


INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2020 To: 12/31/2020	Run Date Time: 6/4/2021 8:47 am MCRIF32 Version: 1.115.172.2	
Provider CCN: HB-0995	This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed as overpayments (42 USC 1395g).		FORM APPROVED OMB NO. 0938-0202

HOME OFFICE COST STATEMENT	Designated Intermediary Use Only <input type="checkbox"/> N <input type="checkbox"/> Desk Reviewed <input type="checkbox"/> N <input type="checkbox"/> Audited	Date Received: Intermediary No.:	Schedule A
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GENERAL INFORMATION, CERTIFICATION AND LISTING OF CHAIN COMPONENTS

PART I - GENERAL INFORMATION

1. Home Office Name: INDIANA ORTHOPAEDIC HOSPITAL, LLC	2. No. Assigned by Designated Intermediary: HB0995 2.01 No. Assigned by CMS: HB0995
3. Home Office Address: 8450 NORTHWEST BOULEVARD INDIANAPOLIS IN 46278	4. Chain Operations Started On: 01/01/2019
5. Contact Person Name: AMY CVETKOVICH Title: ACCOUNTING DIRECTOR Phone: 317-802-2895	6. Cost Statement Period: From: 01/01/2020 To: 12/31/2020
8. Type Of Chain Organization (check applicable item) a) voluntary non-profit <input type="checkbox"/> Church Affiliated <input type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Charitable <input type="checkbox"/> Other (Specify)	7. Was Audited Financial Data used on Schedule B? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b) proprietary/investor-owned <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) c) governmental <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> District <input type="checkbox"/> Other (Specify)

9. Key Officers of Home Office (attach listing if necessary)

President
Vice President(s)

Secretary
Treasurer
Controller

PART II - CERTIFICATION BY OFFICER OF HOME OFFICE

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 OFFICER OR ADMINISTRATOR OF THE PROVIDER(S)


I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying statement of allowable Home Office costs (and equity capital if applicable), the allocation thereof to the chain components, and the other supporting schedules for the period beginning 01/01/2020 and ending 12/31/2020. To the best of my knowledge and belief, they are true and correct statements from the books and records of the Home Office in accordance with applicable instructions, except as noted (attach a statement with exception if necessary).

(signed) _____
Officer or Administrator of Provider(s)

Title

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0202. The time required to complete this information collection is estimated to average 662 hours per response, including the time to review instructions, search existing data 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 this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

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Schedule A

PART III - LISTING OF CHAIN HEALTHCARE FACILITY COMPONENTS (Please indicate all Medicare numbers excluding Sub-Providers, Provider-Based Skilled Nursing Facilities and Home Health Agencies)

	Component Name Health Care Facilities	Medicare No.	Periods Ending During Home Office Fiscal Year		Date Acquired During the Home Office Fiscal Year	Date Sold/Closed During the Home Office Fiscal Year	Medicaid Participation Yes/No	Component Cost Reimbursed Yes/No	Medicare Intermediaries	Medicaid Intermediaries	
			From:	To:							
	1	2	3	4	5	6	7	8	9	10	
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	01/01/2020	12/31/2020			Y	N	WPS	STATE OF INDIANA	1.00
2.00											2.00
3.00											3.00
4.00											4.00
5.00											5.00
6.00											6.00
7.00											7.00
8.00											8.00
9.00											9.00
10.00											10.00
11.00											11.00
12.00											12.00
13.00											13.00
14.00											14.00
15.00											15.00
16.00											16.00
17.00											17.00

PART IV - LISTING OF OTHER (NON-PROVIDER) CHAIN COMPONENTS


	Component Name Other Components	Periods Ending During Home Office Fiscal Year		During the Home Office Fiscal Year		
		From:	To:	Date Acquired	Date Sold or Closed	
	1	2	3	4	5	
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	01/01/2020	12/31/2020			19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00
26.00						26.00
27.00						27.00

PART V - LISTING OF REGIONS/DIVISIONS

	Name	Location		Costs Included in this Cost Statement Amount	Separate Cost Statement Filed		Designated Region/Division Intermediary	
		City	State		Yes	No		
	1	2	3	4	5	6	7	
29.00				0				29.00
30.00				0				30.00
31.00				0				31.00
32.00				0				32.00

DISCLOSURE OF THE HOME OFFICE COST STATEMENT


The home office cost statement is not an integral part of the provider's cost report; therefore, it is not affected by 20 CFR 422.435(c) which requires disclosure of provider's cost reports. Any request received under the Freedom of Information Act (FOIA) regarding a home office cost statement will be subjected to a case by case determination of whether to withhold the information in whole or in part. In most cases, since the home office cost statements contain information the disclosure of which may result in a competitive disadvantage for many provider chains, the exemption from disclosure provided in 5 USC, Sec. 552(b)(4) will apply.

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Provider CCN: HB-0995			

TRIAL BALANCE OF EXPENSES, RECLASSIFICATIONS, ADJUSTMENTS AND ALLOCATIONS

Schedule B


	Cost Center Description	Expenses per Home Office Books	Reclassifications (from Sch. B-1)	Reclassified Trial Balance (col. 1 minus/plus col. 2)	Medicare Adjustments (from Sch. C)	Net Allowable Expenses (col. 3 minus/plus col. 4)	Direct Allocations - To Chain Components	Functional Allocations - To Chain Components	Pooled Allocations (col. 5. minus cols. 6,7)	
		1	2	3	4	5	6	7	8	
1.00	OLD CAP. REL. COSTS--BLDG & FIXTURES	0	0	0	0	0	0	0	0	1.00
1.01	INT. EXP. - OLD CAP. BLDG & FIXTURES	0	0	0	0	0	0	0	0	1.01
2.00	OLD CAP. REL. COSTS--MOVABLE EQUIP.	0	0	0	0	0	0	0	0	2.00
2.01	INT. EXP. - OLD CAP. MOVABLE EQUIP.	0	0	0	0	0	0	0	0	2.01
3.00	SUB-TOTAL (LINES 1 AND 2)	0	0	0	0	0	0	0	0	3.00
4.00	NEW CAP. REL. COSTS--BLDG & FIXTURES	0	101,186	101,186	-11,216	89,970	0	0	89,970	4.00
4.01	INT. EXP. - NEW CAP. BLDG & FIXTURES	0	0	0	0	0	0	0	0	4.01
5.00	NEW CAP. REL. COSTS--MOVABLE EQUIP.	0	0	0	0	0	0	0	0	5.00
5.01	INT. EXP. - NEW CAP. MOVABLE EQUIP.	0	0	0	0	0	0	0	0	5.01
6.00	SUB-TOTAL (LINES 4 AND 5)	0	101,186	101,186	-11,216	89,970	0	0	89,970	6.00
OTHER CAPITAL RELATED COSTS										
7.00	INSURANCE PREMIUMS	0	0	0	0	0	0			7.00
8.00	TAXES & LICENSES-OTHER THAN INCOME	0	0	0	0	0	0			8.00
9.00	OTHER (SPECIFY)	0	0	0	0	0	0			9.00
10.00	SUB-TOTAL (SUM OF LINES 7-9)	0	0	0	0	0	0			10.00
NON-CAPITAL RELATED COSTS										
11.00	SALARIES OF OFFICERS	0	0	0	0	0	0	0	0	11.00
12.00	SALARIES & WAGES OF OTHERS	0	0	0	0	0	0	0	0	12.00
13.00	PAYROLL TAXES	0	0	0	0	0	0	0	0	13.00
14.00	EMPLOYEE BENEFITS-PAYROLL RELATED	0	0	0	0	0	0	0	0	14.00
14.01	EMPLOYEE BENEFITS-OTHER	3,089,807	0	3,089,807	0	3,089,807	0	3,089,807	0	14.01
15.00	EMPLOYEE BENEFITS-NON-PAYROLL RELATED	0	0	0	0	0	0	0	0	15.00
16.00	PROFIT SHRNG/PENSION PLANS	0	0	0	0	0	0	0	0	16.00
17.00	LEGAL FEES	425,450	0	425,450	0	425,450	0	0	425,450	17.00
18.00	AUDITING & ACCOUNTING FEES	0	0	0	0	0	0	0	0	18.00
19.00	UTILITIES	0	0	0	0	0	0	0	0	19.00
20.00	COMMUNICATIONS	0	0	0	0	0	0	0	0	20.00
21.00	TRAVEL & ENTERTAINMENT	0	0	0	0	0	0	0	0	21.00
22.00	TRANSPORTATION	0	0	0	0	0	0	0	0	22.00
23.00	CLEANING OFFICE & ADMIN SUPPLIES	0	0	0	0	0	0	0	0	23.00
24.00	MINOR EQUIPMENT EXPENSED	0	0	0	0	0	0	0	0	24.00
25.00	REPAIRS & MAINTENANCE	0	0	0	0	0	0	0	0	25.00
26.00	DUES & SUBSCRIPTIONS	0	0	0	0	0	0	0	0	26.00
27.00	CONTRIBUTIONS	0	0	0	0	0	0	0	0	27.00
28.00	INSURANCE PREMS-NON-CAP REL	0	0	0	0	0	0	0	0	28.00
29.00	TAXES/LICENSES-NON-CAP REL	0	0	0	0	0	0	0	0	29.00
30.00	INTEREST EXPENSE	0	0	0	0	0	0	0	0	30.00
31.00	ACCOUNTING - SALARIES	835,287	0	835,287	0	835,287	157,210	0	678,077	31.00
31.01	ACCOUNTING - OTHER	84,260	0	84,260	0	84,260	0	0	84,260	31.01
32.00	ADMINISTRATION - SALARIES	1,236,317	0	1,236,317	0	1,236,317	0	0	1,236,317	32.00
32.01	ADMINISTRATION - OTHER	446,580	-81,470	365,110	0	365,110	0	0	365,110	32.01
33.00	BIOMED - SALARIES	211,376	0	211,376	0	211,376	0	211,376	0	33.00
33.01	BIOMED - OTHER	21,260	-2,300	18,960	0	18,960	0	18,960	0	33.01
34.00	BUSINESS RELATIONS - SALARIES	315,238	0	315,238	0	315,238	174,188	0	141,050	34.00

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Schedule B

	Cost Center Description	Expenses per Home Office Books	Reclassifications (from Sch. B-1)	Reclassified Trial Balance (col. 1 minus/plus col. 2)	Medicare Adjustments (from Sch. C)	Net Allowable Expenses (col. 3 minus/plus col. 4)	Direct Allocations - To Chain Components	Functional Allocations - To Chain Components	Pooled Allocations (col. 5. minus cols. 6,7)	
		1	2	3	4	5	6	7	8	
34.01	BUSINESS RELATIONS - OTHER	496,565	-1,200	495,365	-331,004	164,361	0	0	164,361	34.01
35.00	CREDENTIALING - SALARIES	187,166	0	187,166	0	187,166	187,166	0	0	35.00
35.01	CREDENTIALING - OTHER	14,715	0	14,715	0	14,715	14,715	0	0	35.01
35.02	HUMAN RESOURCES - SALARIES	556,698	0	556,698	0	556,698	0	556,698	0	35.02
35.03	HUMAN RESOURCES - OTHER	393,787	0	393,787	-354	393,433	0	393,433	0	35.03
35.04	IT APPLICATIONS - SALARIES	655,800	0	655,800	0	655,800	370,524	0	285,276	35.04
35.05	IT APPLICATIONS - OTHER	30,743	0	30,743	0	30,743	0	0	30,743	35.05
35.06	IT INFRASTRUCTURE - SALARIES	836,175	0	836,175	0	836,175	73,112	763,063	0	35.06
35.07	IT INFRASTRUCTURE - OTHER	1,499,839	0	1,499,839	0	1,499,839	0	1,499,839	0	35.07
35.08	MARKETING - SALARIES	272,959	0	272,959	-272,959	0	0	0	0	35.08
35.09	MARKETING - OTHER	643,174	-11,216	631,958	-631,958	0	0	0	0	35.09
35.10	PAYOR RELATIONS - SALARIES	205,305	0	205,305	0	205,305	0	205,305	0	35.10
35.11	PAYOR RELATIONS - OTHER	10,733	0	10,733	0	10,733	0	10,733	0	35.11
35.12	PURCHASING - SALARIES	443,114	0	443,114	0	443,114	215,226	0	227,888	35.12
35.13	PURCHASING - OTHER	144,193	-5,000	139,193	0	139,193	0	0	139,193	35.13
35.14	QUALITY ASSURANCE - SALARIES	486,985	0	486,985	0	486,985	0	0	486,985	35.14
35.15	QUALITY ASSURANCE - OTHER	83,452	0	83,452	0	83,452	0	0	83,452	35.15
35.16	SUPPORT SERVICES - SALARIES	2,783,627	0	2,783,627	0	2,783,627	2,180,245	0	603,382	35.16
35.17	SUPPORT SERVICES - OTHER	64,135	0	64,135	-110	64,025	0	0	64,025	35.17
35.18	TRANSCRIPTION - SALARIES	365,511	0	365,511	0	365,511	0	365,511	0	35.18
35.19	TRANSCRIPTION - OTHER	94,555	0	94,555	0	94,555	0	94,555	0	35.19
35.20	ORTHOPAEDIC RESEARCH FOUNDATION	2	0	2	0	2	0	0	2	35.20
35.21	COVID-19	858	0	858	0	858	0	858	0	35.21
36.00	SUB-TOTAL (SUM OF LINES 11-35)	16,935,666	-101,186	16,834,480	-1,236,385	15,598,095	3,372,386	7,210,138	5,015,571	36.00
100.00	TOTAL EXPENSES (SUM OF LINES 3, 6, 10, 36)	16,935,666	0	16,935,666	-1,247,601	15,688,065	3,372,386	7,210,138	5,105,541	100.00

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RECLASSIFICATION OF HOME OFFICE EXPENSES

Schedule B-1

Increase				Decrease			
Cost Center	Line No.	Amount (2)		Cost Center	Line No.	Amount (2)	
2	3	4		5	6	7	
A - CAPITAL EXPENSE							
1.00	NEW CAP. REL. COSTS--BLDG & FIXTURES	4.00	101,186	ADMINISTRATION - OTHER	32.01	81,470	1.00
2.00		0.00	0	BIOMED - OTHER	33.01	2,300	2.00
3.00		0.00	0	BUSINESS RELATIONS - OTHER	34.01	1,200	3.00
4.00		0.00	0	MARKETING - OTHER	35.09	11,216	4.00
5.00		0.00	0	PURCHASING - OTHER	35.13	5,000	5.00
100.00	GRAND TOTALS		101,186			101,186	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

(2) Transfer to Schedule B, column 2, line as appropriate.


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MEDICARE ADJUSTMENTS TO HOME OFFICE EXPENSES

Schedule C

	Description	*	Amount	Line No.	Cost Center to be Adjusted (on Schedule B, col. 3)	
					Cost Center	
		1	2	3	4	
1.00	Federal/State income tax, franchise tax and related interest and penalties on late payments (CMS Pub. 15-1, secs.2122.2 and 2133)		0	0.00		1.00
2.00	Donations (See CMS Pub. 15-1, Chapter 6)		0	0.00		2.00
3.00	Stockholders servicing costs (stock transfers and registrations) (CMS Pub 15-1, se. 2134.9)		0	0.00		3.00
4.00	Acquisition expenses (CMS Pub. 15-1, sec. 2134.11)		0	0.00		4.00
5.00	Disposal expenses re: non-patient care assets or subsidiaries (CMS Pub. 15-1, sec. 2102.3)		0	0.00		5.00
6.00	Bad Debts (CMS Pub. 15-1, sec. 308)		0	0.00		6.00
7.00	Life insurance premiums where home office is direct/indirect beneficiary (CMS Pub 15-1, sec. 2102.3)		0	0.00		7.00
8.00	Annual stockholder meeting expenses (CMS Pub 15-1, sec. 2134.9)		0	0.00		8.00
9.00	Nonhealth care projects (CMS Pub. 15-1, sec. 2102.3)		0	0.00		9.00
10.00	Noncompetition agreement expenses (CMS Pub. 15-1, sec 2105.1/1218.7)		0	0.00		10.00
11.00	Fund-raising expenses (CMS Pub. 15-1, sec. 2136.2)		0	0.00		11.00
12.00	Rebates/refunds on expenses (CMS Pub. 15-1, sec. 804)		0	0.00		12.00
13.00	Other (Specify)		0	0.00		13.00
14.00	Cost of ownership of assets leased from related organization in lieu of rent (CMS Pub. 15-1, sec. 700)		0	0.00		14.00
15.00	Related organizations (from Schedule D, Part B col. 5, line 15 (CMS Pub. 15-1, sec. 700)		0	0.00		15.00
16.00	Value of services of nonpaid workers (CMS Pub. 15-1, sec. 700)		0	0.00		16.00
17.00	Interest on Loans between home office and components of the chain (CMS Pub. 15-1, sec. 2150.2e) where no exception applies		0	0.00		17.00
18.00	Costs of corporate acquisitions of capital stocks and acquisition and development department cost (CMS Pub. 15-1, sec. 2150.2B)		0	0.00		18.00
19.00	Interest on Loans from owners (CMS Pub. 15-1, sec. 218.2)		0	0.00		19.00
20.00	Abandoned construction in progress cost (CMS Pub. 15-1, sec. 2155)		0	0.00		20.00
21.00	MARKETING - SALARIES	A	-272,959	35.08	MARKETING - SALARIES	21.00
22.00	MARKETING - OTHER	A	-631,958	35.09	MARKETING - OTHER	22.00
23.00	NON-ALLOWABLE BUSINESS RELATIONS EXP	A	-331,004	34.01	BUSINESS RELATIONS - OTHER	23.00
24.00	NON-ALLOWABLE HR EXPENSES	A	-354	35.03	HUMAN RESOURCES - OTHER	24.00
25.00	NON-ALLOWABLE TELECOM EXPENSES	A	-110	35.17	SUPPORT SERVICES - OTHER	25.00
26.00	OIE MARKETING - RENT	A	-11,216	4.00	NEW CAP. REL. COSTS--BLDG & FIXTURES	26.00
27.00			0	0.00		27.00
28.00	Total (sum of lines 1-27)		-1,247,601			28.00

* A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - If cost cannot be determined.

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS

Schedule D

	1
A. Are there any costs included on Schedule B which resulted from transactions with related organizations as defined in 42 CFR 413.17? (If yes, complete Parts B and C)	NO


B. Costs incurred and adjustments required as a result of transactions with related organizations:

Account and Amount (on Schedule B, column 3)				
Line	Expense Account	Amount	Amount Allowable in Cost	Net Adjustments (col. 3 minus col. 4) *
1	2	3	4	5
1.00	0.00	0	0	0
2.00	0.00	0	0	0
3.00	0.00	0	0	0
4.00	0.00	0	0	0
5.00	0.00	0	0	0
6.00	0.00	0	0	0
7.00	0.00	0	0	0
8.00	0.00	0	0	0
9.00	0.00	0	0	0
10.00	0.00	0	0	0
11.00	0.00	0	0	0
12.00	0.00	0	0	0
13.00	0.00	0	0	0
14.00	0.00	0	0	0
100.00	TOTALS (Sum of lines 1-99)	0	0	0

* transfer to column 1 of Schedule C, applicable lines

C. Interrelationship of chain Home Office to related organization:


	Name of Related Organization	Type of Business	Related Through Ownership or Control	Explanation of Relationship
	1	2	3	4
1.00				
2.00				
3.00				
4.00				
5.00				
6.00				
7.00				
8.00				
9.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
100.00				

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DIRECT ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS

Schedule E-1


	Chain Components	Medicare No.	ACCOUNTING - SALARIES	BUSINESS RELATIONS - SALARIES	CREDENTIALING - SALARIES	CREDENTIALING - OTHER	IT APPLICATIONS - SALARIES	IT INFRASTRUCTURE - SALARIES	
		0	31	34	35	35.01	35.04	35.06	
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	85,182	0	187,166	14,715	220,089	73,112	1.00
2.00			0	0	0	0	0	0	2.00
3.00			0	0	0	0	0	0	3.00
4.00			0	0	0	0	0	0	4.00
5.00			0	0	0	0	0	0	5.00
6.00			0	0	0	0	0	0	6.00
7.00			0	0	0	0	0	0	7.00
8.00			0	0	0	0	0	0	8.00
9.00			0	0	0	0	0	0	9.00
10.00			0	0	0	0	0	0	10.00
11.00			0	0	0	0	0	0	11.00
12.00			0	0	0	0	0	0	12.00
13.00			0	0	0	0	0	0	13.00
14.00			0	0	0	0	0	0	14.00
15.00			0	0	0	0	0	0	15.00
16.00			0	0	0	0	0	0	16.00
17.00			0	0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		85,182	0	187,166	14,715	220,089	73,112	18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		72,028	174,188	0	0	150,435	0	19.00
20.00			0	0	0	0	0	0	20.00
21.00			0	0	0	0	0	0	21.00
22.00			0	0	0	0	0	0	22.00
23.00			0	0	0	0	0	0	23.00
24.00			0	0	0	0	0	0	24.00
25.00			0	0	0	0	0	0	25.00
26.00			0	0	0	0	0	0	26.00
27.00			0	0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		72,028	174,188	0	0	150,435	0	28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0	0	29.00
30.00			0	0	0	0	0	0	30.00
31.00			0	0	0	0	0	0	31.00
32.00			0	0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0	0	33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		157,210	174,188	187,166	14,715	370,524	73,112	34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 6/4/2021 8:47 am	
Provider CCN: HB-0995	From: 01/01/2020	MCRIF32: 287-05	
	To: 12/31/2020	Version: 1.115.172.2	

DIRECT ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS

Schedule E-1


	Chain Components	PURCHASING - SALARIES	SUPPORT SERVICES - SALARIES	Total	
		35.12	35.16	36	
HEALTH CARE FACILITIES					
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	215,226	819	796,309	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		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		0	0	0	10.00
11.00		0	0	0	11.00
12.00		0	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 (sum of lines 1-17)	215,226	819	796,309	18.00
OTHER COMPONENTS					
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	0	2,179,426	2,576,077	19.00
20.00		0	0	0	20.00
21.00		0	0	0	21.00
22.00		0	0	0	22.00
23.00		0	0	0	23.00
24.00		0	0	0	24.00
25.00		0	0	0	25.00
26.00		0	0	0	26.00
27.00		0	0	0	27.00
28.00	Total (sum of lines 19-27)	0	2,179,426	2,576,077	28.00
REGIONAL OFFICES					
29.00		0	0	0	29.00
30.00		0	0	0	30.00
31.00		0	0	0	31.00
32.00		0	0	0	32.00
33.00	Total (sum of lines 29-32)	0	0	0	33.00
GRAND TOTAL					
34.00	Grand Total (sum of lines 18, 28 and 33)	215,226	2,180,245	3,372,386	34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2020 To: 12/31/2020	Run Date Time: 6/4/2021 8:47 am MCRIF32: 287-05 Version: 1.115.172.2	
Provider CCN: HB-0995			

FUNCTIONAL ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS

Schedule F-1
Part I


	Chain Components	Medicare No.	EMPLOYEE BENEFITS-OTHER (FTEs)	BIOMED - SALARIES (PM)	BIOMED - OTHER (PM)	HUMAN RESOURCES - SALARIES (FTEs)	HUMAN RESOURCES - OTHER (FTEs)	IT INFRASTRUCTURE - SALARIES (FTEs)	
		0	14.01	33	33.01	35.02	35.03	35.06	
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	1,546,902	190,275	17,067	278,709	196,971	382,025	1.00
2.00			0	0	0	0	0	0	2.00
3.00			0	0	0	0	0	0	3.00
4.00			0	0	0	0	0	0	4.00
5.00			0	0	0	0	0	0	5.00
6.00			0	0	0	0	0	0	6.00
7.00			0	0	0	0	0	0	7.00
8.00			0	0	0	0	0	0	8.00
9.00			0	0	0	0	0	0	9.00
10.00			0	0	0	0	0	0	10.00
11.00			0	0	0	0	0	0	11.00
12.00			0	0	0	0	0	0	12.00
13.00			0	0	0	0	0	0	13.00
14.00			0	0	0	0	0	0	14.00
15.00			0	0	0	0	0	0	15.00
16.00			0	0	0	0	0	0	16.00
17.00			0	0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		1,546,902	190,275	17,067	278,709	196,971	382,025	18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		1,542,905	21,101	1,893	277,989	196,462	381,038	19.00
20.00			0	0	0	0	0	0	20.00
21.00			0	0	0	0	0	0	21.00
22.00			0	0	0	0	0	0	22.00
23.00			0	0	0	0	0	0	23.00
24.00			0	0	0	0	0	0	24.00
25.00			0	0	0	0	0	0	25.00
26.00			0	0	0	0	0	0	26.00
27.00			0	0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		1,542,905	21,101	1,893	277,989	196,462	381,038	28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0	0	29.00
30.00			0	0	0	0	0	0	30.00
31.00			0	0	0	0	0	0	31.00
32.00			0	0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0	0	33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		3,089,807	211,376	18,960	556,698	393,433	763,063	34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2020 To: 12/31/2020	Run Date Time: 6/4/2021 8:47 am MCRIF32: 287-05 Version: 1.115.172.2	
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FUNCTIONAL ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS

Schedule F-1
Part I


	Chain Components	IT INFRASTRUCTURE - OTHER (FTEs)	PAYOR RELATIONS - SALARIES (REVENUE)	PAYOR RELATIONS - OTHER (REVENUE)	TRANSCRIPTI ON - SALARIES (REPORTS)	TRANSCRIPTI ON - OTHER (REPORTS)	COVID-19 (FTEs)	Total	
		35.07	35.10	35.11	35.18	35.19	35.21	36	
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	750,890	146,037	7,660	123,269	31,889	430	3,672,124	1.00
2.00		0	0	0	0	0	0	0	2.00
3.00		0	0	0	0	0	0	0	3.00
4.00		0	0	0	0	0	0	0	4.00
5.00		0	0	0	0	0	0	0	5.00
6.00		0	0	0	0	0	0	0	6.00
7.00		0	0	0	0	0	0	0	7.00
8.00		0	0	0	0	0	0	0	8.00
9.00		0	0	0	0	0	0	0	9.00
10.00		0	0	0	0	0	0	0	10.00
11.00		0	0	0	0	0	0	0	11.00
12.00		0	0	0	0	0	0	0	12.00
13.00		0	0	0	0	0	0	0	13.00
14.00		0	0	0	0	0	0	0	14.00
15.00		0	0	0	0	0	0	0	15.00
16.00		0	0	0	0	0	0	0	16.00
17.00		0	0	0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)	750,890	146,037	7,660	123,269	31,889	430	3,672,124	18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	748,949	59,268	3,073	242,242	62,666	428	3,538,014	19.00
20.00		0	0	0	0	0	0	0	20.00
21.00		0	0	0	0	0	0	0	21.00
22.00		0	0	0	0	0	0	0	22.00
23.00		0	0	0	0	0	0	0	23.00
24.00		0	0	0	0	0	0	0	24.00
25.00		0	0	0	0	0	0	0	25.00
26.00		0	0	0	0	0	0	0	26.00
27.00		0	0	0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)	748,949	59,268	3,073	242,242	62,666	428	3,538,014	28.00
REGIONAL OFFICES									
29.00		0	0	0	0	0	0	0	29.00
30.00		0	0	0	0	0	0	0	30.00
31.00		0	0	0	0	0	0	0	31.00
32.00		0	0	0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)	0	0	0	0	0	0	0	33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)	1,499,839	205,305	10,733	365,511	94,555	858	7,210,138	34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2020 To: 12/31/2020	Run Date Time: 6/4/2021 8:47 am MCRIF32: 287-05 Version: 1.115.172.2	
Provider CCN: HB-0995			

FUNCTIONAL ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS - STATISTICS

Schedule F-1 Part II


	Chain Components	Medicare No.	EMPLOYEE BENEFITS-PAYROLL RELATED (FTES)	EMPLOYEE BENEFITS-OTHER (FTES)	EMPLOYEE BENEFITS-NO N-PAYROLL RELATED (FTES)	BIOMED - SALARIES (PM)	BIOMED - OTHER (PM)	HUMAN RESOURCES - SALARIES (FTES)	
		0	14	14.01	15	33	33.01	35.02	
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	387	387	387	4,644	4,644	387	1.00
2.00			0	0	0	0	0	0	2.00
3.00			0	0	0	0	0	0	3.00
4.00			0	0	0	0	0	0	4.00
5.00			0	0	0	0	0	0	5.00
6.00			0	0	0	0	0	0	6.00
7.00			0	0	0	0	0	0	7.00
8.00			0	0	0	0	0	0	8.00
9.00			0	0	0	0	0	0	9.00
10.00			0	0	0	0	0	0	10.00
11.00			0	0	0	0	0	0	11.00
12.00			0	0	0	0	0	0	12.00
13.00			0	0	0	0	0	0	13.00
14.00			0	0	0	0	0	0	14.00
15.00			0	0	0	0	0	0	15.00
16.00			0	0	0	0	0	0	16.00
17.00			0	0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		387	387	387	4,644	4,644	387	18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		386	386	386	515	515	386	19.00
20.00			0	0	0	0	0	0	20.00
21.00			0	0	0	0	0	0	21.00
22.00			0	0	0	0	0	0	22.00
23.00			0	0	0	0	0	0	23.00
24.00			0	0	0	0	0	0	24.00
25.00			0	0	0	0	0	0	25.00
26.00			0	0	0	0	0	0	26.00
27.00			0	0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		386	386	386	515	515	386	28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0	0	29.00
30.00			0	0	0	0	0	0	30.00
31.00			0	0	0	0	0	0	31.00
32.00			0	0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0	0	33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		773	773	773	5,159	5,159	773	34.00
35.00	Cost to be Allocated (B)		0	3,089,807	0	211,376	18,960	556,698	35.00
36.00	Unit Cost Multiplier (B/A)		0.000000	3,997.163001	0.000000	40.972281	3.675131	720.178525	36.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2020 To: 12/31/2020	Run Date Time: 6/4/2021 8:47 am MCRIF32: 287-05 Version: 1.115.172.2	
Provider CCN: HB-0995			

FUNCTIONAL ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS - STATISTICS

Schedule F-1 Part II


	Chain Components	HUMAN RESOURCES - OTHER (FTES)	IT INFRASTRUCTURE - SALARIES (FTES)	IT INFRASTRUCTURE - OTHER (FTES)	PAYOR RELATIONS - SALARIES (REVENUE)	PAYOR RELATIONS - OTHER (REVENUE)	TRANSCRIPTI ON - SALARIES (REPORTS)	TRANSCRIPTI ON - OTHER (REPORTS)	
		35.03	35.06	35.07	35.10	35.11	35.18	35.19	
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	387	387	387	168,143,410	168,143,410	29,377	29,377	1.00
2.00		0	0	0	0	0	0	0	2.00
3.00		0	0	0	0	0	0	0	3.00
4.00		0	0	0	0	0	0	0	4.00
5.00		0	0	0	0	0	0	0	5.00
6.00		0	0	0	0	0	0	0	6.00
7.00		0	0	0	0	0	0	0	7.00
8.00		0	0	0	0	0	0	0	8.00
9.00		0	0	0	0	0	0	0	9.00
10.00		0	0	0	0	0	0	0	10.00
11.00		0	0	0	0	0	0	0	11.00
12.00		0	0	0	0	0	0	0	12.00
13.00		0	0	0	0	0	0	0	13.00
14.00		0	0	0	0	0	0	0	14.00
15.00		0	0	0	0	0	0	0	15.00
16.00		0	0	0	0	0	0	0	16.00
17.00		0	0	0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)	387	387	387	168,143,410	168,143,410	29,377	29,377	18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	386	386	386	68,281,186	68,281,186	57,730	57,730	19.00
20.00		0	0	0	0	0	0	0	20.00
21.00		0	0	0	0	0	0	0	21.00
22.00		0	0	0	0	0	0	0	22.00
23.00		0	0	0	0	0	0	0	23.00
24.00		0	0	0	0	0	0	0	24.00
25.00		0	0	0	0	0	0	0	25.00
26.00		0	0	0	0	0	0	0	26.00
27.00		0	0	0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)	386	386	386	68,281,186	68,281,186	57,730	57,730	28.00
REGIONAL OFFICES									
29.00		0	0	0	0	0	0	0	29.00
30.00		0	0	0	0	0	0	0	30.00
31.00		0	0	0	0	0	0	0	31.00
32.00		0	0	0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)	0	0	0	0	0	0	0	33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)	773	773	773	236,424,596	236,424,596	87,107	87,107	34.00
35.00	Cost to be Allocated (B)	393,433	763,063	1,499,839	205,305	10,733	365,511	94,555	35.00
36.00	Unit Cost Multiplier (B/A)	508.968952	987.144890	1,940.283312	0.000868	0.000045	4.196115	1.085504	36.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 6/4/2021 8:47 am	
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FUNCTIONAL ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES
TO CHAIN COMPONENTS - STATISTICS

Schedule F-1
Part II

	Chain Components	COVID-19 (FIES)	
		35.21	
HEALTH CARE FACILITIES			
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	387	1.00
2.00		0	2.00
3.00		0	3.00
4.00		0	4.00
5.00		0	5.00
6.00		0	6.00
7.00		0	7.00
8.00		0	8.00
9.00		0	9.00
10.00		0	10.00
11.00		0	11.00
12.00		0	12.00
13.00		0	13.00
14.00		0	14.00
15.00		0	15.00
16.00		0	16.00
17.00		0	17.00
18.00	Total (sum of lines 1-17)	387	18.00
OTHER COMPONENTS			
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	386	19.00
20.00		0	20.00
21.00		0	21.00
22.00		0	22.00
23.00		0	23.00
24.00		0	24.00
25.00		0	25.00
26.00		0	26.00
27.00		0	27.00
28.00	Total (sum of lines 19-27)	386	28.00
REGIONAL OFFICES			
29.00		0	29.00
30.00		0	30.00
31.00		0	31.00
32.00		0	32.00
33.00	Total (sum of lines 29-32)	0	33.00
GRAND TOTAL			
34.00	Grand Total (sum of lines 18, 28 and 33)	773	34.00
35.00	Cost to be Allocated (B)	858	35.00
36.00	Unit Cost Multiplier (B/A)	1.109961	36.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC Provider CCN: HB-0995	Period:	Run Date Time: 6/4/2021 8:47 am	
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STATISTICAL BASIS DESCRIPTIONS

Schedule F
Part S

	Cost Center Description	Stat Code		Stat Label	
		1		2	
1.00	OLD CAP. REL. COSTS--BLDG & FIXTURES	1		SQUARE FEET	1.00
1.01	INT. EXP. - OLD CAP. BLDG & FIXTURES	1		SQUARE FEET	1.01
2.00	OLD CAP. REL. COSTS--MOVABLE EQUIP.	1		SQUARE FEET	2.00
2.01	INT. EXP. - OLD CAP. MOVABLE EQUIP.	1		SQUARE FEET	2.01
3.00	SUB-TOTAL (LINES 1 AND 2)				3.00
4.00	NEW CAP. REL. COSTS--BLDG & FIXTURES	2		SQUARE FEET	4.00
4.01	INT. EXP. - NEW CAP. BLDG & FIXTURES	2		SQUARE FEET	4.01
5.00	NEW CAP. REL. COSTS--MOVABLE EQUIP.	2		SQUARE FEET	5.00
5.01	INT. EXP. - NEW CAP. MOVABLE EQUIP.	2		SQUARE FEET	5.01
6.00	SUB-TOTAL (LINES 4 AND 5)				6.00
OTHER CAPITAL RELATED COSTS					
7.00	INSURANCE PREMIUMS	13		FTES	7.00
8.00	TAXES & LICENSES-OTHER THAN INCOME	13		FTES	8.00
9.00	OTHER (SPECIFY)				9.00
10.00	SUB-TOTAL (SUM OF LINES 7-9)				10.00
NON-CAPITAL RELATED COSTS					
11.00	SALARIES OF OFFICERS	3		HOURS	11.00
12.00	SALARIES & WAGES OF OTHERS	4		HOURS	12.00
13.00	PAYROLL TAXES				13.00
14.00	EMPLOYEE BENEFITS-PAYROLL RELATED	13		FTES	14.00
14.01	EMPLOYEE BENEFITS-OTHER	13		FTES	14.01
15.00	EMPLOYEE BENEFITS-NON-PAYROLL RELTD	13		FTES	15.00
16.00	PROFIT SHRNG/PENSION PLANS				16.00
17.00	LEGAL FEES	14		HOURS OF SERVICE	17.00
18.00	AUDITING & ACCOUNTING FEES	15		COST REQUISITIONS	18.00
19.00	UTILITIES	1		SQUARE FEET	19.00
20.00	COMMUNICATIONS	8		TIME SPENT	20.00
21.00	TRAVEL & ENTERTAINMENT	17		MILES	21.00
22.00	TRANSPORTATION	18		MILES	22.00
23.00	CLEANING OFFICE & ADMIN SUPPLIES	1		SQUARE FEET	23.00
24.00	MINOR EQUIPMENT EXPENSED	1		SQUARE FEET	24.00
25.00	REPAIRS & MAINTENANCE	1		SQUARE FEET	25.00
26.00	DUES & SUBSCRIPTIONS	9		INVOICES	26.00
27.00	CONTRIBUTIONS	10		INVOICES	27.00
28.00	INSURANCE PREMS-NON-CAP REL	11		SQUARE FEET	28.00
29.00	TAXES/LICENSES-NON-CAP REL	11		SQUARE FEET	29.00
30.00	INTEREST EXPENSE	12		SQUARE FEET	30.00
31.00	ACCOUNTING - SALARIES				31.00
31.01	ACCOUNTING - OTHER				31.01
32.00	ADMINISTRATION - SALARIES				32.00
32.01	ADMINISTRATION - OTHER				32.01
33.00	BIOMED - SALARIES	19		PM	33.00
33.01	BIOMED - OTHER	19		PM	33.01
34.00	BUSINESS RELATIONS - SALARIES				34.00
34.01	BUSINESS RELATIONS - OTHER				34.01
35.00	CREDENTIALING - SALARIES				35.00
35.01	CREDENTIALING - OTHER				35.01
35.02	HUMAN RESOURCES - SALARIES	13		FTES	35.02
35.03	HUMAN RESOURCES - OTHER	13		FTES	35.03
35.04	IT APPLICATIONS - SALARIES				35.04
35.05	IT APPLICATIONS - OTHER				35.05
35.06	IT INFRASTRUCTURE - SALARIES	13		FTES	35.06
35.07	IT INFRASTRUCTURE - OTHER	13		FTES	35.07
35.08	MARKETING - SALARIES				35.08
35.09	MARKETING - OTHER				35.09
35.10	PAYOR RELATIONS - SALARIES	20		REVENUE	35.10
35.11	PAYOR RELATIONS - OTHER	20		REVENUE	35.11
35.12	PURCHASING - SALARIES				35.12

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 6/4/2021 8:47 am
Provider CCN: HB-0995	From: 01/01/2020	MCRIF32: 287-05
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STATISTICAL BASIS DESCRIPTIONS

**Schedule F
Part S**

	Cost Center Description	Stat Code	Stat Label	
		1	2	
35.13	PURCHASING - OTHER			35.13
35.14	QUALITY ASSURANCE - SALARIES			35.14
35.15	QUALITY ASSURANCE - OTHER			35.15
35.16	SUPPORT SERVICES - SALARIES			35.16
35.17	SUPPORT SERVICES - OTHER			35.17
35.18	TRANSCRIPTION - SALARIES	21	REPORTS	35.18
35.19	TRANSCRIPTION - OTHER	21	REPORTS	35.19
35.20	ORTHOPAEDIC RESEARCH FOUNDATION			35.20
35.21	COVID-19	13	FTES	35.21
36.00	SUB-TOTAL (SUM OF LINES 11-35)			36.00
100.00	TOTAL EXPENSES (SUM OF LINES 3, 6, 10, 36)			100.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC		Period:	Run Date Time: 6/4/2021 8:47 am
Provider CCN: HB-0995		From: 01/01/2020	MCRIF32: 287-05
		To: 12/31/2020	Version: 1.115.172.2



ALLOCATION OF HOME OFFICE POOLED COSTS BETWEEN HEALTH CARE FACILITIES AND OTHER CHAIN COMPONENTS

Schedule G

PART I - ALLOCATION BETWEEN HEALTH CARE FACILITIES AND OTHER COMPONENTS

		0	1	1.01	2	2.01	3	3.01	
		Medicare No.	Total Cost	Ratio	OLD CAP. REL. COSTS--BLDG & FIXTURES	INT. EXP. - OLD CAP. BLDG & FIXTURES	OLD CAP. REL. COSTS--MOVA BLE EQUIP.	INT. EXP. - OLD CAP. MOVABLE EQUIP.	
1.00	Health Care Facilities		110,745,480	0.756722	0	0	0	0	1.00
2.00	Other Components		35,603,468	0.243278	0	0	0	0	2.00
3.00	Certain Home Office or Region Costs Requiring Home Office/Region overhead allocation		0	0.000000	0	0	0	0	3.00
4.00	Total		146,348,948	1.000000	0	0	0	0	4.00

PART II - ALLOCATION TO INDIVIDUAL CHAIN COMPONENTS

		0	1	1.01	2	2.01	3	3.01	
		Medicare No.	Total Cost	Ratio	OLD CAP. REL. COSTS--BLDG & FIXTURES	INT. EXP. - OLD CAP. BLDG & FIXTURES	OLD CAP. REL. COSTS--MOVA BLE EQUIP.	INT. EXP. - OLD CAP. MOVABLE EQUIP.	
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	110,745,480	1.000000	0	0	0	0	1.00
2.00			0	0.000000	0	0	0	0	2.00
3.00			0	0.000000	0	0	0	0	3.00
4.00			0	0.000000	0	0	0	0	4.00
5.00			0	0.000000	0	0	0	0	5.00
6.00			0	0.000000	0	0	0	0	6.00
7.00			0	0.000000	0	0	0	0	7.00
8.00			0	0.000000	0	0	0	0	8.00
9.00			0	0.000000	0	0	0	0	9.00
10.00			0	0.000000	0	0	0	0	10.00
11.00			0	0.000000	0	0	0	0	11.00
12.00			0	0.000000	0	0	0	0	12.00
13.00			0	0.000000	0	0	0	0	13.00
14.00			0	0.000000	0	0	0	0	14.00
15.00			0	0.000000	0	0	0	0	15.00
16.00			0	0.000000	0	0	0	0	16.00
17.00			0	0.000000	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		110,745,480	1.000000	0	0	0	0	18.00

OTHER COMPONENTS


19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		35,603,468	1.000000	0	0	0	0	19.00
20.00			0	0.000000	0	0	0	0	20.00
21.00			0	0.000000	0	0	0	0	21.00
22.00			0	0.000000	0	0	0	0	22.00
23.00			0	0.000000	0	0	0	0	23.00
24.00			0	0.000000	0	0	0	0	24.00
25.00			0	0.000000	0	0	0	0	25.00
26.00			0	0.000000	0	0	0	0	26.00
27.00			0	0.000000	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		35,603,468	1.000000	0	0	0	0	28.00

REGIONAL OFFICES

29.00			0	0.000000	0	0	0	0	29.00
30.00			0	0.000000	0	0	0	0	30.00
31.00			0	0.000000	0	0	0	0	31.00
32.00			0	0.000000	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0.000000	0	0	0	0	33.00

GRAND TOTAL

34.00	Grand Total (sum of lines 18, 28 and 33)		146,348,948	1.000000	0	0	0	0	34.00
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INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2020 To: 12/31/2020	Run Date Time: 6/4/2021 8:47 am MCRIF32: 287-05 Version: 1.115.172.2	
Provider CCN: HB-0995			

ALLOCATION OF HOME OFFICE POOLED COSTS BETWEEN HEALTH CARE FACILITIES AND OTHER CHAIN COMPONENTS

Schedule G

PART I - ALLOCATION BETWEEN HEALTH CARE FACILITIES AND OTHER COMPONENTS

		NEW CAP. REL. COSTS--BLDG & FIXTURES	INT. EXP. - NEW CAP. BLDG & FIXTURES	NEW CAP. REL. COSTS--MOVA BLE EQUIP.	INT. EXP. - NEW CAP. MOVABLE EQUIP.	Non-Capital	INTEREST EXPENSE		
		4	4.01	5	5.01	6	7		
1.00	Health Care Facilities	68,082	0	0	0	3,795,393	0		1.00
2.00	Other Components	21,888	0	0	0	1,220,178	0		2.00
3.00	Certain Home Office or Region Costs Requiring Home Office/Region overhead allocation	0	0	0	0	0	0		3.00
4.00	Total	89,970	0	0	0	5,015,571	0		4.00

PART II - ALLOCATION TO INDIVIDUAL CHAIN COMPONENTS

		NEW CAP. REL. COSTS--BLDG & FIXTURES	INT. EXP. - NEW CAP. BLDG & FIXTURES	NEW CAP. REL. COSTS--MOVA BLE EQUIP.	INT. EXP. - NEW CAP. MOVABLE EQUIP.	Non-Capital	INTEREST EXPENSE		
		4	4.01	5	5.01	6	7		
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	68,082	0	0	0	3,795,393	0		1.00
2.00		0	0	0	0	0	0		2.00
3.00		0	0	0	0	0	0		3.00
4.00		0	0	0	0	0	0		4.00
5.00		0	0	0	0	0	0		5.00
6.00		0	0	0	0	0	0		6.00
7.00		0	0	0	0	0	0		7.00
8.00		0	0	0	0	0	0		8.00
9.00		0	0	0	0	0	0		9.00
10.00		0	0	0	0	0	0		10.00
11.00		0	0	0	0	0	0		11.00
12.00		0	0	0	0	0	0		12.00
13.00		0	0	0	0	0	0		13.00
14.00		0	0	0	0	0	0		14.00
15.00		0	0	0	0	0	0		15.00
16.00		0	0	0	0	0	0		16.00
17.00		0	0	0	0	0	0		17.00
18.00	Total (sum of lines 1-17)	68,082	0	0	0	3,795,393	0		18.00

OTHER COMPONENTS


19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	21,888	0	0	0	1,220,178	0		19.00
20.00		0	0	0	0	0	0		20.00
21.00		0	0	0	0	0	0		21.00
22.00		0	0	0	0	0	0		22.00
23.00		0	0	0	0	0	0		23.00
24.00		0	0	0	0	0	0		24.00
25.00		0	0	0	0	0	0		25.00
26.00		0	0	0	0	0	0		26.00
27.00		0	0	0	0	0	0		27.00
28.00	Total (sum of lines 19-27)	21,888	0	0	0	1,220,178	0		28.00

REGIONAL OFFICES

29.00		0	0	0	0	0	0		29.00
30.00		0	0	0	0	0	0		30.00
31.00		0	0	0	0	0	0		31.00
32.00		0	0	0	0	0	0		32.00
33.00	Total (sum of lines 29-32)	0	0	0	0	0	0		33.00

GRAND TOTAL

34.00	Grand Total (sum of lines 18, 28 and 33)	89,970	0	0	0	5,015,571	0		34.00
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INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2020 To: 12/31/2020	Run Date Time: 6/4/2021 8:47 am MCRIF32: 287-05 Version: 1.115.172.2	
Provider CCN: HB-0995			

STATISTICS

Schedule G

		[21]	[22]	[23]	[24]	[25]		
	0	1	2	3	4	5		
		TOTAL COST	INPATIENT DAYS	VISITS	OTHER	OTHER		
		Method	Basis #1	Basis #2				
	0	1	2	3				
Method and basis for allocation:		S	21	21				

HEALTH CARE FACILITIES

	Medicare No.	0	1	2	3	4	5	
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	110,745,480	0	0	0	0	1.00
2.00			0	0	0	0	0	2.00
3.00			0	0	0	0	0	3.00
4.00			0	0	0	0	0	4.00
5.00			0	0	0	0	0	5.00
6.00			0	0	0	0	0	6.00
7.00			0	0	0	0	0	7.00
8.00			0	0	0	0	0	8.00
9.00			0	0	0	0	0	9.00
10.00			0	0	0	0	0	10.00
11.00			0	0	0	0	0	11.00
12.00			0	0	0	0	0	12.00
13.00			0	0	0	0	0	13.00
14.00			0	0	0	0	0	14.00
15.00			0	0	0	0	0	15.00
16.00			0	0	0	0	0	16.00
17.00			0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		110,745,480	0	0	0	0	18.00

OTHER COMPONENTS

19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		35,603,468	0	0	0	0	19.00
20.00			0	0	0	0	0	20.00
21.00			0	0	0	0	0	21.00
22.00			0	0	0	0	0	22.00
23.00			0	0	0	0	0	23.00
24.00			0	0	0	0	0	24.00
25.00			0	0	0	0	0	25.00
26.00			0	0	0	0	0	26.00
27.00			0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		35,603,468	0	0	0	0	28.00

REGIONAL OFFICES

29.00			0	0	0	0	0	29.00
30.00			0	0	0	0	0	30.00
31.00			0	0	0	0	0	31.00
32.00			0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0	33.00

GRAND TOTAL

34.00	Grand Total (sum of lines 18, 28 and 33)		146,348,948	0	0	0	0	34.00
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INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 6/4/2021 8:47 am
Provider CCN: HB-0995	From: 01/01/2020	MCRIF32: 287-05
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SUMMARY OF ALLOCATED COSTS - TOTAL

Schedule Other Total

	Medicare No.	Direct Allocation	Functional Allocation	Pooled Allocation	Total Cost Allocation	
	0	1	2	3	4	
HEALTH CARE FACILITIES						
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	796,309	3,672,124	3,863,475	8,331,908
2.00			0	0	0	0
3.00			0	0	0	0
4.00			0	0	0	0
5.00			0	0	0	0
6.00			0	0	0	0
7.00			0	0	0	0
8.00			0	0	0	0
9.00			0	0	0	0
10.00			0	0	0	0
11.00			0	0	0	0
12.00			0	0	0	0
13.00			0	0	0	0
14.00			0	0	0	0
15.00			0	0	0	0
16.00			0	0	0	0
17.00			0	0	0	0
18.00	Total (sum of lines 1-17)		796,309	3,672,124	3,863,475	8,331,908
OTHER COMPONENTS						
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		2,576,077	3,538,014	1,242,066	7,356,157
20.00			0	0	0	0
21.00			0	0	0	0
22.00			0	0	0	0
23.00			0	0	0	0
24.00			0	0	0	0
25.00			0	0	0	0
26.00			0	0	0	0
27.00			0	0	0	0
28.00	Total (sum of lines 19-27)		2,576,077	3,538,014	1,242,066	7,356,157
REGIONAL OFFICES						
29.00			0	0	0	0
30.00			0	0	0	0
31.00			0	0	0	0
32.00			0	0	0	0
33.00	Total (sum of lines 29-32)		0	0	0	0
GRAND TOTAL						
34.00	Grand Total (sum of lines 18, 28 and 33)		3,372,386	7,210,138	5,105,541	15,688,065


INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 6/4/2021 8:47 am
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SUMMARY OF ALLOCATED COSTS - DIRECT

Schedule Other Direct

	Medicare No.	Old Capital	New Capital	Other Capital	Subtotal of Capital Related	Non-Capital Related	Total Direct Allocation	
	0	1	2	3	4	5	6	
HEALTH CARE FACILITIES								
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	0	0	0	796,309	796,309	1.00
2.00			0	0	0	0	0	2.00
3.00			0	0	0	0	0	3.00
4.00			0	0	0	0	0	4.00
5.00			0	0	0	0	0	5.00
6.00			0	0	0	0	0	6.00
7.00			0	0	0	0	0	7.00
8.00			0	0	0	0	0	8.00
9.00			0	0	0	0	0	9.00
10.00			0	0	0	0	0	10.00
11.00			0	0	0	0	0	11.00
12.00			0	0	0	0	0	12.00
13.00			0	0	0	0	0	13.00
14.00			0	0	0	0	0	14.00
15.00			0	0	0	0	0	15.00
16.00			0	0	0	0	0	16.00
17.00			0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		0	0	0	796,309	796,309	18.00
OTHER COMPONENTS								
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		0	0	0	2,576,077	2,576,077	19.00
20.00			0	0	0	0	0	20.00
21.00			0	0	0	0	0	21.00
22.00			0	0	0	0	0	22.00
23.00			0	0	0	0	0	23.00
24.00			0	0	0	0	0	24.00
25.00			0	0	0	0	0	25.00
26.00			0	0	0	0	0	26.00
27.00			0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		0	0	0	2,576,077	2,576,077	28.00
REGIONAL OFFICES								
29.00			0	0	0	0	0	29.00
30.00			0	0	0	0	0	30.00
31.00			0	0	0	0	0	31.00
32.00			0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0	33.00
GRAND TOTAL								
34.00	Grand Total (sum of lines 18, 28 and 33)		0	0	0	3,372,386	3,372,386	34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 6/4/2021 8:47 am	
Provider CCN: HB-0995	From: 01/01/2020	MCRIF32: 287-05	
	To: 12/31/2020	Version: 1.115.172.2	

SUMMARY OF ALLOCATED COSTS - FUNCTIONAL

Schedule Other Functional

		Medicare No.	Old Capital	New Capital	Subtotal of Capital Related	Non-Capital Related	Total Functional Allocation		
		0	1	2	3	4	5		
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	0	0	0	3,672,124	3,672,124		1.00
2.00			0	0	0	0	0		2.00
3.00			0	0	0	0	0		3.00
4.00			0	0	0	0	0		4.00
5.00			0	0	0	0	0		5.00
6.00			0	0	0	0	0		6.00
7.00			0	0	0	0	0		7.00
8.00			0	0	0	0	0		8.00
9.00			0	0	0	0	0		9.00
10.00			0	0	0	0	0		10.00
11.00			0	0	0	0	0		11.00
12.00			0	0	0	0	0		12.00
13.00			0	0	0	0	0		13.00
14.00			0	0	0	0	0		14.00
15.00			0	0	0	0	0		15.00
16.00			0	0	0	0	0		16.00
17.00			0	0	0	0	0		17.00
18.00	Total (sum of lines 1-17)		0	0	0	3,672,124	3,672,124		18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		0	0	0	3,538,014	3,538,014		19.00
20.00			0	0	0	0	0		20.00
21.00			0	0	0	0	0		21.00
22.00			0	0	0	0	0		22.00
23.00			0	0	0	0	0		23.00
24.00			0	0	0	0	0		24.00
25.00			0	0	0	0	0		25.00
26.00			0	0	0	0	0		26.00
27.00			0	0	0	0	0		27.00
28.00	Total (sum of lines 19-27)		0	0	0	3,538,014	3,538,014		28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0		29.00
30.00			0	0	0	0	0		30.00
31.00			0	0	0	0	0		31.00
32.00			0	0	0	0	0		32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0		33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		0	0	0	7,210,138	7,210,138		34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 6/4/2021 8:47 am
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SUMMARY OF ALLOCATED COSTS - POOLED

Schedule Other Pooled

		Medicare No.	Old Capital	New Capital	Subtotal of Capital Related	Non-Capital Related	Total Pooled Allocation		
		0	1	2	3	4	5		
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	0	68,082	68,082	3,795,393	3,863,475		1.00
2.00			0	0	0	0	0		2.00
3.00			0	0	0	0	0		3.00
4.00			0	0	0	0	0		4.00
5.00			0	0	0	0	0		5.00
6.00			0	0	0	0	0		6.00
7.00			0	0	0	0	0		7.00
8.00			0	0	0	0	0		8.00
9.00			0	0	0	0	0		9.00
10.00			0	0	0	0	0		10.00
11.00			0	0	0	0	0		11.00
12.00			0	0	0	0	0		12.00
13.00			0	0	0	0	0		13.00
14.00			0	0	0	0	0		14.00
15.00			0	0	0	0	0		15.00
16.00			0	0	0	0	0		16.00
17.00			0	0	0	0	0		17.00
18.00	Total (sum of lines 1-17)		0	68,082	68,082	3,795,393	3,863,475		18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		0	21,888	21,888	1,220,178	1,242,066		19.00
20.00			0	0	0	0	0		20.00
21.00			0	0	0	0	0		21.00
22.00			0	0	0	0	0		22.00
23.00			0	0	0	0	0		23.00
24.00			0	0	0	0	0		24.00
25.00			0	0	0	0	0		25.00
26.00			0	0	0	0	0		26.00
27.00			0	0	0	0	0		27.00
28.00	Total (sum of lines 19-27)		0	21,888	21,888	1,220,178	1,242,066		28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0		29.00
30.00			0	0	0	0	0		30.00
31.00			0	0	0	0	0		31.00
32.00			0	0	0	0	0		32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0		33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		0	89,970	89,970	5,015,571	5,105,541		34.00