring on or after October 1  2.00 Outlier payments for 2.00 discharges (see instructions)  2.01 Outlier payments for 2.02 O O O O discharges for Model 4 BPCI  2.02 Outlier payments for 2.03 O O O discharges occurring prior to October 1 (see instructions)  2.03 Outlier payments for 2.04 O O discharges occurring on or after October 1 (see instructions)  3.00 Operating outlier 2.01 O O O O	2.0 0 2.0 0 2.0
2.00 Outlier payments for discharges (see instructions) 2.01 Outlier payments for 2.02 Outlier payments for 2.03 Outlier payments for 2.03 Outlier payments for October 1 (see instructions) 2.03 Outlier payments for 2.04 Outlier payments for 3.00 Outlier payments for 3.00 Operating on or after October 1 (see instructions) 3.00 Operating outlier 2.01 O O O O	0 2.0
2.01 Outlier payments for 2.02 0 0 0 0 0 0 0 0 discharges for Model 4 BPCI 2.02 Outlier payments for 2.03 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 2.0
discharges occurring prior to October 1 (see instructions)  2.03 Outlier payments for 2.04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
2.03 Outlier payments for 2.04 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 2.0
3.00   Operating outlier   2.01   0   0   0   0	
	0 3.0
4.00 Managed care simulated 3.00 0 0 0 0 payments	0 4.0
Indirect Medical Education Adjustment	
5.00 Amount from Worksheet E, Part   21.00   0.000000   0.000000   0.000000   0.000000	5.0
A, line 21 (see instructions)  6.00 IME payment adjustment (see 22.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 6.0
6.01 IME payment adjustment for 22.01 0 0 0 0 0 managed care (see	0 6.0
instructions)	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA	
7.00   IME payment adjustment factor   27.00   0.000000   0.000000   0.000000   0.000000	7.0
8.00 IME adjustment (see 28.00 0 0 0 0 instructions)	0 8.0
8.01 IME payment add ustment add on 28.01 0 0 0 0 0 for managed care (see instructions)	0 8.0
9.00 Total IME payment (sum of 29.00 0 0 0 0 0 lines 6 and 8)	0 9.0
9.01 Total IME payment for managed 29.01 0 0 0 0 care (sum of lines 6.01 and	0 9.0
8.01) Disproportionate Share Adjustment	
10.00 Allowable disproportionate 33.00 0.0538 0.0538 0.0538 share percentage (see	10.0
instructions) 11.00 Disproportionate share 34.00 28,182 0 7,794 20,388 adjustment (see instructions)	28,182 11.0
11.01 Uncompensated care payments 36.00 645,674 0 169,326 476,347  Additional payment for high percentage of ESRD beneficiary discharges	645,673 11.0
12.00 Total ESRD additional payment 46.00 0 0 0	0 12.0
(see instructions)	2 700 122 123
13.00   Subtotal (see instructions)   47.00   2,769,106   0   756,563   2,012,543   14.00   Hospital specific payments   48.00   0   0   0   0   0   0   0   0   0	2,769,106 13.0 0 14.0
(see instructions) 15.00 Total payment for inpatient 49.00 2,769,106 0 756,563 2,012,543 operating costs (see	2,769,106 15.0
instructions) 16.00   Payment for inpatient program   50.00   158,392   0   44,468   113,924   capital (from Wkst. L, Pt. I, if applicable)	158,392 16.0

06/30/2023 11/20/2023 8:37 am Title XVIII Hospital Period Prior Total (Col 2 W/S E, Part A Amounts (from Pre/Post Period to 10/01 On/After 10/01 through 4) line E, Part A) Entitlement 4.00 0 1.00 2.00 3.00 5.00 17.00 | Special add-on payments for 54.00 17.00 new technologies 17.01 Net organ aquisition cost 17.01 Credits received from 17.02 68.00 0 17.02 0 0 manufacturers for replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation 93.00 0 0 0 18.00 adjustment amount (see instructions) 19.00 SUBTOTAL 801,031 2,126,467 2,927,498 19.00 W/S L, line (Amounts from 0 1.00 2.00 3.00 4.00 5.00 20.00 Capital DRG other than outlier 1.00 158,392 44,468 113,924 158,392 20.00 Model 4 BPCI Capital DRG other 20.01 1.01 0 0 20.01 than outlier 21.00 Capital DRG outlier payments 2.00 0 0 0 21.00 Model 4 BPCI Capital DRG 0 0 21.01 2.01 0 21.01 outlier payments 22.00 Indirect medical education 5.00 0.0000 0.0000 0.0000 0.0000 22.00 percentage (see instructions) 23.00 Indirect medical education 6.00 0 0 0 23.00 adjustment (see instructions) 24.00 Allowable disproportionate 10.00 0.0000 0.0000 0.0000 0.0000 24.00 share percentage (see instructions) 25.00 Disproportionate share 11.00 25.00 0 0 0 0 0 adjustment (see instructions) 26.00 Total prospective capital 12.00 158,392 44,468 113,924 158,392 26.00 payments (see instructions) W/S E, Part A (Amounts to E, line Part A) 4.00 5.00 1.00 2.00 3.00 0 27.00 Low volume adjustment factor 0.000000 0.000000 27.00 28.00 Low volume adjustment 70.96 28.00 (transfer amount to Wkst. E, Pt. A. line) 29.00 Low volume adjustment 29.00 70.97 0 (transfer amount to Wkst. E, Pt. A, line) 100.00 Transfer low volume 100.00 adjustments to Wkst. E, Pt. A.

From 07/01/2022 Part A Exhibit 5 Date/Time Prepared: 06/30/2023 11/20/2023 8:37 am Hospital Title XVIII Period to Total (cols. 2 Wkst. E, Pt. Amt. from Period on A, line Wkst. E, Pt. 10/01 after 10/01 and 3) A) 2.00 3.00 4.00 0 1.00 1.00 DRG amounts other than outlier payments 1.00 1.00 DRG amounts other than outlier payments for 1.01 1.01 579,443 579,443 579,443 1.01 discharges occurring prior to October 1 DRG amounts other than outlier payments for 1.02 1.02 1.515.807 1.515.807 1,515,807 1.02 discharges occurring on or after October 1 1.03 DRG for Federal specific operating payment 1.03 0 1.03 0 for Model 4 BPCI occurring prior to October DRG for Federal specific operating payment 1.04 1.04 0 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 Outlier payments for discharges occurring 2.03 0 0 2.02 prior to October 1 (see instructions) 2.03 Outlier payments for discharges occurring on 2.04 0 2.03 or after October 1 (see instructions) 3.00 Operating outlier reconciliation 2.01 3.00 Managed care simulated payments 4.00 4.00 3.00 0 Indirect Medical Education Adjustment 5.00 Amount from Worksheet E, Part A, line 21 21.00 0.000000 0.000000 0.000000 5.00 (see instructions) 6.00 IME payment adjustment (see instructions) 22.00 0 0 0 6.00 IME payment adjustment for managed care (see 0 6.01 22.01 0 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 8.00 0 0 0 0 8.01 IME payment adjustment add on for managed 28.01 0 0 8.01 care (see instructions) Total IME payment (sum of lines 6 and 8) 29.00 9.00 0 9.00 Total IME payment for managed care (sum of 9.01 29.01 0 0 0 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment 10.00 Allowable disproportionate share percentage 33.00 0.0538 0.0538 0.0538 10.00 (see instructions) 11.00 Disproportionate share adjustment (see 34.00 28.182 7.794 20.388 28.182 11.00 instructions) 11.01 Uncompensated care payments 36 00 645,674 169,326 476,347 645,673 11.01 Additional payment for high percentage of ESRD beneficiary discharges 12.00 Total ESRD additional payment (see 46.00 12.00 instructions) 47.00 2,769,106 13.00 Subtotal (see instructions) 756.563 2.012.543 2,769,106 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 15.00 49.00 2,769,106 756,563 2,012,543 2,769,106 15.00 (see instructions) 16.00 50.00 158.392 44,468 113.924 158.392 16.00 Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 0 17.00 0 17.01 Net organ acquisition cost 17.01 Credits received from manufacturers for 0

68.00

93.00

0

2,126,467

0

801.031

0 17.02

0 18.00

2,927,498 19.00

17.02

18.00

19.00

SUBTOTAL

replaced devices for applicable MS-DRGs

amount (see instructions)

Capital outlier reconciliation adjustment

Health Financial Systems	ASCENSION ST. VINCENT FISHERS	In Lieu of Form CMS-2552-10
HOSPITAL ACQUIRED CONDITION (HAC	REDUCTION CALCULATION EXHIBIT 5 Provider CCN: 15-0181	Period: Worksheet E

Health	Financial Systems A	SCENSION ST. VI	INCENT FISHERS		In Lie	u of Form CMS-	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EX			Provider Co		Period: From 07/01/2022 To 06/30/2023		pared:
			Title	XVIII	Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	158,392	44,4	58 113,924	158,392	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	,	0 0	0	1
21.00	Capital DRG outlier payments	2.00	0		0 0	0	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	o o		0 0	i o	21.01
22.00	Indirect medical education percentage (see	5.00	0.0000	0.000	0.0000	Ĭ	22.00
22.00	instructions)	3.00	0.0000	0.00	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	0.0000	0.00	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0		0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	158,392	44,4	113,924	158,392	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0		0	0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0		0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0		0 0	0	
31.00	HRR adjustment (see instructions)	70.94	-753	-7	53 0	-753	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0		0 0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99			0 0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

			11/20/2023 8:3	37 am
		pital	PPS	
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		1.00	
1.00	Medical and other services (see instructions)		1,099	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,156,137	2.00
3.00	OPPS or REH payments		4,767,231	3.00
4.00	Outlier payment (see instructions)		34,344	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)		0.00	7.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	8.00 9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,099	
	COMPUTATION OF LESSER OF COST OR CHARGES		=,	
	Reasonable charges			
12.00	Ancillary service charges		2,863	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		2,863	14.00
	Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge		0	
16.00	Amounts that would have been realized from patients liable for payment for services on a char	gebasis	0	16.00
17.00	had such payment been made in accordance with 42 CFR §413.13(e) Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17 00
18.00	Total customary charges (see instructions)		2,863	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (	See	1,764	
13.00	instructions)	,300	1,704	13.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (	see	0	20.00
	instructions)	·		
21.00	Lesser of cost or charges (see instructions)		1,099	
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00			4,801,575	24.00
25.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT  Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		802,333	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23]		4,000,341	
	instructions)	(500	.,000,5.2	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		4,000,341	
31.00	Primary payer payments		504	
32.00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		3,999,837	32.00
33 00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
	Allowable bad debts (see instructions)		41,729	
35.00	Adjusted reimbursable bad debts (see instructions)		27,124	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		21,425	
37.00	Subtotal (see instructions)		4,026,961	
	MSP-LCC reconciliation amount from PS&R		-105	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.9
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99 40.00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)		0 4,027,066	39.99
	Subtotal (see instructions) Sequestration adjustment (see instructions)		80,541	
40.01	Demonstration payment adjustment amount after sequestration		0,341	40.0
40.03	Sequestration adjustment-PARHM pass-throughs		Ĭ	40.0
	Interim payments		3,919,102	
41.01	Interim payments-PARHM			41.0
42.00	Tentative settlement (for contractors use only)		0	42.00
	Tentative settlement-PARHM (for contractor use only)			42.03
43.00	Balance due provider/program (see instructions)		27,423	
43.01	Balance due provider/program-PARHM (see instructions)	_		43.0
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter	1,	25,000	44.00
	§115.2  TO BE COMPLETED BY CONTRACTOR			
				90.0
			ΛI	
90.00	Original outlier amount (see instructions)		0	
90.00 91.00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)		0	91.00
90.00	Original outlier amount (see instructions)			91.00

ealth Financial Systems ASCENSION ST. VINCENT FISHERS In Lie				u of Form CMS-	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0181	Period: From 07/01/2022 To 06/30/2023	Worksheet E 2022 Part B 2023 Date/Time Prepa 11/20/2023 8:37	
		Title XVIII	Hospital	PPS	
				1.00	
MEDICARE PART B ANCILLARY COSTS					
200.00 Part B Combined Billed Days				0	200.00

Health Financial SystemsASCENSION ST. VINCENT FISHERSIn Lieu of Form CMS-2552-10ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDEREDProvider CCN: 15-0181Period:Worksheet E-1

From 07/01/2022 Part I Date/Time Prepared: 06/30/2023 11/20/2023 8:37 am Title XVIII Hospital PPS Inpatient Part A Part B mm/dd/yyyy mm/dd/yyyy Amount Amount 1.00 2.00 3.00 4.00 1.00 Total interim payments paid to provider 2,624,558 3,919,102 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. If none, write "NONE" or enter a zero 3.00 List separately each retroactive lump sum adjustment 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 0 0 3.01 3.02 0 3.02 0 3.03 0 0 3.03 3.04 0 0 3.04 3.05 0 0 3.05 Provider to Program 3.50 ADJUSTMENTS TO PROGRAM 0 0 3.50 3.51 0 3.51 0 0 3.52 3.52 0 3.53 3.53 0 0 3.54 0 3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 0 0 3.99 3.50 - 3.98)4.00 Total interim payments (sum of lines 1, 2, and 3.99) 2,624,558 3,919,102 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR 5.00 List separately each tentative settlement payment after 5.00 desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider 5.01 TENTATIVE TO PROVIDER 0 0 5.01 5.02 0 0 5.02 0 5.03 0 5.03 Provider to Program 5.50 TENTATIVE TO PROGRAM 0 0 5.50 0 0 5.51 5.51 0 5.52 0 5.52 0 Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.99 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 SETTLEMENT TO PROVIDER 27,423 6.01 6.02 SETTLEMENT TO PROGRAM 51,074 6.02

2,573,484

0

Contractor

Number

1.00

3,946,525

NPR Date (Mo/Day/Yr)

2.00

7.00

8.00

7.00

8.00 Name of Contractor

Total Medicare program liability (see instructions)

Health	n Financial Systems	ASCENSION ST. VINC	ENT FISHERS	In Lie	u of Form CMS-	2552-10
CALCUI	LATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0181	Period: From 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Pre 11/20/2023 8:	pared:
			Title XVIII	Hospital	PPS	
					1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTAND	ARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECT					
1.00	Total hospital discharges as defined in AA	ARA §4102 from Wkst.	S-3, Pt. I col. 15 line	14		1.00
2.00	Medicare days (see instructions)					2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, c	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. 8 line 200				5.00
6.00	Total hospital charity care charges from W	/kst. S-10, col. 3 l <sup>-</sup>	ine 20			6.00
7.00	CAH only - The reasonable cost incurred fo	or the 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

10.00

30.00 31.00

32.00

9.00

31.00 Other Adjustment (specify)

Sequestration adjustment amount (see instructions)

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30.00 Initial/interim HIT payment adjustment (see instructions)

10.00 Calculation of the HIT incentive payment after sequestration (see instructions)

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

Health Financial Systems	ASCENSION ST. VINCENT FISHERS	In Lieu of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0181	Period: Worksheet E-3 From 07/01/2022 Part VII To 06/30/2023 Date/Time Prepared:

				11/20/2023 8:	pared: 37 am
		Title XIX	Hospital	Cost	
		·	Inpatient	Outpatient	
			1.00	2.00	
P/	ART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV	ICES FOR TITLES V OR XIX	SERVICES		
C	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00 I	Inpatient hospital/SNF/NF services		548,032		1.00
2.00 M	Medical and other services			432,827	2.00
	Organ acquisition (certified transplant programs only)		0		3.00
	Subtotal (sum of lines 1, 2 and 3)		548,032	432,827	4.00
	Inpatient primary payer payments		0		5.00
	Outpatient primary payer payments			0	6.00
	Subtotal (line 4 less sum of lines 5 and 6)		548,032	432,827	7.00
	OMPUTATION OF LESSER OF COST OR CHARGES				
_	easonable Charges		1 0		
	Routine service charges		0	2 462 622	8.00
	Ancillary service charges		1,292,483	2,162,832	9.00
	Organ acquisition charges, net of revenue		0		10.00
	Incentive from target amount computation		1 202 403	2 162 022	11.00
	Fotal reasonable charges (sum of lines 8 through 11)		1,292,483	2,162,832	12.00
	Amount actually collected from patients liable for payment for	convices on a change		0	13.00
	allount actuarry corrected from patrents frable for payment for	services on a charge	٩	U	13.00
1 .	Amounts that would have been realized from patients liable for	navment for services on	0	0	14.00
	a charge basis had such payment been made in accordance with 42		ď	O	14.00
	Ratio of line 13 to line 14 (not to exceed 1.000000)	CIR 3 (13) (2)	0.000000	0.000000	15.00
	Total customary charges (see instructions)		1,292,483	2,162,832	
	Excess of customary charges over reasonable cost (complete only	if line 16 exceeds	744,451	1,730,005	
	line 4) (see instructions)		,	,,	
	Excess of reasonable cost over customary charges (complete only	if line 4 exceeds line	0	0	18.00
	L6) (see instructions)				
	Interns and Residents (see instructions)		0	0	19.00
20.00 C	Cost of physicians' services in a teaching hospital (see instru	ctions)	0	0	20.00
	Cost of covered services (enter the lesser of line 4 or line 16		548,032	432,827	21.00
	ROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be c	ompleted for PPS provide			
4	Other than outlier payments		0	0	
4	Outlier payments		0	0	
	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	0	
4	Customary charges (title V or XIX PPS covered services only)		540.033	0	
	Fitles V or XIX (sum of lines 21 and 27)  COMPUTATION OF REIMBURSEMENT SETTLEMENT		548,032	432,827	29.00
	Excess of reasonable cost (from line 18)			0	30.00
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		548,032	432,827	
	Deductibles		0	432,827	
	Coinsurance		0	0	
	Allowable bad debts (see instructions)		0	0	34.00
	Utilization review		0	O	35.00
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	33)	548,032	432,827	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	33)	0	732,027	37.00
	Subtotal (line 36 ± line 37)		548,032	432,827	
	Direct graduate medical education payments (from Wkst. E-4)		0	.52,527	39.00
	Fotal amount payable to the provider (sum of lines 38 and 39)		548,032	432,827	
	Interim payments		548,032	432,827	
	Balance due provider/program (line 40 minus line 41)		0	0	
	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub 15-2.	0	0	
73.00 P			1		1

Health	Financial Systems ASCENS	SION ST. VINC	ENT FISHERS	In Lie	u of Form CMS-2	552-10
OUTLIE	ER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0181	Period:	Worksheet E-5	
				From 07/01/2022 To 06/30/2023	Date/Time Prep 11/20/2023 8:3	
			Title XVIII		PPS	
					1.00	
	TO BE COMPLETED BY CONTRACTOR					
1.00	Operating outlier amount from Wkst. E, Pt. A, lin	e 2, or sum	of 2.03 plus 2.04 (see i	nstructions)	0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2				0	2.00
3.00	Operating outlier reconciliation adjustment amoun	t (see instr	uctions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount	(see instruc	tions)		0	4.00
5.00	The rate used to calculate the time value of mone	y (see instr	uctions)		0.00	5.00
6.00	Time value of money for operating expenses (see i	nstructions)			0	6.00
7.00	Time value of money for capital related expenses	(see instruc	tions)		0	7.00

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

Provider CCN: 15-0181 | Period: From 07/01/20

Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared: 11/20/2023 8:37 am

UIIIy)					11/20/2023 8:	37 am_
		General Fund		Endowment Fund	Plant Fund	
		1.00	Purpose Fund	2.00	4.00	
	CURRENT ACCETS	1.00	2.00	3.00	4.00	
1.00	CURRENT ASSETS  Cash on hand in banks	1,296	0	0	0	1.00
2.00	Temporary investments	1,230	o o	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	25,498,412	0	0	Ö	4.00
5.00	Other receivable	25, 150, 112	o o	Ö	Ö	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-15,977,178	o o	Ö	Ö	6.00
7.00	Inventory	1,540,975		Ö	Ö	7.00
8.00	Prepaid expenses	0	0	o	0	8.00
9.00	Other current assets	1,512,917	0	o	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	12,576,422	0	0	0	11.00
	FIXED ASSETS	, ,				
12.00	Land	10,871,320	0	0	0	12.00
13.00	Land improvements	237,563	0	0	0	13.00
14.00	Accumulated depreciation	-71,815	0	0	0	14.00
15.00	Buildings	45,161,259	0	0	0	15.00
16.00	Accumulated depreciation	-15,524,765	0	0	0	16.00
17.00	Leasehold improvements	853,803	0	0	0	17.00
18.00	Accumulated depreciation	-853,803		0	0	18.00
19.00	Fixed equipment	3,969,862	1	0	0	19.00
20.00	Accumulated depreciation	-2,691,423	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated_depreciation	0	0	0	0	22.00
23.00	Major movable equipment	24,849,533		0	0	23.00
24.00	Accumulated depreciation	-19,414,446	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	47 207 000	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	47,387,088	0	0	0	30.00
31.00	OTHER ASSETS Investments	5,825	0	0	0	31.00
32.00	Deposits on leases	3,623	0	0	0	
33.00	Due from owners/officers			0	0	33.00
34.00	Other assets	6,871,724		0	Ö	
35.00	Total other assets (sum of lines 31-34)	6,877,549		0	Ö	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	66,841,059	1	Ö	Ö	36.00
50.00	CURRENT LIABILITIES	00,0.2,000		•		30.00
37.00	Accounts payable	1,386,728	0	0	0	37.00
38.00	Salaries, wages, and fees payable	738,748	1	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,069,390	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,194,866	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	-	-	0	
47.00	Notes payable	0	-	-	0	
48.00	Unsecured loans	0	0	0	0	
49.00	Other long term liabilities	7,147,052		0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,147,052	1	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	19,341,918	0	0	0	51.00
F2 00	CAPITAL ACCOUNTS	47 400 141				F2 00
52.00 53.00	General fund balance Specific purpose fund	47,499,141	. 0			52.00 53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant			l	0	
58.00	Plant fund balance - reserve for plant improvement,				0	58.00
55.00	replacement, and expansion				) 	55.00
59.00	Total fund balances (sum of lines 52 thru 58)	47,499,141	.  0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and	66,841,059		0	0	
	59)				 	

Provider CCN: 15-0181

Period: From 07/01/2022 To 06/30/2023 Date/Time Prepared:

					To 06/30/2023	Date/Time Pre   11/20/2023 8:	
		General	Fund	Special F	Purpose Fund	Endowment Fund	J. um
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		48,726,430		(	)	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		16,111,628				2.00
3.00	Total (sum of line 1 and line 2)		64,838,058		(		3.00
4.00	Additions (credit adjustments) (specify)	0			0	0	4.00
5.00		0			0	0	5.00
6.00		0			0	0	6.00
7.00		0			0	0	7.00
8.00		0			0	0	8.00
9.00		0			0	0	9.00
10.00	Total additions (sum of line 4-9)		0				10.00
11.00	Subtotal (line 3 plus line 10)		64,838,058			)	11.00
12.00	NET ASSET TRANS TO FROM ALPHA	17,338,917			0	0	12.00
13.00		0			0	0	13.00
14.00		0			0	0	14.00
15.00		0			0	0	15.00
16.00		0			0	0	16.00
17.00		0			0	0	17.00
18.00	Total deductions (sum of lines 12-17)		17,338,917				18.00
19.00	Fund balance at end of period per balance		47,499,141			)	19.00
	sheet (line 11 minus line 18)	Endowment Fund	l Plant	Fund			
		Elidowillelic Fullu	Fiant	Fullu	_		
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0			0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0			0		3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	The state of the s		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0			0		10.00
11.00	Subtotal (line 3 plus line 10)	0			0		11.00
12.00	NET ASSET TRANS TO FROM ALPHA		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0			0		18.00
19.00	Fund balance at end of period per balance	0			0		19.00
	sheet (line 11 minus line 18)						

Health Financial Systems ASC STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0181 Period: Worksheet G-2 From 07/01/2022 Parts I & II To 06/30/2023 Date/Time Prepared:

COST CENTER DESCRIPTION   Interest   Total   1.00   2.00   3.00				To 06/30/2023	Date/Time Pre 11/20/2023 8:	
PART I - PATTENT REVENUES   General Inpatient Routine Services		Cost Center Description	Inpatient	Outpatient		J am
Comparability   Comparabilit						
Comparison   Com		PART I - PATIENT REVENUES				
2.00   SUBPROVIDER						
SUBROVIDER   TIRE	1.00	Hospital	18,509,0	50	18,509,050	1.00
A.00   SUBPROVIDER	2.00	SUBPROVIDER - IPF				2.00
5.00   Swing bed - NF	3.00	SUBPROVIDER - IRF				3.00
Saming   Ded   No.   N	4.00	SUBPROVIDER				4.00
SKILLED NURSING FACILITY	5.00	Swing bed - SNF		0	0	5.00
NURSING FACILITY	6.00	Swing bed - NF		0	0	6.00
9.00   OTHER LONG TERM CARE   18,509,050   18,509,050   10.0	7.00	SKILLED NURSING FACILITY				7.00
10.00   Total general inpatient care services (sum of lines 1-9)   18,509,050   18,509,050   10.00   11.00   11.00   11.00   12.00	8.00	NURSING FACILITY				8.00
Intensive Care Type Inpatient Hospital Services	9.00	OTHER LONG TERM CARE				9.00
Intensive Care Type Inpatient Hospital Services	10.00	Total general inpatient care services (sum of lines 1-9)	18,509,0	50	18,509,050	10.00
12.00   CORONARY CARE UNIT   0   0   12.00   13.00   10.100   14.00   13.00   14.00   14.00   15.00   14.00   15.00   15.00   0   14.00   15.00   0   14.00   15.00   0   14.00   15.00   0   15.00   0   15.00   0   15.00   0   15.00   0   15.00   15.00   0   15.00   15		Intensive Care Type Inpatient Hospital Services		<u> </u>		
13.00   BURN INTENSIVE CARE UNIT   0   0   14.00   14.00   14.00   14.00   14.00   15.00   14.00   15.00   16.00   1	11.00	INTENSIVE CARE UNIT		0		11.00
14.00   OTHER SPECIAL CARE UNIT   O   OTHER SPECIAL CARE (SPECIFY)   OTHER SPECIAL CARE (SPECIFY)   O   OTHER SPECIAL CARE (SPECIFY)   OTHER SPECIAL CARE SPECIAL CARE SPECIAL CARE (SPECIFY)   OTHER SPECIAL CARE SPECIA	12.00	CORONARY CARE UNIT		0	0	12.00
15.00   OTHER SPECIAL CARE (SPECIFY)   Total intensive care type inpatient hospital services (sum of lines 10 and 16)   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   18,509,050   19,00   1	13.00	BURN INTENSIVE CARE UNIT		0	0	13.00
16.00	14.00	SURGICAL INTENSIVE CARE UNIT		0	0	14.00
11-15  Total inpatient routine care services (sum of lines 10 and 16)	15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
17.00	16.00	Total intensive care type inpatient hospital services (sum of lines		0	0	16.00
18.00   Ancillary services   31,430,705   148,195,783   179,626,488   18.00   19.00   0   0   0   0   0   0   0   0   0		11-15)				
19.00     19.00     20.0	17.00	Total inpatient routine care services (sum of lines 10 and 16)	18,509,0	50	18,509,050	17.00
20.00   RURAL HEALTH CLINIC   COUNTY	18.00	Ancillary services	31,430,7	05 148,195,783	179,626,488	18.00
21.00   FEDERALLY QUALIFIED HEALTH CENTER   0 0 0 0 21.00   22.00   HOME HEALTH AGENCY   22.00   HOME HEALTH AGENCY   22.00   22.00   HOME HEALTH AGENCY   22.00   2	19.00	Outpatient services	4,601,4	61 47,675,209	52,276,670	19.00
22.00   HOME HEALTH AGENCY   23.00   AMBULANCE SERVICES   23.00   CMHC   0   0   24.00   25.00   CMHC   0   0   0   24.00   25.00   CMHC   0   0   0   25.00   CMHC   0   0   0   0   25.00   CMHC   0   0   0   0   0   25.00   CMHC   0   0   0   0   0   0   0   0   0	20.00	RURAL HEALTH CLINIC		0 0	0	20.00
23.00 24.00 CMHC	21.00	FEDERALLY QUALIFIED HEALTH CENTER		0 0	0	21.00
24.00 CMHC 25.00 AMBULATORY SURGICAL CENTER (D.P.) 26.00 TOTHER (SPECIFY) 26.00 TOTHER (SPECIFY) 27.00 TOTAL patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. 54,541,216 195,870,992 250,412,208 28.00 6-3, line 1)  PART II - OPERATING EXPENSES  29.00 ADD (SPECIFY)  30.00	22.00	HOME HEALTH AGENCY				22.00
25.00   AMBULATORY SURGICAL CENTER (D.P.)   25.00   26.00   40.00   27.00   26.00   40.00   27	23.00	AMBULANCE SERVICES				23.00
26.00	24.00	CMHC		0	0	24.00
27.00 OTHER (SPECIFY) Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. 54,541,216 195,870,992 250,412,208 28.00 28.00	25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)  PART II - OPERATING EXPENSES  29.00 Operating expenses (per Wkst. A, column 3, line 200)  ADD (SPECIFY)  ADD (SPECIFY)  O  31.00 33.00 34.00 35.00 36.00 37.00 36.00 37.00 38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer)  Description of the standard st	26.00	HOSPICE				26.00
G-3, line 1) PART II - OPERATING EXPENSES  Operating expenses (per wkst. A, column 3, line 200) 30.00 31.00 32.00 33.00 32.00 33.00 34.00 35.00 35.00 36.00 Total additions (sum of lines 30-35) DEDUCT (SPECIFY)  DEDUCT (SPECIFY)  O  36.00 37.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	27.00	OTHER (SPECIFY)		0 0	0	27.00
G-3, line 1) PART II - OPERATING EXPENSES  Operating expenses (per wkst. A, column 3, line 200) 30.00 31.00 32.00 33.00 32.00 33.00 34.00 35.00 35.00 36.00 Total additions (sum of lines 30-35) DEDUCT (SPECIFY)  DEDUCT (SPECIFY)  O  36.00 37.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wks	t. 54,541,2	16 195,870,992	250,412,208	28.00
29.00 Operating expenses (per wkst. A, column 3, line 200)  30.00 ADD (SPECIFY)  ADD (SPECIFY)  O  30.00 31.00 31.00 32.00 33.00 34.00 35.00 36.00 Total additions (sum of lines 30-35) DEDUCT (SPECIFY)  O  Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer)  O  O  O  O  O  O  O  O  O  O  O  O  O		G-3, line 1)				
30.00   ADD (SPECIFY)   0   31.00   31.00   32.00   33.00   32.00   33						
31.00 32.00 33.00 33.00 34.00 35.00 35.00 36.00 Total additions (sum of lines 30-35) DEDUCT (SPECIFY)  DEDUCT (SPECIFY)  O  38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer)  O  31.00 32.00 33.00 33.00 33.00 34.00 35.00 0 36.00 37.00 0 38.00 0 39.00 40.00 41.00 42.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer)  O  60,695,856				60,695,856		
32.00 33.00 34.00 35.00 36.00 Total additions (sum of lines 30-35) DEDUCT (SPECIFY)  0 37.00 38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer)  0 32.00 33.00 34.00 33.00 34.00 35.00 0 36.00 0 37.00 0 38.00 0 0 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer)  0 42.00 43.00		ADD (SPECIFY)		-		
33.00 34.00 35.00 36.00 Total additions (sum of lines 30-35) 37.00 DEDUCT (SPECIFY) 0 37.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer) 0 33.00 34.00 35.00 0 36.00 0 37.00 0 38.00 0 0 40.00 41.00 42.00 43.00				0		1
34.00 35.00 36.00 Total additions (sum of lines 30-35) DEDUCT (SPECIFY)  0 37.00 38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer)  0 34.00 35.00 0 36.00 0 37.00 0 38.00 0 0 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer)  0 43.00	32.00			0		32.00
35.00 36.00 Total additions (sum of lines 30-35) 37.00 DEDUCT (SPECIFY) 0 37.00 38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer) 0 35.00 36.00 37.00 0 38.00 0 0 39.00 0 40.00 41.00 0 42.00 0 42.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	33.00			0		33.00
36.00 Total additions (sum of lines 30-35) 37.00 DEDUCT (SPECIFY) 0 37.00 38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer) 0 36.00 37.00 0 38.00 0 39.00 0 40.00 41.00 0 41.00 42.00 0 42.00	34.00			0		
37.00 DEDUCT (SPECIFY) 0 37.00 38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 60,695,856 43.00	35.00			0		35.00
38.00 39.00 40.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 60,695,856 43.00	36.00	Total additions (sum of lines 30-35)		0		36.00
39.00		DEDUCT (SPECIFY)		0		
40.00 41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 60,695,856 43.00				0		
41.00 42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 60,695,856 43.00				0		
42.00 Total deductions (sum of lines 37-41) 43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 60,695,856 43.00	40.00			0		
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 60,695,856 43.00				0		
				0		
to Wkst. G-3, line 4)	43.00		sfer	60,695,856		43.00
		to Wkst. G-3, line 4)				

Health Financial Systems	ASCENSION ST. VINC	CENT FISHERS	In Lie	u of Form CMS-2	552-10
STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0181	Period: From 07/01/2022 To 06/30/2023	Worksheet G-3 Date/Time Prep 11/20/2023 8:3	
				1.00	
1.00 Total patient revenues (from Wkst.	G-2, Part I, column 3, lin	e 28)		250,412,208	1.00

	To 06/30/2023	Date/Time Prep 11/20/2023 8:	pared: 37 am
		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	250,412,208	1.00
2.00	Less contractual allowances and discounts on patients' accounts	174,691,649	
3.00	Net patient revenues (line 1 minus line 2)	75,720,559	
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	60,695,856	
5.00	Net income from service to patients (line 3 minus line 4)	15,024,703	
	OTHER INCOME	, ,	
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	99,663	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	12	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,140	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	796,279	22.00
23.00	Governmental appropriations	0	23.00
24.00	FOUNDATION REVENUE	973	24.00
24.01	OTHER MISCELLANEOUS INCOME	135,608	
24.02	OTHER (SPECIFY)	0	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	UNCLAIMED PROPERTY EXEMPTIONS	40,054	24.05
24.06	LATE PENALTY FEES	4,769	24.06
24.07	OTHER MISC REVENUE		24.07
24.08	PATIENT INTEREST INCOME	2,427	
24.50	COVID-19 PHE Funding	0	24.50
	Total other income (sum of lines 6-24)	1,086,925	
26.00		16,111,628	
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,111,628	29.00

	Financial Systems ASCENSION ATION OF CAPITAL PAYMENT	ST. VINCENT FISHERS  Provider CCN: 15-0181	Period:	u of Form CMS-2 Worksheet L	
			From 07/01/2022	Parts I-III	
			To 06/30/2023		
		Title XVIII	Hospital	11/20/2023 8:	3/ a
		TILLE XVIII	поѕртсат	PPS	1
				1.00	
	PART I - FULLY PROSPECTIVE METHOD			1.00	
	CAPITAL FEDERAL AMOUNT				1
.00	Capital DRG other than outlier			158,392	1.
.01	Model 4 BPCI Capital DRG other than outlier			0	
.00	Capital DRG outlier payments			0	2.
.01	Model 4 BPCI Capital DRG outlier payments			0	2.
.00	Total inpatient days divided by number of days in the	cost reporting period (see inst	tructions)	8.72	3
00	Number of interns & residents (see instructions)			0.00	4
.00	Indirect medical education percentage (see instruction			0.00	5
00	Indirect medical education adjustment (multiply line 1.01)(see instructions)	5 by the sum of lines 1 and 1.03	1, columns 1 and	0	6
00	Percentage of SSI recipient patient days to Medicare 30) (see instructions)	Part A patient days (Worksheet B	E, part A line	0.00	7
00	Percentage of Medicaid patient days to total days (se	e instructions)		0.00	8
00	Sum of lines 7 and 8			0.00	9
0.00	Allowable disproportionate share percentage (see inst	ructions)		0.00	10
1.00	Disproportionate share adjustment (see instructions)			0	
.00	Total prospective capital payments (see instructions)			158,392	12
				1.00	
	PART II - PAYMENT UNDER REASONABLE COST				
00	Program inpatient routine capital cost (see instructi			0	1
00	Program inpatient ancillary capital cost (see instruc			0	-
00	Total inpatient program capital cost (line 1 plus lin	e 2)		0	1 -
00	Capital cost payment factor (see instructions)			0	4
00	Total inpatient program capital cost (line 3 $\times$ line 4	·)		0	5
				1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS				
00	Program inpatient capital costs (see instructions)			0	1
00	Program inpatient capital costs for extraordinary cir	cumstances (see instructions)		0	2
00	Net program inpatient capital costs (line 1 minus lin	e 2)		0	1 -
~ ~	Applicable exception percentage (see instructions)			0.00	4
00		(0, 4)		l ol	1 5
	Capital cost for comparison to payments (line 3 x lin			, ,	1 -
.00 .00 .00	Percentage adjustment for extraordinary circumstances	(see instructions)		0.00	6
00		(see instructions)	x line 6)		7

9.00

10.00

11.00

12.00

14.00

0 13.00

0 15.00

0 16.00 0 17.00

Current year capital payments (from Part I, line 12, as applicable)

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

(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)

Worksheet L, Part III, line 14)

10.00 | Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)

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

Carryover of accumulated capital minimum payment level over capital payment for the following period

11.00 | Carryover of accumulated capital minimum payment level over capital payment (from prior year

Current year exception payment (if line 12 is positive, enter the amount on this line)

9.00

12.00

13.00

14.00