

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/30/2021 9:32 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 11/30/2021 Time: 9:32 am
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ASCENSION ST. VINCENT HOSPITAL (15-0084) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) BETHANY MORROW
 Officer or Administrator of Provider(s)

VP OF FINANCE
 Title

11/30/2021 09:32:34 AM
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,360,377	-295,220	0	0	1.00
2.00 Subprovider - IPF	0	24,572	15		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0	0	0		0	6.00
200.00 Total	0	1,384,949	-295,205	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2001 WEST 86TH STREET	PO Box:	Zip Code: 46260-	1.00
2.00	City: INDIANAPOLIS	State: IN	County: MARI ON	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						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	Hospital	ASCENSION ST. VINCENT HOSPITAL	150084	26900	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	ASCENSION ST. VINCENT STRESS CENTER	15S084	26900	4	07/07/1992	N	P	0	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF									9.00
10.00	Hospital -Based NF									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice									14.00
15.00	Hospital -Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FQHC									16.00
17.00	Hospital -Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2020	06/30/2021		20.00	
21.00	Type of Control (see instructions)					1			21.00	
						1.00	2.00	3.00		

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N		22.03
22.04	Did this hospital receive a geographic reclassification from urban to 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, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				2	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084			Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,198	4,970	100	380	45,544	202	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic classification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. 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 "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.03	
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1	60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.05	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			18.00	18.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA 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	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)		5.58	46.85	0.106428		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.12	16.14	0.161994	
65.01		GERIATRIC MEDICINE	1351	0.31	0.68	0.313131	
65.02		INTERNAL MEDICINE	1400	8.40	39.89	0.173949	
65.03		INTERNAL	2755	0.96	7.02	0.120301	
65.04		MEDICINE/FAMILY PEDIATRICS	2000	0.67	10.67	0.059083	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		6.19	60.48	0.092845		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	1.71	20.88	0.075697	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.01	INTERNAL MEDICINE - GENERAL	1400	1.63	50.21	0.031443		67.01
67.02	INTERNAL MEDICINE/FAMILY MEDICINE -	1505	0.66	2.28	0.224490		67.02
67.03	PEDIATRICS - GENERAL	2000	0.60	14.31	0.040241		67.03
					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? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00
					V	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 yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N		Y	98.05

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 am	
		V		XIX			
		1.00		2.00			
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y		98.06	
Rural Providers							
105.00	Does this hospital qualify as a CAH?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00		Occupational 2.00		Speech 3.00	
						Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00	
						1.00	
						2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
						1.00	
						2.00	
						3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	7,113,387		0		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
DO NOT USE THIS LINE							
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 am	
		1.00	2.00		
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		08/17/2010		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		07/20/2009		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H046	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ASCENSION ST. VINCENT	Contractor's Name: WPS		Contractor's Number: 08001	
142.00	Street: 250 WEST 96TH SREET, STE 215	PO Box:			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46260	
		1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
		1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
		1.00			
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/30/2021 9:32 am
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00	169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 9:32 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/08/2021	Y	10/08/2021		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 9:32 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GREGORY		KRUPINSKI	41.00
42.00	Enter the employer/company name of the cost report preparer.	ASCENSION			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3282		GREGORY.KRUPINSKI@ASCENSION.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/30/2021 9:32 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 3, respectively.	SENIOR DIRECTOR NET REVENUE MGMT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	481	175,576	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		481	175,576	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	107	39,055	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	32.01	32	11,680	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	33.01	15	5,475	0.00	0	10.01
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 NEONATAL INTENSIVE CARE UNIT	34.01	97	35,405	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		732	267,191	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	57	20,805		0	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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		789				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		18	6,570			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	31,480	5,471	104,907			1.00
2.00 HMO and other (see instructions)	29,558	49,534				2.00
3.00 HMO IPF Subprovider	1,048	4,148				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	31,480	5,471	104,907			7.00
8.00 INTENSIVE CARE UNIT	9,009	1,527	29,516			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	2,228	0	8,284			9.01
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	10	202	2,278			10.01
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	1,489	27,230			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,969	4,810			13.00
14.00 Total (see instructions)	42,727	10,658	177,025	158.17	3,934.66	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,812	1,064	13,081	0.00	63.97	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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	51.69	23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			50			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				158.17	4,050.32	27.00
28.00 Observation Bed Days		962	15,699			28.00
29.00 Ambulance Trips	521					29.00
30.00 Employee discount days (see instruction)			1,980			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	202	1,302			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			1,406			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	7,395	1,359	28,848	1.00
2.00 HMO and other (see instructions)				4,286	5,630		2.00
3.00 HMO IPF Subprovider					754		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL							9.01
10.00 BURN INTENSIVE CARE UNIT							10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT							10.01
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 NEONATAL INTENSIVE CARE UNIT							11.01
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		7,395	1,359	28,848	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		192	202	2,271	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							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 9:32 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	356,266,064	-364,059	355,902,005	8,424,669.00	42.25
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		737,553	0	737,553	10,482.00	70.36
4.01	Physicians - Part A - Teaching		6,624,120	0	6,624,120	54,733.00	121.03
5.00	Physician and Non-Physician-Part B		40,252,681	0	40,252,681	362,995.00	110.89
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	10,589,956	10,589,956	357,991.00	29.58
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		3,610,260	0	3,610,260	21,144.00	170.75
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		60,412,955	-2,667,863	57,745,092	1,112,837.00	51.89
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		8,002,577	0	8,002,577	68,758.00	116.39
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		2,261,643	0	2,261,643	6,984.00	323.83
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		70,772,626	0	70,772,626	1,395,091.00	50.73
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		64,009,672	0	64,009,672		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		12,725,866	0	12,725,866		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		140,701	0	140,701		
22.01	Physician Part A - Teaching		1,032,996	0	1,032,996		
23.00	Physician Part B		6,455,109	0	6,455,109		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,234,640	0	3,234,640		
25.50	Home office wage-related (core)		24,589,376	0	24,589,376		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2021 9:32 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	3,122,120	0	3,122,120	9,779.00	319.27	26.00
27.00	Administrative & General	12,154,132	-4,096,848	8,057,284	202,823.00	39.73	27.00
28.00	Administrative & General under contract (see inst.)	6,575,181	0	6,575,181	63,976.00	102.78	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,144	182	2,326	115.00	20.23	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	9,642,232	0	9,642,232	379,069.00	25.44	33.00
34.00	Dietary	24	0	24	2.00	12.00	34.00
35.00	Dietary under contract (see instructions)	3,607,733	0	3,607,733	123,543.00	29.20	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	8,762,594	55,229	8,817,823	246,360.00	35.79	38.00
39.00	Central Services and Supply	3,622,307	2,757	3,625,064	154,475.00	23.47	39.00
40.00	Pharmacy	11,784,182	-377,377	11,406,805	244,774.00	46.60	40.00
41.00	Medical Records & Medical Records Library	79,091	0	79,091	4,157.00	19.03	41.00
42.00	Social Service	4,192,878	0	4,192,878	112,463.00	37.28	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2021 9:32 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	325,604,149	-10,954,015	314,650,134	8,194,394.00	38.40	1.00
2.00	Excluded area salaries (see instructions)	60,412,955	-2,667,863	57,745,092	1,112,837.00	51.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	265,191,194	-8,286,152	256,905,042	7,081,557.00	36.28	3.00
4.00	Subtotal other wages & related costs (see inst.)	81,036,846	0	81,036,846	1,470,833.00	55.10	4.00
5.00	Subtotal wage-related costs (see inst.)	88,739,749	0	88,739,749	0.00	34.54	5.00
6.00	Total (sum of lines 3 thru 5)	434,967,789	-8,286,152	426,681,637	8,552,390.00	49.89	6.00
7.00	Total overhead cost (see instructions)	63,544,618	-4,416,057	59,128,561	1,541,536.00	38.36	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2021 9:32 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	14,122,436	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	2,342,839	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	31,213,189	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	10,492,323	9.00
10.00	Dental, Hearing and Vision Plan	1,036,896	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	298,175	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	2,526,004	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,187,377	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	23,752,525	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	364,443	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	49,278	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	213,499	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	87,598,984	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part V Date/Time Prepared: 11/30/2021 9:32 am
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		8,002,577	87,598,984
2.00	Hospital		8,002,577	64,009,672
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC		0	0
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	23,589,312

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet S-10 Date/Time Prepared: 11/30/2021 9:32 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.193069	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		176,049,370	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		1,021,510,241	6.00	
7.00	Medicaid cost (line 1 times line 6)		197,221,961	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		21,172,591	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		21,172,591	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	69,817,485	4,126,405	73,943,890	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,479,592	4,126,405	17,605,997	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,479,592	4,126,405	17,605,997	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			50,417,806	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			776,353	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,194,390	27.01
28.00	Non-Medicare bad debt expense (see instructions)			49,223,416	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			9,921,553	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			27,527,550	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			48,700,141	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet A	
Date/Time Prepared: 11/30/2021 9:32 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		24,537,607	24,537,607	230,020	24,767,627	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS		234,478	234,478	0	234,478	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		23,073,995	23,073,995	0	23,073,995	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,122,120	57,822,974	60,945,094	589,502	61,534,596	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,154,132	304,330,580	316,484,712	-12,540,125	303,944,587	5.00
7.00	00700	OPERATION OF PLANT	2,144	26,808,947	26,811,091	176,479	26,987,570	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,655,711	2,655,711	3,576	2,659,287	8.00
9.00	00900	HOUSEKEEPING	0	11,187,697	11,187,697	165,250	11,352,947	9.00
10.00	01000	DIETARY	24	13,482,176	13,482,200	-8,513,079	4,969,121	10.00
11.00	01100	CAFETERIA	0	0	0	8,450,215	8,450,215	11.00
13.00	01300	NURSING ADMINISTRATION	8,762,594	4,807,753	13,570,347	61,938	13,632,285	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,622,307	5,049,365	8,671,672	-1,167,079	7,504,593	14.00
15.00	01500	PHARMACY	11,784,182	66,933,159	78,717,341	-63,371,246	15,346,095	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	79,091	8,295	87,386	0	87,386	16.00
17.00	01700	SOCIAL SERVICE	4,192,878	1,047,285	5,240,163	4,745	5,244,908	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	10,589,956	10,589,956	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22,976,075	6,181,745	29,157,820	-16,306,520	12,851,300	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	433,036	50,052	483,088	241,747	724,835	23.00
23.01	02301	PARAMED ED PRGM - CPE	504,384	28,031	532,415	-169,097	363,318	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	192,165	-26,195	165,970	173,007	338,977	23.02
23.03	02303	PARAMED ED PRGM - EMS	427,840	190,891	618,731	101,406	720,137	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	257,947	34,380	292,327	137,713	430,040	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,816,899	22,017,021	93,833,920	-1,118,255	92,715,665	30.00
31.00	03100	INTENSIVE CARE UNIT	20,125,028	6,647,071	26,772,099	-1,071,741	25,700,358	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	7,134,335	1,941,657	9,075,992	6,097,420	15,173,412	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,532,019	1,330,538	4,862,557	-176,547	4,686,010	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	22,658,798	4,611,859	27,270,657	-1,185,874	26,084,783	34.01
40.00	04000	SUBPROVIDER - I PF	5,461,101	1,198,904	6,660,005	4,126	6,664,131	40.00
43.00	04300	NURSERY	1,238,951	377,820	1,616,771	1,760,494	3,377,265	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,577,773	40,630,600	66,208,373	-27,496,877	38,711,496	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,346,300	1,090,363	5,436,663	-546,841	4,889,822	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,728,081	5,997,969	12,726,050	-766,532	11,959,518	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	2,901,186	1,043,699	3,944,885	110,347	4,055,232	54.01
54.02	05403	ULTRASOUND	1,125,196	277,087	1,402,283	-321,459	1,080,824	54.02
54.03	05404	ECHOCARDIOLOGY	907,210	622,496	1,529,706	209,267	1,738,973	54.03
54.04	05401	ONCOLOGY	3,901,409	5,141,568	9,042,977	-599,794	8,443,183	54.04
57.00	05700	CT SCAN	1,642,535	905,468	2,548,003	-644,993	1,903,010	57.00
58.00	05800	MRI	946,767	515,066	1,461,833	-113,677	1,348,156	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,107,988	17,042,223	22,150,211	-14,766,329	7,383,882	59.00
59.01	05901	CARDIAC REHAB	517,326	195,693	713,019	112,798	825,817	59.01
60.00	06000	LABORATORY	106	28,948,475	28,948,581	-15,607	28,932,974	60.00
65.00	06500	RESPIRATORY THERAPY	6,147,973	4,968,001	11,115,974	-1,541,995	9,573,979	65.00
66.00	06600	PHYSICAL THERAPY	8,417,826	2,632,042	11,049,868	-159,949	10,889,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,285,734	127,478	1,413,212	-30,096	1,383,116	67.00
68.00	06800	SPEECH PATHOLOGY	822,878	407,647	1,230,525	-185,943	1,044,582	68.00
69.00	06900	ELECTROCARDIOLOGY	1,072,794	1,001,131	2,073,925	-74,471	1,999,454	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,626,273	12,209,853	13,836,126	309	13,836,435	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	62,163,477	62,163,477	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,429,864	60,429,864	0	60,429,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	63,969,986	63,969,986	73.00
74.00	07400	RENAL DIALYSIS	0	4,981,798	4,981,798	0	4,981,798	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	2,282,638	3,188,044	5,470,682	-2,244,247	3,226,435	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	31,520	1,918,371	1,949,891	5,826,918	7,776,809	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,477,136	-52,879	2,424,257	5,183	2,429,440	90.01
90.02	09002	COVID-19 VACCINE CLINIC	1,220,688	231,459	1,452,147	-67,632	1,384,515	90.02
91.00	09100	EMERGENCY	20,109,361	25,535,945	45,645,306	-1,796,101	43,849,205	91.00
91.01	09101	WOUND CARE 002	541,076	891,011	1,432,087	-260,997	1,171,090	91.01
91.02	09102	WOUND CARE 001	502,287	111,287	613,574	-63,285	550,289	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	241,529	240,577	482,106	0	482,106	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	432,682	227,377	660,059	-282	659,777	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	370,848	493,558	864,406	0	864,406	91.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
91.08	04040 FAMILY PRACTICE	1,366,412	2,095,461	3,461,873	-58,595	3,403,278	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	34,434	34,434	-34,434	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	273,899	21,551	295,450	2,921	298,371	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	3,108,924	4,855,435	7,964,359	-1,873,087	6,091,272	105.00
106.00	10600 HEART ACQUISITION	3,304,885	3,612,739	6,917,624	-1,951,630	4,965,994	106.00
112.00	08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	3,893,848	8,830,419	12,724,267	0	12,724,267	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	313,711,138	827,967,106	1,141,678,244	-45,616	1,141,632,628	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	787,380	787,380	0	787,380	190.00
191.00	19100 RESEARCH	395,601	525,207	920,808	776	921,584	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	36,798,056	20,151,361	56,949,417	30,500	56,979,917	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304 MARKETING	0	50	50	0	50	193.01
193.02	19305 MISSION SERVICES	345,910	467,163	813,073	0	813,073	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	333,342	84,534	417,876	1,157	419,033	193.04
193.05	19301 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303 JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310 BILLING	0	18,870,953	18,870,953	0	18,870,953	193.07
193.08	19308 OCCUPATIONAL HEALTH	367	234	601	0	601	193.08
193.09	19312 LI FELINE	0	0	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302 VACANT SPACE	0	0	0	0	0	193.14
193.16	19316 SETON BOARD	0	0	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	4,136,460	2,973,341	7,109,801	13,183	7,122,984	193.19
194.00	07950 RETAIL PHARMACY	545,190	9,528,184	10,073,374	0	10,073,374	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	356,266,064	881,355,513	1,237,621,577	0	1,237,621,577	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-6,128,557	18,639,070	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	0	234,478	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	23,073,995	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	331,077	61,865,673	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-116,974,748	186,969,839	5.00
7.00	00700	OPERATION OF PLANT	-391,768	26,595,802	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,659,287	8.00
9.00	00900	HOUSEKEEPING	0	11,352,947	9.00
10.00	01000	DIETARY	-108,216	4,860,905	10.00
11.00	01100	CAFETERIA	-1,450,545	6,999,670	11.00
13.00	01300	NURSING ADMINISTRATION	-219,617	13,412,668	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-445	7,504,148	14.00
15.00	01500	PHARMACY	-51,910	15,294,185	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,072	85,314	16.00
17.00	01700	SOCIAL SERVICE	-225,495	5,019,413	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	10,589,956	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-4,877,181	7,974,119	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	724,835	23.00
23.01	02301	PARAMED ED PRGM - CPE	-6,725	356,593	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	-48,505	290,472	23.02
23.03	02303	PARAMED ED PRGM - EMS	-56,678	663,459	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	-60,959	369,081	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-25,504,536	67,211,129	30.00
31.00	03100	INTENSIVE CARE UNIT	-21,500	25,678,858	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	-1,299,142	13,874,270	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-2,052,362	2,633,648	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-9,851,018	16,233,765	34.01
40.00	04000	SUBPROVIDER - I PF	-1,960,555	4,703,576	40.00
43.00	04300	NURSERY	-1,238,951	2,138,314	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,588,032	32,123,464	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-26,941	4,862,881	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-737,642	11,221,876	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	-582	4,054,650	54.01
54.02	05403	ULTRASOUND	0	1,080,824	54.02
54.03	05404	ECHOCARDIOLOGY	0	1,738,973	54.03
54.04	05401	ONCOLOGY	-45,810	8,397,373	54.04
57.00	05700	CT SCAN	0	1,903,010	57.00
58.00	05800	MRI	0	1,348,156	58.00
59.00	05900	CARDIAC CATHETERIZATION	-19,000	7,364,882	59.00
59.01	05901	CARDIAC REHAB	0	825,817	59.01
60.00	06000	LABORATORY	0	28,932,974	60.00
65.00	06500	RESPIRATORY THERAPY	0	9,573,979	65.00
66.00	06600	PHYSICAL THERAPY	-220,860	10,669,059	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,383,116	67.00
68.00	06800	SPEECH PATHOLOGY	-1,199	1,043,383	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,999,454	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-11,185,904	2,650,531	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	62,163,477	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,429,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	863	63,970,849	73.00
74.00	07400	RENAL DIALYSIS	0	4,981,798	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03330	ENDOSCOPY	0	3,226,435	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-125,939	7,650,870	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	2,429,440	90.01
90.02	09002	COVID-19 VACCINE CLINIC	-95,918	1,288,597	90.02
91.00	09100	EMERGENCY	-17,431,158	26,418,047	91.00
91.01	09101	WOUND CARE 002	-1,000	1,170,090	91.01
91.02	09102	WOUND CARE 001	0	550,289	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	482,106	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	-183	659,594	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	864,406	91.07
91.08	04040	FAMILY PRACTICE	-1,242,051	2,161,227	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	298,371	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	355,247	6,446,519	105.00
106.00	10600	HEART ACQUISITION	-2,520	4,963,474	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	-1,895	12,722,372	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-209,570,932	932,061,696	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	787,380	190.00
191.00	19100	RESEARCH	0	921,584	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	56,979,917	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	0	50	193.01
193.02	19305	MISSION SERVICES	0	813,073	193.02
193.03	19306	FOUNDATION	0	0	193.03
193.04	19307	WELLNESS	0	419,033	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	193.05
193.06	19303	JOINT VENTURE/JOINT VENTURE	0	0	193.06
193.07	19310	BILLING	0	18,870,953	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	601	193.08
193.09	19312	LIFELINE	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	193.10
193.14	19302	VACANT SPACE	0	0	193.14
193.16	19316	SETON BOARD	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	7,122,984	193.19
194.00	07950	RETAIL PHARMACY	0	10,073,374	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-209,570,932	1,028,050,645	200.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6
Date/Time Prepared:
11/30/2021 9:32 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - Pharmacy						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	62,869,285	1.00	
	TOTALS		0	62,869,285		
B - Drugs Directly Assigned						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,100,701	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
	TOTALS		0	1,100,701		
C - Med Ed Director						
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	59,589	0	1.00	
			59,589	0		
D - Nursery						
1.00	NURSERY	43.00	1,497,193	263,301	1.00	
			1,497,193	263,301		
E - Building Rent						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	230,020	1.00	
				230,020		
F - Rental Beds						
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	1,225,457	1.00	
				1,225,457		
G - Sonography						
1.00	PARAMED ED PRGM- SONOGRAPHY	23.04	137,713	0	1.00	
			137,713	0		
H - Resident Salaries						
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	10,589,956	0	1.00	
			10,589,956	0		
I - Radiology Paramed						
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	173,007	0	1.00	
			173,007	0		
J - Pharmacy Paramed						
1.00	PARAMED ED PRGM- PHARMACY	23.00	455,270	0	1.00	
			455,270	0		
K - Pharmacy Year 2						
1.00	PHARMACY	15.00	191,400	22,123	1.00	
			191,400	22,123		
L - CPE Paramed						
1.00	PARAMED ED PRGM - CPE	23.01	3,212	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	158,348	14,128	2.00	
			161,560	14,128		
M - Organ Acquisition						
1.00	KIDNEY ACQUISITION	105.00	76,646	0	1.00	
2.00	KIDNEY ACQUISITION	105.00	0	53,539	2.00	
3.00	KIDNEY ACQUISITION	105.00	0	88,121	3.00	
4.00	KIDNEY ACQUISITION	105.00	145,240	0	4.00	

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6
Date/Time Prepared:
11/30/2021 9:32 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	545,234	201,286	5.00
6.00	HEART ACQUISITION	106.00	37,287	0	6.00
7.00	HEART ACQUISITION	106.00	0	53,539	7.00
8.00	HEART ACQUISITION	106.00	0	118,385	8.00
9.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	1,942,402	1,156,355	9.00
10.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	1,224,879	266,242	10.00
	TOTALS		3,971,688	1,937,467	
N - Dietary					
1.00	CAFETERIA	11.00	0	8,450,215	1.00
			0	8,450,215	
O - Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	60,938,020	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	60,938,020	
P - EMS Precepting					
1.00	PARAMED ED PRGM - EMS	23.03	101,406	0	1.00
2.00					2.00
3.00					3.00
4.00			101,406	0	4.00
Q - Cardiac Admin					
1.00	ADULTS & PEDIATRICS	30.00	349,743	627,316	1.00
2.00	INTENSIVE CARE UNIT	31.00	408,805	733,253	2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	514,218	922,328	3.00
4.00	OPERATING ROOM	50.00	456,488	818,780	4.00
5.00	AMBULATORY CARDIOVASCULAR SVC	54.01	143,710	257,765	5.00
6.00	ECHOCARDIOLOGY	54.03	75,389	135,221	6.00
7.00	CARDIAC CATHETERIZATION	59.00	1,199,475	2,151,439	7.00
8.00	CARDIAC REHAB	59.01	40,415	72,491	8.00
9.00	ELECTROCARDIOLOGY	69.00	117,554	210,851	9.00
10.00	HEART ACQUISITION	106.00	392,104	703,297	10.00
			3,697,901	6,632,741	
R - Clinic					
1.00	CLINIC	90.00	2,833,039	2,809,054	1.00
2.00	CLINIC	90.00		184,825	2.00
			2,833,039	2,993,879	
S - Pandemic Salaries					
1.00	OPERATION OF PLANT	7.00	182	0	1.00
2.00	NURSING ADMINISTRATION	13.00	60,913	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	2,994	0	3.00
4.00	PHARMACY	15.00	1,574	0	4.00
5.00	SOCIAL SERVICE	17.00	2,401	0	5.00
6.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	49,924	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	159,361	0	7.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	INTENSIVE CARE UNIT	31.00	86,244	0	8.00
9.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	38,074	0	9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	7,664	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	34.01	1,891	0	11.00
12.00	SUBPROVIDER - IPF	40.00	4,126	0	12.00
13.00	OPERATING ROOM	50.00	19,871	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	4,410	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	8,538	0	15.00
16.00	AMBULATORY CARDIOVASCULAR SVC	54.01	8,466	0	16.00
17.00	ECHOCARDIOLOGY	54.03	322	0	17.00
18.00	ONCOLOGY	54.04	2,641	0	18.00
19.00	CT SCAN	57.00	642	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	2,854	0	20.00
21.00	CARDIAC REHAB	59.01	160	0	21.00
22.00	RESPIRATORY THERAPY	65.00	2,074	0	22.00
23.00	PHYSICAL THERAPY	66.00	8,137	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	779	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	1,892	0	25.00
26.00	ENDOSCOPY	75.01	420	0	26.00
27.00	PARTIAL HOSPITALIZATION	90.01	3,549	0	27.00
28.00	EMERGENCY	91.00	32,040	0	28.00
29.00	FAMILY PRACTICE	91.08	245	0	29.00
30.00	DIABETES EDUCATION	98.02	2,921	0	30.00
31.00	HEART ACQUISITION	106.00	241	0	31.00
32.00	RESEARCH	191.00	776	0	32.00
33.00	PHYSICIANS PRIVATE OFFICES	192.00	22,051	0	33.00
34.00	WELLNESS	193.04	565	0	34.00
35.00	SPORTS PERFORMANCE	193.19	13,183	0	35.00
	TOTALS		552,125	0	
T - Pandemic Other Costs					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		819,522	1.00
2.00	OPERATION OF PLANT	7.00		176,297	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00		3,576	3.00
4.00	HOUSEKEEPING	9.00		165,250	4.00
5.00	DIETARY	10.00		44,214	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00		411,803	6.00
			0	1,620,662	
U - Furlough Sick Time					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,958	1.00
2.00	NURSING ADMINISTRATION	13.00	0	5,684	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	237	3.00
4.00	PHARMACY	15.00	0	1,148	4.00
5.00	SOCIAL SERVICE	17.00	0	2,401	5.00
6.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	49,924	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	64,035	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	50,676	8.00
9.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	38,074	9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	1,125	10.00
11.00	OPERATING ROOM	50.00	0	14,440	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,148	12.00
13.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	1,308	13.00
14.00	ONCOLOGY	54.04	0	2,641	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,854	15.00
16.00	PHYSICAL THERAPY	66.00	0	1,210	16.00
17.00	ENDOSCOPY	75.01	0	420	17.00
18.00	EMERGENCY	91.00	0	29,036	18.00
19.00	DIABETES EDUCATION	98.02	0	2,921	19.00
20.00	HEART ACQUISITION	106.00	0	241	20.00
21.00	RESEARCH	191.00	0	776	21.00
22.00	PHYSICIANS PRIVATE OFFICES	192.00	0	20,258	22.00
23.00	SPORTS PERFORMANCE	193.19	0	1,912	23.00
	TOTALS		0	296,427	
V - COVID-19 Adverse Reaction					
1.00	ADMINISTRATIVE & GENERAL	5.00		546	1.00
2.00	NURSING ADMINISTRATION	13.00		1,025	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		617	3.00
4.00	PHARMACY	15.00		2,300	4.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	SOCIAL SERVICE	17.00		2,344	5.00
6.00	I&R SERVICES-OTHER PRGM COSTS A	22.00		916	6.00
7.00	PARAMED ED PRGM - CPE	23.01		167	7.00
8.00	ADULTS & PEDIATRICS	30.00		18,118	8.00
9.00	INTENSIVE CARE UNIT	31.00		372	9.00
10.00	PEDIATRIC INTENSIVE CARE UNIT	33.01		5,825	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	34.01		767	11.00
12.00	OPERATING ROOM	50.00		7,112	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00		1,937	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00		474	14.00
15.00	ONCOLOGY	54.04		751	15.00
16.00	CARDIAC CATHETERIZATION	59.00		3,249	16.00
17.00	RESPIRATORY THERAPY	65.00		5,159	17.00
18.00	PHYSICAL THERAPY	66.00		1,177	18.00
19.00	ELECTROCARDIOLOGY	69.00		239	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00		309	20.00
21.00	ENDOSCOPY	75.01		53	21.00
22.00	PARTIAL HOSPITALIZATION	90.01		1,634	22.00
23.00	EMERGENCY	91.00		1,176	23.00
24.00	FAMILY PRACTICE	91.08		1,316	24.00
25.00	KIDNEY ACQUISITION	105.00		1,008	25.00
26.00	PHYSICIANS PRIVATE OFFICES	192.00		8,449	26.00
27.00	WELLNESS	193.04		592	27.00
			0	67,632	
500.00	Grand Total: Increases		24,421,847	148,662,058	500.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - Pharmacy							
1.00	PHARMACY	15.00	0	62,869,285	0		1.00
TOTALS			0	62,869,285			
B - Drugs Directly Assigned							
1.00	I & R SERVICES-OTHER PRGM COSTS A	22.00	0	75	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	11,798	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	99	0		3.00
4.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	144	0		4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	1,340	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	142	0		6.00
7.00	OPERATING ROOM	50.00	0	259,467	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,025	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	71,793	0		9.00
10.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	174,047	0		10.00
11.00	ULTRASOUND	54.02	0	1,263	0		11.00
12.00	ONCOLOGY	54.04	0	9,359	0		12.00
13.00	CT SCAN	57.00	0	127	0		13.00
14.00	MRI	58.00	0	2,277	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,658	0		15.00
16.00	CARDIAC REHAB	59.01	0	268	0		16.00
17.00	LABORATORY	60.00	0	15,607	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	4,649	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	685	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	71	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	405,007	0		21.00
22.00	ENDOSCOPY	75.01	0	5	0		22.00
23.00	EMERGENCY	91.00	0	48,807	0		23.00
24.00	WOUND CARE 002	91.01	0	24,219	0		24.00
25.00	OP ANTI COAGULATION CLINIC	91.06	0	282	0		25.00
26.00	FAMILY PRACTICE	91.08	0	567	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	34,434	0		27.00
28.00	HEART ACQUISITION	106.00	0	12,486	0		28.00
29.00	AMBULANCE SERVICES				0		29.00
30.00	HEART ACQUISITION				0		30.00
TOTALS			0	1,100,701			
C - Med Ed Director							
1.00	FAMILY PRACTICE	91.08	59,589				1.00
			59,589	0			
D - Nursery							
1.00	ADULTS & PEDIATRICS	30.00	1,497,193	263,301			1.00
			1,497,193	263,301			
E - Building Rent							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		230,020	10		1.00
				230,020			
F - Rental Beds							
1.00	CENTRAL SERVICES & SUPPLY	14.00		1,225,457			1.00
				1,225,457			
G - Sonography							
1.00	ULTRASOUND	54.02	137,713				1.00
			137,713	0			
H - Resident Salaries							
1.00	I & R SERVICES-OTHER PRGM COSTS A	22.00	10,589,956				1.00
			10,589,956	0			
I - Radiology Paramed							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	173,007				1.00
			173,007	0			
J - Pharmacy Paramed							
1.00	PHARMACY	15.00	455,270				1.00
			455,270	0			
K - Pharmacy Year 2							
1.00	PARAMED ED PRGM- PHARMACY	23.00	191,400	22,123			1.00
			191,400	22,123			
L - CPE Paramed							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,212				1.00
2.00	PARAMED ED PRGM - CPE	23.01	158,348	14,128			2.00
			161,560	14,128			

RECLASSIFICATIONS

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Period:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
M - Organ Acquisition							
1.00	PHARMACY	15.00	76,646	0	0		1.00
2.00	DIETARY	10.00	0	53,539	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	88,121	0		3.00
4.00	HEART ACQUISITION	106.00	145,240	0	0		4.00
5.00	KIDNEY ACQUISITION	105.00	545,234	201,286	0		5.00
6.00	PHARMACY	15.00	37,287	0	0		6.00
7.00	DIETARY	10.00	0	53,539	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	118,385	0		8.00
9.00	HEART ACQUISITION	106.00	1,942,402	1,156,355	0		9.00
10.00	KIDNEY ACQUISITION	105.00	1,224,879	266,242	0		10.00
	TOTALS		3,971,688	1,937,467			
N - Dietary							
1.00	DIETARY	10.00	0	8,450,215	0		1.00
				8,450,215			
O - Medical Supplies							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	357,036	0		1.00
2.00	PHARMACY	15.00	0	150,155	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	500,501	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,296,025	0		4.00
5.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	713,454	0		5.00
6.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	188,696	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,188,390	0		7.00
8.00	OPERATING ROOM	50.00	0	28,529,251	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	533,163	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	530,744	0		10.00
11.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	125,547	0		11.00
12.00	ULTRASOUND	54.02	0	182,483	0		12.00
13.00	ONCOLOGY	54.04	0	593,827	0		13.00
14.00	ECHOCARDIOLOGY	54.03	0	1,665	0		14.00
15.00	CT SCAN	57.00	0	645,508	0		15.00
16.00	MRI	58.00	0	111,400	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	18,120,991	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	1,544,579	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	168,578	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	30,875	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	185,872	0		21.00
22.00	ENDOSCOPY	75.01	0	2,244,715	0		22.00
23.00	EMERGENCY	91.00	0	1,694,502	0		23.00
24.00	WOUND CARE 002	91.01	0	236,778	0		24.00
25.00	WOUND CARE 001	91.02	0	63,285	0		25.00
	TOTALS		0	60,938,020			
P - EMS Precepting							
1.00	INTENSIVE CARE UNIT	31.00	4,291	0	0		1.00
2.00	OPERATING ROOM	50.00	10,410	0	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	697	0	0		3.00
4.00	EMERGENCY	91.00	86,008	0	0		4.00
			101,406		0		
Q - Cardiac Admin							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,697,901	6,632,741	0		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
			3,697,901	6,632,741			
R - Clinic							
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	2,833,039	2,809,054	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	184,825	0		2.00
			2,833,039	2,993,879			
S - Pandemic Salaries							
1.00	ADMINISTRATIVE & GENERAL	5.00	552,125	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2020
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
5.00		0.00	0	0	0	0	5.00	
6.00		0.00	0	0	0	0	6.00	
7.00		0.00	0	0	0	0	7.00	
8.00		0.00	0	0	0	0	8.00	
9.00		0.00	0	0	0	0	9.00	
10.00		0.00	0	0	0	0	10.00	
11.00		0.00	0	0	0	0	11.00	
12.00		0.00	0	0	0	0	12.00	
13.00		0.00	0	0	0	0	13.00	
14.00		0.00	0	0	0	0	14.00	
15.00		0.00	0	0	0	0	15.00	
16.00		0.00	0	0	0	0	16.00	
17.00		0.00	0	0	0	0	17.00	
18.00		0.00	0	0	0	0	18.00	
19.00		0.00	0	0	0	0	19.00	
20.00		0.00	0	0	0	0	20.00	
21.00		0.00	0	0	0	0	21.00	
22.00		0.00	0	0	0	0	22.00	
23.00		0.00	0	0	0	0	23.00	
24.00		0.00	0	0	0	0	24.00	
25.00		0.00	0	0	0	0	25.00	
26.00		0.00	0	0	0	0	26.00	
27.00		0.00	0	0	0	0	27.00	
28.00		0.00	0	0	0	0	28.00	
29.00		0.00	0	0	0	0	29.00	
30.00		0.00	0	0	0	0	30.00	
31.00		0.00	0	0	0	0	31.00	
32.00		0.00	0	0	0	0	32.00	
33.00		0.00	0	0	0	0	33.00	
34.00		0.00	0	0	0	0	34.00	
35.00		0.00	0	0	0	0	35.00	
TOTALS			552,125	0				
T - Pandemic Other Costs								
1.00	ADMINISTRATIVE & GENERAL	5.00		1,620,662			1.00	
2.00							2.00	
3.00							3.00	
4.00							4.00	
5.00							5.00	
6.00			0	1,620,662			6.00	
U - Furlough Sick Time								
1.00	ADMINISTRATIVE & GENERAL	5.00	1,958	0	0	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	5,684	0	0	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	237	0	0	0	3.00	
4.00	PHARMACY	15.00	1,148	0	0	0	4.00	
5.00	SOCIAL SERVICE	17.00	2,401	0	0	0	5.00	
6.00	I&R SERVICES-OTHER PRGM	22.00	49,924	0	0	0	6.00	
7.00	COSTS A							
7.00	ADULTS & PEDIATRICS	30.00	64,035	0	0	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	50,676	0	0	0	8.00	
9.00	CARDIOTHORACIC VASCULAR	32.01	38,074	0	0	0	9.00	
10.00	TRANSPL							
10.00	PEDIATRIC INTENSIVE CARE	33.01	1,125	0	0	0	10.00	
11.00	UNIT							
11.00	OPERATING ROOM	50.00	14,440	0	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	3,148	0	0	0	12.00	
13.00	AMBULATORY CARDIOVASCULAR	54.01	1,308	0	0	0	13.00	
14.00	SVC							
14.00	ONCOLOGY	54.04	2,641	0	0	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	2,854	0	0	0	15.00	
16.00	PHYSICAL THERAPY	66.00	1,210	0	0	0	16.00	
17.00	ENDOSCOPY	75.01	420	0	0	0	17.00	
18.00	EMERGENCY	91.00	29,036	0	0	0	18.00	
19.00	DIABETES EDUCATION	98.02	2,921	0	0	0	19.00	
20.00	HEART ACQUISITION	106.00	241	0	0	0	20.00	
21.00	RESEARCH	191.00	776	0	0	0	21.00	
22.00	PHYSICIANS PRIVATE OFFICES	192.00	20,258	0	0	0	22.00	
23.00	SPORTS PERFORMANCE	193.19	1,912	0	0	0	23.00	
TOTALS			296,427	0				
V - COVID-19 Adverse Reaction								
1.00	COVID-19 VACCINE CLINIC	90.02	67,632				1.00	
2.00							2.00	
3.00							3.00	
4.00							4.00	

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
11/30/2021 9:32 am

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
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
18.00						18.00
19.00						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
			67,632	0		
500.00	Grand Total: Decreases		24,785,906	148,297,999		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2021 9:32 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	20,747,392	0	0	0	3,546,748	1.00
2.00	Land Improvements	16,934,170	0	0	0	3,373,876	2.00
3.00	Buildings and Fixtures	655,196,466	0	0	0	89,632,564	3.00
4.00	Building Improvements	15,406,312	0	0	0	594,044	4.00
5.00	Fixed Equipment	27,882,092	0	0	0	0	5.00
6.00	Movable Equipment	328,412,848	41,488,232	0	41,488,232	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,064,579,280	41,488,232	0	41,488,232	97,147,232	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,064,579,280	41,488,232	0	41,488,232	97,147,232	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,200,644	0				1.00
2.00	Land Improvements	13,560,294	0				2.00
3.00	Buildings and Fixtures	565,563,902	0				3.00
4.00	Building Improvements	14,812,268	0				4.00
5.00	Fixed Equipment	27,882,092	0				5.00
6.00	Movable Equipment	369,901,080	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,008,920,280	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,008,920,280	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	19,366,022	0	5,171,070	515	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	234,478	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	23,073,995	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	42,674,495	0	5,171,070	515	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	24,537,607				1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	234,478				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	23,073,995				2.00
3.00	Total (sum of lines 1-2)	0	47,846,080				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet A-7 Part III Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	625,943,114	0	625,943,114	0.620409	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	13,076,086	0	13,076,086	0.012960	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	369,901,080	0	369,901,080	0.366631	0	2.00
3.00	Total (sum of lines 1-2)	1,008,920,280	0	1,008,920,280	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	18,408,535	230,020	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	234,478	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,073,995	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	41,717,008	230,020	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	515	0	0	18,639,070	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	0	234,478	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	23,073,995	2.00
3.00	Total (sum of lines 1-2)	0	515	0	0	41,947,543	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/30/2021 9:32 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,106,460	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG-STRESS (chapter 2)			NEW CAP REL COSTS-BLDG-STRESS		1.01		0 1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00	Investment income - other (chapter 2)	B	-422,888	ADMINISTRATIVE & GENERAL		5.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-36,379	OPERATION OF PLANT		7.00		0 7.00
8.00	Television and radio service (chapter 21)	A	-8,013	OPERATION OF PLANT		7.00		0 8.00
9.00	Parking lot (chapter 21)	B	-71,427	OPERATION OF PLANT		7.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-79,695,921					0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00		0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-37,900,392					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests		0			0.00		0 14.00
15.00	Rental of quarters to employee and others		0			0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		0 16.00
17.00	Sale of drugs to other than patients		0			0.00		0 17.00
18.00	Sale of medical records and abstracts		0			0.00		0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		0 19.00
20.00	Vending machines		0			0.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG-STRESS			NEW CAP REL COSTS-BLDG-STRESS		1.01		0 26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant					0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 Mi sc Revenue	B	-957,487		CAP REL COSTS-BLDG & FIXT	1.00	9 33.00
33.01 Mi sc Revenue	B	-195,288		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02 Mi sc Revenue	B	-309,927		ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 Mi sc Revenue	B	-275,949		OPERATION OF PLANT	7.00	0 33.03
33.04 Mi sc Revenue	B	-108,216		DIETARY	10.00	0 33.04
33.05 Mi sc Revenue	B	-1,450,545		CAFETERIA	11.00	0 33.05
33.06 Mi sc Revenue	B	-102,514		NURSING ADMINISTRATION	13.00	0 33.06
33.07 Mi sc Revenue	B	-445		CENTRAL SERVICES & SUPPLY	14.00	0 33.07
33.08 Mi sc Revenue	B	-51,910		PHARMACY	15.00	0 33.08
33.09 Mi sc Revenue	B	-2,072		MEDICAL RECORDS & LIBRARY	16.00	0 33.09
33.11 Mi sc Revenue	B	-132,254		I&R SERVICES-OTHER PRGM COSTS A	22.00	0 33.11
33.12 Mi sc Revenue	B	-6,725		PARAMED ED PRGM - CPE	23.01	0 33.12
33.13 Mi sc Revenue	B	-48,505		PARAMED ED PRGM - RADIOLOGY	23.02	0 33.13
33.14 EMS Training	B	-56,678		PARAMED ED PRGM - EMS	23.03	0 33.14
33.15 Mi sc Revenue	B	-60,934		PARAMED ED PRGM- SONOGRAPHY	23.04	0 33.15
33.16 Mi sc Revenue	B	-20,000		ADULTS & PEDIATRICS	30.00	0 33.16
33.18 Mi sc Revenue	B	-17,221		DELIVERY ROOM & LABOR ROOM	52.00	0 33.18
33.19 Mi sc Revenue	B	-18,572		RADIOLOGY-DIAGNOSTIC	54.00	0 33.19
33.21 Mi sc Revenue	B	-2,901		ONCOLOGY	54.04	0 33.21
33.22 Mi sc Revenue	B	-220,860		PHYSICAL THERAPY	66.00	0 33.22
33.23 Mi sc Revenue	B	-1,199		SPEECH PATHOLOGY	68.00	0 33.23
33.24 Mi sc Revenue	B	863		DRUGS CHARGED TO PATIENTS	73.00	0 33.24
33.25 Mi sc Revenue	B	-95,225		CLINIC	90.00	0 33.25
33.27 Mi sc Revenue	B	-6,000		EMERGENCY	91.00	0 33.27
33.31 Mi sc Revenue	B	-1,895		AMBULATORY SURGICAL CENTER (D. P.)	115.00	0 33.31
33.32 Non-reimbursable items	A	-1,790,103		ADMINISTRATIVE & GENERAL	5.00	0 33.32
33.33 Lobbying dues	A	-14,662		ADMINISTRATIVE & GENERAL	5.00	0 33.33
33.34 Provider tax	A	-50,688,214		ADMINISTRATIVE & GENERAL	5.00	0 33.34
33.35 Physician loss funding	A	-21,419,038		ADMINISTRATIVE & GENERAL	5.00	0 33.35
33.36 Mi d level s	A	-576,637		ADMINISTRATIVE & GENERAL	5.00	0 33.36
33.37 Mi d level s	A	-117,103		NURSING ADMINISTRATION	13.00	0 33.37
33.38 Mi d level s	A	-119,327		SOCIAL SERVICE	17.00	0 33.38
33.39 Mi d level s	A	-507,086		I&R SERVICES-OTHER PRGM COSTS A	22.00	0 33.39
33.40 Mi d level s	A	-1,977,569		ADULTS & PEDIATRICS	30.00	0 33.40
33.41 Mi d level s	A	-21,500		INTENSIVE CARE UNIT	31.00	0 33.41
33.42 Mi d level s	A	-74,263		CARDIOTHORACIC VASCULAR TRANSPL	32.01	0 33.42
33.43 Mi d level s	A	-229,265		PEDIATRIC INTENSIVE CARE UNIT	33.01	0 33.43
33.44 Mi d level s	A	-1,633,803		NEONATAL INTENSIVE CARE UNIT	34.01	0 33.44
33.45 Mi d level s	A	-1,027,865		SUBPROVIDER - IPF	40.00	0 33.45
33.46 Mi d level s	A	-1,200		NURSERY	43.00	0 33.46
33.47 Mi d level s	A	-1,177,857		OPERATING ROOM	50.00	0 33.47
33.48 Mi d level s	A	-9,720		DELIVERY ROOM & LABOR ROOM	52.00	0 33.48
33.49 Mi d level s	A	-582		AMBULATORY CARDIOVASCULAR SVC	54.01	0 33.49
33.50 Mi d level s	A	-18,915		ELECTROENCEPHALOGRAPHY	70.00	0 33.50
33.51 Mi d level s	A	-30,714		CLINIC	90.00	0 33.51
33.52 Mi d level s	A	-87,341		COVID-19 VACCINE CLINIC	90.02	0 33.52
33.53 Mi d level s	A	-1,247,298		EMERGENCY	91.00	0 33.53
33.54 Renal Transplant Credit	A	677,240		KIDNEY ACQUISITION	105.00	0 33.54
33.55 RENAL TRANSPLANT MI DLEVELS	A	-94,171		KIDNEY ACQUISITION	105.00	0 33.55
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-209,570,932				50.00

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0084

Period: From 07/01/2020 To 06/30/2021

Worksheet A-8-1

Date/Time Prepared: 11/30/2021 9:32 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Capital	18,737,714	0
2.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest	358,278	0
3.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Other	170,302,928	227,825,677
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH Chargebacks	882,212	882,212
3.02	5.00	ADMINISTRATIVE & GENERAL	SVH Chargebacks	5,676,974	5,676,974
3.03	15.00	PHARMACY	SVH CHARGEBACKS	-24,000	-24,000
3.04	22.00	I&R SERVICES-OTHER PRGM COST	SVH CHARGEBACKS	-124,000	-124,000
3.05	23.02	PARAMED ED PRGM - RADIOLOGY	SVH CHARGEBACKS	-56,740	-56,740
3.06	30.00	ADULTS & PEDIATRICS	SVH CHARGEBACKS	-466,651	-466,651
3.07	34.01	NEONATAL INTENSIVE CARE UNIT	SVH CHARGEBACKS	-1,215,056	-1,215,056
3.08	40.00	SUBPROVIDER - IPF	SVH CHARGEBACKS	-480,900	-480,900
3.09	50.00	OPERATING ROOM	SVH CHARGEBACKS	40,400	40,400
3.10	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACKS	663,344	663,344
3.11	54.01	AMBULATORY CARDIOVASCULAR SV	SVH CHARGEBACKS	-216,714	-216,714
3.12	54.03	ECHOCARDIOLOGY	SVH CHARGEBACKS	-1,560	-1,560
3.13	54.04	ONCOLOGY	SVH CHARGEBACKS	-594,018	-594,018
3.14	59.00	CARDIAC CATHETERIZATION	SVH CHARGEBACKS	117,000	117,000
3.15	59.01	CARDIAC REHAB	SVH CHARGEBACKS	30,000	30,000
3.16	65.00	RESPIRATORY THERAPY	SVH CHARGEBACKS	-52,072	-52,072
3.17	66.00	PHYSICAL THERAPY	SVH CHARGEBACKS	-187,395	-187,395
3.18	70.00	ELECTROENCEPHALOGRAPHY	SVH CHARGEBACKS	-5,760	-5,760
3.19	75.01	ENDOSCOPY	SVH CHARGEBACKS	1,240,000	1,240,000
3.20	90.01	PARTIAL HOSPITALIZATION	SVH CHARGEBACKS	-467,039	-467,039
3.21	91.00	EMERGENCY	SVH CHARGEBACKS	533	533
3.22	91.06	OP ANTI COAGULATION CLINIC	SVH CHARGEBACKS	-35,500	-35,500
3.23	105.00	KIDNEY ACQUISITION	SVH CHARGEBACKS	4,920	4,920
3.24	106.00	HEART ACQUISITION	SVH CHARGEBACKS	1,158,000	1,158,000
3.25	192.00	PHYSICIANS PRIVATE OFFICES	SVH CHARGEBACKS	206,700	206,700
3.26	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	5,106,460	5,171,070
3.27	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	64,610	0
3.28	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	54,912,603	54,386,238
3.29	0.00			0	0
3.30	0.00			0	0
3.31	0.00			0	0
3.32	0.00			0	0
3.33	0.00			0	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			255,575,271	293,475,663

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B		0.00	Ascension St. Vincent	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	Home Office				100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 9:32 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

(1) Use the following symbols to indicate interrelationship to related organizations:

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 9:32 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	18,737,714	0	1.00
2.00	358,278	0	2.00
3.00	-57,522,749	0	3.00
3.01	0	0	3.01
3.02	0	0	3.02
3.03	0	0	3.03
3.04	0	0	3.04
3.05	0	0	3.05
3.06	0	0	3.06
3.07	0	0	3.07
3.08	0	0	3.08
3.09	0	0	3.09
3.10	0	0	3.10
3.11	0	0	3.11
3.12	0	0	3.12
3.13	0	0	3.13
3.14	0	0	3.14
3.15	0	0	3.15
3.16	0	0	3.16
3.17	0	0	3.17
3.18	0	0	3.18
3.19	0	0	3.19
3.20	0	0	3.20
3.21	0	0	3.21
3.22	0	0	3.22
3.23	0	0	3.23
3.24	0	0	3.24
3.25	0	0	3.25
3.26	-64,610	11	3.26
3.27	64,610	0	3.27
3.28	526,365	0	3.28
3.29	0	0	3.29
3.30	0	0	3.30
3.31	0	0	3.31
3.32	0	0	3.32
3.33	0	0	3.33
4.00	0	0	4.00
5.00	-37,900,392		5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	
Type of Business	
6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	Home Office	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/30/2021 9:32 am

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

(1) Use the following symbols to indicate interrelationship to related organizations:

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	3,391,132	3,391,132	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	106,168	106,168	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	8,948,037	2,323,917	6,624,120	179,000	54,733	3.00
4.00	23.04	PARAMED ED PRGM- SONOGRAPHY	25	25	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	24,544,690	19,209,770	5,334,920	246,400	8,760	5.00
6.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,224,879	1,224,879	0	0	0	6.00
7.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	1,823,097	1,823,097	0	0	0	7.00
8.00	34.01	NEONATAL INTENSIVE CARE UNIT	8,217,215	8,217,215	0	0	0	8.00
9.00	40.00	SUBPROVIDER - IPF	932,690	932,690	0	0	0	9.00
10.00	43.00	NURSERY	1,237,751	1,237,751	0	0	0	10.00
11.00	50.00	OPERATING ROOM	5,410,175	5,410,175	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	719,070	719,070	0	0	0	12.00
13.00	54.04	ONCOLOGY	42,909	42,909	0	0	0	13.00
14.00	59.00	CARDIAC CATHETERIZATION	19,000	19,000	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	11,166,989	11,166,989	0	0	0	15.00
16.00	91.00	EMERGENCY	16,177,860	16,177,860	0	0	0	16.00
17.00	91.01	WOUND CARE 002	1,000	1,000	0	0	0	17.00
18.00	91.08	FAMILY PRACTICE	1,242,051	1,242,051	0	0	0	18.00
19.00	105.00	KIDNEY ACQUISITION	433,353	0	433,353	246,400	1,735	19.00
20.00	106.00	HEART ACQUISITION	2,520	2,520	0	0	0	20.00
21.00	90.02	COVID-19 VACCINE CLINIC	8,577	8,577	0	0	0	21.00
22.00	91.06	OP ANTI COAGULATION CLINIC	183	183	0	0	0	22.00
200.00			85,649,371	73,256,978	12,392,393		65,228	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	4,710,196	235,510	0	0	0	3.00
4.00	23.04	PARAMED ED PRGM- SONOGRAPHY	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	1,037,723	51,886	0	0	0	5.00
6.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	0	0	6.00
7.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	7.00
8.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	43.00	NURSERY	0	0	0	0	0	10.00
11.00	50.00	OPERATING ROOM	0	0	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	54.04	ONCOLOGY	0	0	0	0	0	13.00
14.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	0	0	0	0	0	16.00
17.00	91.01	WOUND CARE 002	0	0	0	0	0	17.00
18.00	91.08	FAMILY PRACTICE	0	0	0	0	0	18.00
19.00	105.00	KIDNEY ACQUISITION	205,531	10,277	0	0	0	19.00
20.00	106.00	HEART ACQUISITION	0	0	0	0	0	20.00
21.00	90.02	COVID-19 VACCINE CLINIC	0	0	0	0	0	21.00
22.00	91.06	OP ANTI COAGULATION CLINIC	0	0	0	0	0	22.00
200.00			5,953,450	297,673	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/30/2021 9:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	3,391,132		1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	106,168		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	4,710,196	1,913,924	4,237,841		3.00
4.00	23.04	PARAMED ED PRGM- SONOGRAPHY	0	0	0	25		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	1,037,723	4,297,197	23,506,967		5.00
6.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	1,224,879		6.00
7.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,823,097		7.00
8.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,217,215		8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	932,690		9.00
10.00	43.00	NURSERY	0	0	0	1,237,751		10.00
11.00	50.00	OPERATING ROOM	0	0	0	5,410,175		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	719,070		12.00
13.00	54.04	ONCOLOGY	0	0	0	42,909		13.00
14.00	59.00	CARDIAC CATHETERIZATION	0	0	0	19,000		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	11,166,989		15.00
16.00	91.00	EMERGENCY	0	0	0	16,177,860		16.00
17.00	91.01	WOUND CARE 002	0	0	0	1,000		17.00
18.00	91.08	FAMILY PRACTICE	0	0	0	1,242,051		18.00
19.00	105.00	KIDNEY ACQUISITION	0	205,531	227,822	227,822		19.00
20.00	106.00	HEART ACQUISITION	0	0	0	2,520		20.00
21.00	90.02	COVID-19 VACCINE CLINIC	0	0	0	8,577		21.00
22.00	91.06	OP ANTI COAGULATION CLINIC	0	0	0	183		22.00
200.00			0	5,953,450	6,438,943	79,695,921		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	18,639,070	18,639,070				1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS	234,478	0	234,478			1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP	23,073,995			23,073,995		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	61,865,673	155,065	2,073	12,467	62,035,278	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	186,969,839	667,148	17,032	1,710,259	1,416,849	5.00
7.00 00700 OPERATION OF PLANT	26,595,802	3,131,782	13,097	340,034	409	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	2,659,287	5,098	0	0	0	8.00
9.00 00900 HOUSEKEEPING	11,352,947	193,581	2,377	2,097	0	9.00
10.00 01000 DIETARY	4,860,905	440,025	4,547	79,129	4	10.00
11.00 01100 CAFETERIA	6,999,670	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	13,412,668	765,979	1,988	1,009,251	1,550,588	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,504,148	555,488	6,879	1,299,918	637,457	14.00
15.00 01500 PHARMACY	15,294,185	199,208	0	121,051	2,005,852	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	85,314	142,779	2,911	630	13,908	16.00
17.00 01700 SOCIAL SERVICE	5,019,413	29,907	466	7,590	737,305	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	10,589,956	0	0	0	1,862,212	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	7,974,119	174,427	0	67,508	1,690,359	22.00
23.00 02300 PARAMED ED PRGM - PHARMACY	724,835	16,521	0	0	122,549	23.00
23.01 02301 PARAMED ED PRGM - CPE	356,593	34,392	0	0	61,414	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	290,472	19,836	0	0	64,214	23.02
23.03 02303 PARAMED ED PRGM - EMS	663,459	1,407	0	3,066	93,066	23.03
23.04 02304 PARAMED ED PRGM - SONOGRAPHY	369,081	0	0	0	69,576	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	67,211,129	4,369,478	0	742,397	12,443,765	30.00
31.00 03100 INTENSIVE CARE UNIT	25,678,858	610,148	0	539,467	3,616,313	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	13,874,270	465,474	0	209,600	1,997,810	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	2,633,648	259,747	0	231,846	622,245	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	16,233,765	394,990	0	433,156	3,984,814	34.01
40.00 04000 SUBPROVIDER - I/PF	4,703,576	56,359	108,335	22,752	961,044	40.00
43.00 04300 NURSERY	2,138,314	207,302	0	37,721	481,143	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	32,123,464	2,039,319	0	8,442,392	4,577,171	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,862,881	285,976	0	56,228	765,059	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,221,876	351,167	0	1,196,350	1,153,638	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	4,054,650	165,150	0	256,383	536,695	54.01
54.02 05403 ULTRASOUND	1,080,824	27,330	0	6,249	173,646	54.02
54.03 05404 ECHOCARDIOLOGY	1,738,973	0	0	362,594	172,844	54.03
54.04 05401 ONCOLOGY	8,397,373	139,659	0	1,213,062	686,051	54.04
57.00 05700 CT SCAN	1,903,010	30,395	0	300,658	288,948	57.00
58.00 05800 MRI	1,348,156	118,430	0	474,743	166,486	58.00
59.00 05900 CARDIAC CATHETERIZATION	7,364,882	383,805	0	1,009,523	1,109,026	59.00
59.01 05901 CARDIAC REHAB	825,817	0	0	11,409	98,105	59.01
60.00 06000 LABORATORY	28,932,974	241,081	0	136,204	19	60.00
65.00 06500 RESPIRATORY THERAPY	9,573,979	45,369	0	522,441	1,081,467	65.00
66.00 06600 PHYSICAL THERAPY	10,669,059	147,571	206	35,759	1,481,468	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,383,116	5,182	0	0	226,229	67.00
68.00 06800 SPEECH PATHOLOGY	1,043,383	17,524	0	13,513	144,701	68.00
69.00 06900 ELECTROCARDIOLOGY	1,999,454	10,809	0	233,742	209,652	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,650,531	11,269	40,308	120,694	285,975	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	62,163,477	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	60,429,864	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	63,970,849	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	4,981,798	48,698	0	19,236	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03330 ENDOSCOPY	3,226,435	163,897	0	630,469	401,395	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	7,650,870	0	0	0	503,724	90.00
90.01 09001 PARTIAL HOSPITALIZATION	2,429,440	71,404	34,259	269	436,221	90.01
90.02 09002 COVID-19 VACCINE CLINIC	1,288,597	0	0	0	202,761	90.02
91.00 09100 EMERGENCY	26,418,047	533,381	0	589,530	3,521,575	91.00
91.01 09101 WOUND CARE 002	1,170,090	133,572	0	0	95,147	91.01
91.02 09102 WOUND CARE 001	550,289	7,703	0	22,122	88,326	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	482,106	0	0	29,193	42,472	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
91.06 09106 OP ANTI COAGULATION CLINIC	659,594	23,611	0	0	76,086	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	864,406	0	0	0	65,213	91.07
91.08 04040 FAMILY PRACTICE	2,161,227	0	0	10,962	229,844	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	85,612	0	0	0	95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	298,371	0	0	503	48,164	98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	6,446,519	0	0	563	274,444	105.00
106.00 10600 HEART ACQUISITION	4,963,474	0	0	0	289,556	106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	12,722,372	0	0	290,247	684,721	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	932,061,696	17,984,055	234,478	22,854,977	54,549,725	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	787,380	40,800	0	0	0	190.00
191.00 19100 RESEARCH	921,584	0	0	0	69,565	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	56,979,917	115,602	0	92,953	6,471,143	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	50	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	813,073	36,635	0	14,783	60,827	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	419,033	0	0	0	58,717	193.04
193.05 19301 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	18,870,953	0	0	0	0	193.07
193.08 19308 OCCUPATIONAL HEALTH	601	0	0	0	65	193.08
193.09 19312 LIFELINE	0	0	0	3,548	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14 19302 VACANT SPACE	0	430,274	0	0	0	193.14
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.19 19319 SPORTS PERFORMANCE	7,122,984	0	0	107,734	729,366	193.19
194.00 07950 RETAIL PHARMACY	10,073,374	31,704	0	0	95,870	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	1,028,050,645	18,639,070	234,478	23,073,995	62,035,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	190,781,127	190,781,127			5.00
7.00	00700	OPERATION OF PLANT	30,081,124	6,857,834	36,938,958		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,664,385	607,421	12,244	3,284,050	8.00
9.00	00900	HOUSEKEEPING	11,551,002	2,633,374	484,539	0	14,668,915
10.00	01000	DIETARY	5,384,610	1,227,573	1,094,328	0	440,495
11.00	01100	CAFETERIA	6,999,670	1,595,771	0	0	0
13.00	01300	NURSING ADMINISTRATION	16,740,474	3,816,460	1,855,995	0	747,086
14.00	01400	CENTRAL SERVICES & SUPPLY	10,003,890	2,280,667	1,390,893	2,103	559,870
15.00	01500	PHARMACY	17,620,296	4,017,040	478,417	2,219	192,575
16.00	01600	MEDICAL RECORDS & LIBRARY	245,542	55,978	366,950	0	147,707
17.00	01700	SOCIAL SERVICE	5,794,681	1,321,060	75,638	0	30,446
21.00	02100	I&R SERVICES-SALARY & FRINGES A	12,452,168	2,838,820	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	9,906,413	2,258,444	418,904	54	168,620
23.00	02300	PARAMED PRGM- PHARMACY	863,905	196,951	39,676	0	15,971
23.01	02301	PARAMED PRGM - CPE	452,399	103,137	82,596	0	33,247
23.02	02302	PARAMED PRGM - RADIOLOGY	374,522	85,383	47,638	0	19,175
23.03	02303	PARAMED PRGM - EMS	760,998	173,491	3,379	0	1,360
23.04	02304	PARAMED PRGM- SONOGRAPHY	438,657	100,004	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,766,769	19,325,148	10,493,698	1,422,731	4,223,985
31.00	03100	INTENSIVE CARE UNIT	30,444,786	6,940,741	1,465,326	220,972	589,832
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	16,547,154	3,772,387	1,117,879	100,493	449,975
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,747,486	854,344	623,806	50,832	251,098
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	21,046,725	4,798,190	948,605	126,276	381,838
40.00	04000	SUBPROVIDER - IPF	5,852,066	1,334,142	1,030,566	67,870	414,829
43.00	04300	NURSERY	2,864,480	653,038	497,854	11,930	200,399
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,182,346	10,756,537	4,897,613	602,950	1,971,416
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,970,144	1,361,061	686,799	51,932	276,454
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,923,031	3,174,145	843,361	35,479	339,474
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	5,012,878	1,142,826	396,624	43,074	159,651
54.02	05403	ULTRASOUND	1,288,049	293,647	65,636	0	26,420
54.03	05404	ECHOCARDIOLOGY	2,274,411	518,516	0	0	0
54.04	05401	ONCOLOGY	10,436,145	2,379,211	335,404	27,531	135,009
57.00	05700	CT SCAN	2,523,011	575,191	72,995	50,062	29,383
58.00	05800	MRI	2,107,815	480,535	284,421	20,738	114,487
59.00	05900	CARDIAC CATHETERIZATION	9,867,236	2,249,513	921,742	55,031	371,025
59.01	05901	CARDIAC REHAB	935,331	213,235	0	0	0
60.00	06000	LABORATORY	29,310,278	6,682,099	578,978	0	233,054
65.00	06500	RESPIRATORY THERAPY	11,223,256	2,558,655	108,958	0	43,858
66.00	06600	PHYSICAL THERAPY	12,334,063	2,811,895	356,112	30,151	143,344
67.00	06700	OCCUPATIONAL THERAPY	1,614,527	368,077	12,445	0	5,009
68.00	06800	SPEECH PATHOLOGY	1,219,121	277,933	42,084	0	16,940
69.00	06900	ELECTROCARDIOLOGY	2,453,657	559,380	25,960	3,851	10,450
70.00	07000	ELECTROENCEPHALOGRAPHY	3,108,777	708,733	360,126	7,983	144,960
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	62,163,477	14,171,905	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,429,864	13,776,680	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	63,970,849	14,583,946	0	0	0
74.00	07400	RENAL DIALYSIS	5,049,732	1,151,228	116,953	14,396	47,077
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	4,422,196	1,008,163	393,613	0	158,439
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,154,594	1,859,068	0	0	0
90.01	09001	PARTIAL HOSPITALIZATION	2,971,593	677,458	454,565	0	182,974
90.02	09002	COVID-19 VACCINE CLINIC	1,491,358	339,997	0	0	0
91.00	09100	EMERGENCY	31,062,533	7,081,574	1,280,965	320,714	515,621
91.01	09101	WOUND CARE 002	1,398,809	318,898	320,785	14,678	129,124
91.02	09102	WOUND CARE 001	668,440	152,390	18,500	0	7,447
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	553,771	126,248	0	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	759,291	173,102	56,704	0	22,825
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	929,619	211,933	0	0	0
91.08	04040	FAMILY PRACTICE	2,402,033	547,611	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		4A	5.00	7.00	8.00	9.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	85,612	19,518	205,605	0	82,761	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	347,038	79,117	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,721,526	1,532,360	0	0	0	105.00
106.00	10600	HEART ACQUISITION	5,253,030	1,197,575	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	13,697,340	3,122,692	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	923,702,110	167,090,050	35,365,879	3,284,050	14,035,710	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	828,180	188,807	97,985	0	39,442	190.00
191.00	19100	RESEARCH	991,149	225,960	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	63,659,615	14,512,992	277,630	0	111,753	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	50	11	0	0	0	193.01
193.02	19305	MISSION SERVICES	925,318	210,952	87,982	0	35,415	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	477,750	108,916	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTURE/JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	18,870,953	4,302,162	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	666	152	0	0	0	193.08
193.09	19312	LIFELINE	3,548	809	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	430,274	0	1,033,342	0	415,947	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	7,960,084	1,814,724	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	10,200,948	2,325,592	76,140	0	30,648	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,028,050,645	190,781,127	36,938,958	3,284,050	14,668,915	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part I Date/Time Prepared: 11/30/2021 9:32 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
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	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	8,147,006					10.00
11.00	01100	CAFETERIA	0	8,595,441				11.00
13.00	01300	NURSING ADMINISTRATION	0	284,163	23,444,178			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	178,178	143	14,415,744		14.00
15.00	01500	PHARMACY	0	282,333	0	166,027	22,758,907	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,795	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	129,720	1,350	3,117	218	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	412,923	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	113,451	0	22,257	13,790	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	20,297	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	16,810	0	363	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	11,130	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	10,773	0	66	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	10,895	0	190	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,313,905	1,815,151	9,256,111	378,785	97,597	30.00
31.00	03100	INTENSIVE CARE UNIT	191,379	618,369	4,301,518	27,412	61,554	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	291,151	289,672	1,938,178	587	38,621	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	27,908	78,232	515,105	8,141	4,570	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	504,736	1,890,489	0	6,502	34.01
40.00	04000	SUBPROVIDER - I/PF	871,211	153,474	0	363	0	40.00
43.00	04300	NURSERY	0	61,182	397,067	11,900	330	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,709	836,028	1,763,488	116,702	153,301	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	136,719	652,759	3,947	3,285	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,254	214,150	112,926	201,814	29,100	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	99,666	174,737	36,953	10,136	54.01
54.02	05403	ULTRASOUND	0	22,219	0	0	118	54.02
54.03	05404	ECHOCARDIOLOGY	0	26,566	0	39,004	826	54.03
54.04	05401	ONCOLOGY	0	113,321	210,243	8,645	3,553	54.04
57.00	05700	CT SCAN	0	48,066	0	1,339	11,634	57.00
58.00	05800	MRI	0	27,189	0	21,921	2,797	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	158,866	491,822	1	32,369	59.00
59.01	05901	CARDIAC REHAB	0	21,340	42,182	478	0	59.01
60.00	06000	LABORATORY	0	2	0	28,681	240	60.00
65.00	06500	RESPIRATORY THERAPY	0	213,927	0	0	1,136,863	65.00
66.00	06600	PHYSICAL THERAPY	0	285,538	0	2,624	1,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	37,886	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,733	0	40	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,060	0	38,692	1,218	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	58,761	0	24,281	1,639	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	6,477,136	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,423,090	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,947,010	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,934	14,941	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	66,487	208,685	0	8,335	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	143,779	143,644	9	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	99,182	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	35,260	17,891	5,328	0	90.02
91.00	09100	EMERGENCY	66,833	590,390	1,028,759	20,098	15,960	91.00
91.01	09101	WOUND CARE 002	0	20,003	40,045	0	696	91.01
91.02	09102	WOUND CARE 001	0	14,626	43,705	0	2,027	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	1,553	91	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	16,553	225	2,270	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	55,762	4,970	957	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	1,730	190	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	8,559	0	29	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	41,286	73,288	115	105.00
106.00	10600	HEART ACQUISITION	0	38,577	67,728	410	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	124,021	0	296,902	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,815,350	8,543,491	23,444,178	14,381,859	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	9,112	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	25,360	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	12,286	0	140	193.02
193.03	19306	FOUNDATION	0	0	0	0	193.03
193.04	19307	WELLNESS	0	14,560	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	14	0	22	193.08
193.09	19312	LIFELINE	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	193.14
193.16	19316	SETON BOARD	1,331,656	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	8,346	193.19
194.00	07950	RETAIL PHARMACY	0	15,978	0	17	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,147,006	8,595,441	23,444,178	14,415,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
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 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	820,972					16.00
17.00 01700 SOCIAL SERVICE	0	7,356,230				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	15,703,911			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	12,901,933		22.00
23.00 02300 PARAMED PRGM- PHARMACY	0	0	0	0	1,136,800	23.00
23.01 02301 PARAMED PRGM - CPE	0	0	0	0	0	23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03 02303 PARAMED PRGM - EMS	0	0	0	0	0	23.03
23.04 02304 PARAMED PRGM- SONOGRAPHY	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	72,042	4,059,419	5,323,666	4,373,789	0	30.00
31.00 03100 INTENSIVE CARE UNIT	30,984	1,142,134	1,188,689	976,597	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSP	12,041	320,553	0	0	0	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	4,653	88,148	115,084	94,550	0	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	42,593	1,053,676	25,436	20,898	0	34.01
40.00 04000 SUBPROVIDER - IPF	6,771	506,175	227,687	187,062	0	40.00
43.00 04300 NURSERY	3,627	186,125	79,722	65,497	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	147,552	0	2,079,275	1,708,280	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	14,660	0	1,063,368	873,636	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	17,770	0	187,671	154,186	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	8,728	0	0	0	0	54.01
54.02 05403 ULTRASOUND	5,071	0	92,440	75,946	0	54.02
54.03 05404 ECHOCARDIOLOGY	7,044	0	113,533	93,276	0	54.03
54.04 05401 ONCOLOGY	14,829	0	480,191	394,512	0	54.04
57.00 05700 CT SCAN	8,872	0	0	0	0	57.00
58.00 05800 MRI	2,694	0	19,543	16,056	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	50,248	0	230,479	189,356	0	59.00
59.01 05901 CARDIAC REHAB	448	0	56,767	46,638	0	59.01
60.00 06000 LABORATORY	80,672	0	250,332	205,666	0	60.00
65.00 06500 RESPIRATORY THERAPY	15,355	0	263,981	216,880	0	65.00
66.00 06600 PHYSICAL THERAPY	8,812	0	46,840	38,483	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,021	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,202	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	5,483	0	459,717	377,692	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,692	0	116,325	95,570	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	36,438	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	37,996	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	66,949	0	27,298	22,427	1,136,800	73.00
74.00 07400 RENAL DIALYSIS	3,982	0	223,034	183,239	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03330 ENDOSCOPY	10,753	0	409,155	336,151	0	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2,027	0	415,359	341,248	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	2,616	0	0	0	0	90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	59,379	0	620,401	509,706	0	91.00
91.01 09101 WOUND CARE 002	3,105	0	29,159	23,956	0	91.01
91.02 09102 WOUND CARE 001	611	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONVILLE CLINIC	447	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	560	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	749	0	0	0	0	91.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			16.00	17.00		
91.08 04040 FAMILY PRACTICE	744	0	653,593	536,975	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	2,510	0	28,228	23,192	0	105.00
106.00 10600 HEART ACQUISITION	953	0	0	0	0	106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	23,289	0	484,844	398,335	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	820,972	7,356,230	15,311,817	12,579,799	1,136,800	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	116,946	96,080	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	151,068	124,113	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	0	0	0	0	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	0	0	0	0	0	193.04
193.05 19301 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19303 JOINT VENTURE JOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	0	0	0	0	0	193.07
193.08 19308 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09 19312 LI FELINE	0	0	0	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14 19302 VACANT SPACE	0	0	0	0	0	193.14
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.19 19319 SPORTS PERFORMANCE	0	0	124,080	101,941	0	193.19
194.00 07950 RETAIL PHARMACY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	820,972	7,356,230	15,703,911	12,901,933	1,136,800	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part I Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description		PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - SONOGRAPHY	Subtotal	
		23.01	23.02	23.03	23.04	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301	688,552					23.01
23.02	02302		537,848				23.02
23.03	02303			950,067			23.03
23.04	02304				549,746		23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	377,238	0	0	0	151,300,034	30.00
31.00	03100	74,715	0	0	0	48,275,008	31.00
32.00	03200	0	0	0	0	0	32.00
32.01	03201	41,753	0	0	0	24,920,444	32.01
33.00	03300	0	0	0	0	0	33.00
33.01	02080	26,370	0	0	0	6,490,327	33.01
34.00	03400	0	0	0	0	0	34.00
34.01	02060	43,950	0	0	0	30,889,914	34.01
40.00	04000	43,950	0	0	0	10,696,166	40.00
43.00	04300	16,115	0	0	0	5,049,266	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,383	0	0	0	72,282,580	50.00
52.00	05200	8,058	0	0	0	11,102,822	52.00
54.00	05400	0	277,750	0	0	19,512,111	54.00
54.01	05402	0	0	0	0	7,085,273	54.01
54.02	05403	0	79,286	0	549,746	2,498,578	54.02
54.03	05404	0	0	0	0	3,073,176	54.03
54.04	05401	0	0	0	0	14,538,594	54.04
57.00	05700	0	138,700	0	0	3,459,253	57.00
58.00	05800	0	42,112	0	0	3,140,308	58.00
59.00	05900	0	0	0	0	14,617,688	59.00
59.01	05901	0	0	0	0	1,316,419	59.01
60.00	06000	0	0	0	0	37,370,002	60.00
65.00	06500	0	0	0	0	15,781,733	65.00
66.00	06600	0	0	0	0	16,059,473	66.00
67.00	06700	0	0	0	0	2,039,965	67.00
68.00	06800	0	0	0	0	1,582,053	68.00
69.00	06900	0	0	0	0	3,976,160	69.00
70.00	07000	0	0	0	0	4,630,847	70.00
71.00	07100	0	0	0	0	82,848,956	71.00
72.00	07200	0	0	0	0	80,667,630	72.00
73.00	07300	0	0	0	0	98,755,279	73.00
74.00	07400	0	0	0	0	6,810,516	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03330	0	0	0	0	7,021,977	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	11,059,728	90.00
90.01	09001	0	0	0	0	4,388,388	90.01
90.02	09002	0	0	0	0	1,889,834	90.02
91.00	09100	41,020	0	950,067	0	44,164,020	91.00
91.01	09101	0	0	0	0	2,299,258	91.01
91.02	09102	0	0	0	0	907,746	91.02
91.03	09103	0	0	0	0	0	91.03
91.04	09104	0	0	0	0	682,110	91.04
91.05	09105	0	0	0	0	0	91.05
91.06	09106	0	0	0	0	1,031,530	91.06
91.07	09107	0	0	0	0	1,203,990	91.07
91.08	04040	0	0	0	0	4,142,876	91.08
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
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To 06/30/2021

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Cost Center Description		PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM-SONOGRAPHY	Subtotal	
		23.01	23.02	23.03	23.04	24.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	393,496 95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0 98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0 98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	434,743 98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	8,422,505 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	6,558,273 106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0 112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	18,320,589 115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	688,552	537,848	950,067	549,746	893,691,638 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	1,154,414 190.00
191.00	19100	RESEARCH	0	0	0	0	1,439,247 191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	80,839,251 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19304	MARKETING	0	0	0	0	61 193.01
193.02	19305	MISSION SERVICES	0	0	0	0	1,272,093 193.02
193.03	19306	FOUNDATION	0	0	0	0	0 193.03
193.04	19307	WELLNESS	0	0	0	0	601,226 193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0 193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0 193.06
193.07	19310	BILLING	0	0	0	0	23,173,115 193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	0	854 193.08
193.09	19312	LIFELINE	0	0	0	0	4,357 193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0 193.10
193.14	19302	VACANT SPACE	0	0	0	0	1,879,563 193.14
193.16	19316	SETON BOARD	0	0	0	0	1,331,656 193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	0	10,013,847 193.19
194.00	07950	RETAIL PHARMACY	0	0	0	0	12,649,323 194.00
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	688,552	537,848	950,067	549,746	1,028,050,645 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS		1.01
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	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY		23.00
23.01	02301	PARAMED ED PRGM - CPE		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - EMS		23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY		23.04
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-9,697,455	141,602,579
31.00	03100	INTENSIVE CARE UNIT	-2,165,286	46,109,722
32.00	03200	CORONARY CARE UNIT	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	0	24,920,444
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-209,634	6,280,693
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-46,334	30,843,580
40.00	04000	SUBPROVIDER - IPF	-414,749	10,281,417
43.00	04300	NURSERY	-145,219	4,904,047
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-3,787,555	68,495,025
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,937,004	9,165,818
54.00	05400	RADIOLOGY-DIAGNOSTIC	-341,857	19,170,254
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	7,085,273
54.02	05403	ULTRASOUND	-168,386	2,330,192
54.03	05404	ECHOCARDIOLOGY	-206,809	2,866,367
54.04	05401	ONCOLOGY	-874,703	13,663,891
57.00	05700	CT SCAN	0	3,459,253
58.00	05800	MRI	-35,599	3,104,709
59.00	05900	CARDIAC CATHETERIZATION	-419,835	14,197,853
59.01	05901	CARDIAC REHAB	-103,405	1,213,014
60.00	06000	LABORATORY	-455,998	36,914,004
65.00	06500	RESPIRATORY THERAPY	-480,861	15,300,872
66.00	06600	PHYSICAL THERAPY	-85,323	15,974,150
67.00	06700	OCCUPATIONAL THERAPY	0	2,039,965
68.00	06800	SPEECH PATHOLOGY	0	1,582,053
69.00	06900	ELECTROCARDIOLOGY	-837,409	3,138,751
70.00	07000	ELECTROENCEPHALOGRAPHY	-211,895	4,418,952
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	82,848,956
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	80,667,630
73.00	07300	DRUGS CHARGED TO PATIENTS	-49,725	98,705,554
74.00	07400	RENAL DIALYSIS	-406,273	6,404,243
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	03330	ENDOSCOPY	-745,306	6,276,671
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-756,607	10,303,121
90.01	09001	PARTIAL HOSPITALIZATION	0	4,388,388
90.02	09002	COVID-19 VACCINE CLINIC	0	1,889,834
91.00	09100	EMERGENCY	-1,130,107	43,033,913
91.01	09101	WOUND CARE 002	-53,115	2,246,143
91.02	09102	WOUND CARE 001	0	907,746
91.03	09103	LAFAYETTE RD CLINIC	0	0
91.04	09104	ZIONVILLE CLINIC	0	682,110
91.05	09105	BROWNSBURG CLINIC	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	0	1,031,530
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	1,203,990

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part I
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
91.08	04040	FAMILY PRACTICE	-1,190,568	2,952,308	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	393,496	95.00
98.00	09853	GERIATRIC CLINIC	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	434,743	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-51,420	8,371,085	105.00
106.00	10600	HEART ACQUISITION	0	6,558,273	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE			113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	-883,179	17,437,410	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,891,616	865,800,022	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,154,414	190.00
191.00	19100	RESEARCH	-213,026	1,226,221	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	-275,181	80,564,070	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	0	61	193.01
193.02	19305	MISSION SERVICES	0	1,272,093	193.02
193.03	19306	FOUNDATION	0	0	193.03
193.04	19307	WELLNESS	0	601,226	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	193.06
193.07	19310	BILLING	0	23,173,115	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	854	193.08
193.09	19312	LIFELINE	0	4,357	193.09
193.10	19313	MARTEN HOUSE	0	0	193.10
193.14	19302	VACANT SPACE	0	1,879,563	193.14
193.16	19316	SETON BOARD	0	1,331,656	193.16
193.19	19319	SPORTS PERFORMANCE	-226,021	9,787,826	193.19
194.00	07950	RETAIL PHARMACY	0	12,649,323	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-28,605,844	999,444,801	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	305,607	155,065	2,073	12,467	475,212
5.00 00500	ADMINISTRATIVE & GENERAL	20,595,917	667,148	17,032	1,710,259	22,990,356
7.00 00700	OPERATION OF PLANT	0	3,131,782	13,097	340,034	3,484,913
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,098	0	0	5,098
9.00 00900	HOUSEKEEPING	0	193,581	2,377	2,097	198,055
10.00 01000	DIETARY	0	440,025	4,547	79,129	523,701
11.00 01100	CAFETERIA	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	6,481	765,979	1,988	1,009,251	1,783,699
14.00 01400	CENTRAL SERVICES & SUPPLY	1,225,457	555,488	6,879	1,299,918	3,087,742
15.00 01500	PHARMACY	948,164	199,208	0	121,051	1,268,423
16.00 01600	MEDICAL RECORDS & LIBRARY	0	142,779	2,911	630	146,320
17.00 01700	SOCIAL SERVICE	0	29,907	466	7,590	37,963
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	60	174,427	0	67,508	241,995
23.00 02300	PARAMED ED PRGM - PHARMACY	0	16,521	0	0	16,521
23.01 02301	PARAMED ED PRGM - CPE	0	34,392	0	0	34,392
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	19,836	0	0	19,836
23.03 02303	PARAMED ED PRGM - EMS	112,533	1,407	0	3,066	117,006
23.04 02304	PARAMED ED PRGM- SONOGRAPHY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	216,497	4,369,478	0	742,397	5,328,372
31.00 03100	INTENSIVE CARE UNIT	0	610,148	0	539,467	1,149,615
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	0	465,474	0	209,600	675,074
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01 02080	PEDIATRIC INTENSIVE CARE UNIT	935	259,747	0	231,846	492,528
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01 02060	NEONATAL INTENSIVE CARE UNIT	2,125	394,990	0	433,156	830,271
40.00 04000	SUBPROVIDER - I PF	0	56,359	108,335	22,752	187,446
43.00 04300	NURSERY	0	207,302	0	37,721	245,023
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,982,677	2,039,319	0	8,442,392	12,464,388
52.00 05200	DELIVERY ROOM & LABOR ROOM	39,587	285,976	0	56,228	381,791
54.00 05400	RADIOLOGY-DIAGNOSTIC	502,474	351,167	0	1,196,350	2,049,991
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	321,203	165,150	0	256,383	742,736
54.02 05403	ULTRASOUND	0	27,330	0	6,249	33,579
54.03 05404	ECHOCARDIOLOGY	101,871	0	0	362,594	464,465
54.04 05401	ONCOLOGY	1,772,614	139,659	0	1,213,062	3,125,335
57.00 05700	CT SCAN	0	30,395	0	300,658	331,053
58.00 05800	MRI	38,324	118,430	0	474,743	631,497
59.00 05900	CARDIAC CATHETERIZATION	285,387	383,805	0	1,009,523	1,678,715
59.01 05901	CARDIAC REHAB	119,638	0	0	11,409	131,047
60.00 06000	LABORATORY	0	241,081	0	136,204	377,285
65.00 06500	RESPIRATORY THERAPY	61,204	45,369	0	522,441	629,014
66.00 06600	PHYSICAL THERAPY	1,405,880	147,571	206	35,759	1,589,416
67.00 06700	OCCUPATIONAL THERAPY	0	5,182	0	0	5,182
68.00 06800	SPEECH PATHOLOGY	93,541	17,524	0	13,513	124,578
69.00 06900	ELECTROCARDIOLOGY	101,871	10,809	0	233,742	346,422
70.00 07000	ELECTROENCEPHALOGRAPHY	357,043	11,269	40,308	120,694	529,314
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	48,698	0	19,236	67,934
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 03330	ENDOSCOPY	6	163,897	0	630,469	794,372
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,895,371	0	0	0	1,895,371
90.01 09001	PARTIAL HOSPITALIZATION	26,138	71,404	34,259	269	132,070
90.02 09002	COVID-19 VACCINE CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	103,444	533,381	0	589,530	1,226,355
91.01 09101	WOUND CARE 002	71,850	133,572	0	0	205,422
91.02 09102	WOUND CARE 001	0	7,703	0	22,122	29,825
91.03 09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04 09104	ZIONSVILLE CLINIC	182,164	0	0	29,193	211,357
91.05 09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06 09106	OP ANTI COAGULATION CLINIC	43,482	23,611	0	0	67,093

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal		
		BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP			
		1.00	1.01	2.00			
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07	
91.08 04040 FAMILY PRACTICE	203,030	0	0	10,962	213,992	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)					0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	85,612	0	0	85,612	95.00	
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01	
98.02 09852 DIABETES EDUCATION	0	0	0	503	503	98.02	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	453,626	0	0	563	454,189	105.00	
106.00 10600 HEART ACQUISITION	229,203	0	0	0	229,203	106.00	
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00	
113.00 11300 INTEREST EXPENSE						113.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	837,809	0	0	290,247	1,128,056	115.00	
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	34,643,213	17,984,055	234,478	22,854,977	75,716,723	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	62,393	40,800	0	0	103,193	190.00	
191.00 19100 RESEARCH	67,114	0	0	0	67,114	191.00	
192.00 19200 PHYSICIANS PRIVATE OFFICES	2,385,690	115,602	0	92,953	2,594,245	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19304 MARKETING	0	0	0	0	0	193.01	
193.02 19305 MISSION SERVICES	0	36,635	0	14,783	51,418	193.02	
193.03 19306 FOUNDATION	0	0	0	0	0	193.03	
193.04 19307 WELLNESS	0	0	0	0	0	193.04	
193.05 19301 NETWORK DEVELOPMENT	0	0	0	0	0	193.05	
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06	
193.07 19310 BILLING	0	0	0	0	0	193.07	
193.08 19308 OCCUPATIONAL HEALTH	0	0	0	0	0	193.08	
193.09 19312 LIFELINE	0	0	0	3,548	3,548	193.09	
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10	
193.14 19302 VACANT SPACE	0	430,274	0	0	430,274	193.14	
193.16 19316 SETON BOARD	0	0	0	0	0	193.16	
193.19 19319 SPORTS PERFORMANCE	1,134,961	0	0	107,734	1,242,695	193.19	
194.00 07950 RETAIL PHARMACY	0	31,704	0	0	31,704	194.00	
200.00	Cross Foot Adjustments				0	200.00	
201.00	Negative Cost Centers				0	201.00	
202.00	TOTAL (sum lines 118 through 201)	38,293,371	18,639,070	234,478	23,073,995	80,240,914	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/30/2021 9:32 am		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	475,212					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,853	23,001,209				5.00
7.00	00700	OPERATION OF PLANT	3	826,810	4,311,726			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	73,233	1,429	79,760		8.00
9.00	00900	HOUSEKEEPING	0	317,491	56,558	0	572,104	9.00
10.00	01000	DIETARY	0	148,001	127,736	0	17,180	10.00
11.00	01100	CAFETERIA	0	192,393	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,878	460,129	216,642	0	29,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,883	274,967	162,353	51	21,836	14.00
15.00	01500	PHARMACY	15,365	484,311	55,844	54	7,511	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	107	6,749	42,833	0	5,761	16.00
17.00	01700	SOCIAL SERVICE	5,648	159,273	8,829	0	1,187	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	14,265	342,260	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,948	272,288	48,897	1	6,576	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	939	23,745	4,631	0	623	23.00
23.01	02301	PARAMED ED PRGM - CPE	470	12,435	9,641	0	1,297	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	492	10,294	5,561	0	748	23.02
23.03	02303	PARAMED ED PRGM - EMS	713	20,917	394	0	53	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	533	12,057	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	95,339	2,329,749	1,224,888	34,552	164,740	30.00
31.00	03100	INTENSIVE CARE UNIT	27,701	836,805	171,041	5,367	23,004	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	15,303	454,815	130,485	2,441	17,550	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,766	103,003	72,814	1,235	9,793	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	30,524	578,490	110,727	3,067	14,892	34.01
40.00	04000	SUBPROVIDER - I/PF	7,362	160,850	120,294	1,648	16,179	40.00
43.00	04300	NURSERY	3,686	78,733	58,112	290	7,816	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,061	1,296,854	571,677	14,644	76,887	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,860	164,095	80,167	1,261	10,782	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,837	382,688	98,442	862	13,240	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	4,111	137,784	46,296	1,046	6,227	54.01
54.02	05403	ULTRASOUND	1,330	35,403	7,661	0	1,030	54.02
54.03	05404	ECHOCARDIOLOGY	1,324	62,514	0	0	0	54.03
54.04	05401	ONCOLOGY	5,255	286,848	39,150	669	5,265	54.04
57.00	05700	CT SCAN	2,213	69,347	8,520	1,216	1,146	57.00
58.00	05800	MRI	1,275	57,935	33,199	504	4,465	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,495	271,211	107,591	1,337	14,470	59.00
59.01	05901	CARDIAC REHAB	751	25,709	0	0	0	59.01
60.00	06000	LABORATORY	0	805,622	67,582	0	9,089	60.00
65.00	06500	RESPIRATORY THERAPY	8,284	308,482	12,718	0	1,711	65.00
66.00	06600	PHYSICAL THERAPY	11,348	339,014	41,567	732	5,591	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,733	44,377	1,453	0	195	67.00
68.00	06800	SPEECH PATHOLOGY	1,108	33,509	4,912	0	661	68.00
69.00	06900	ELECTROCARDIOLOGY	1,606	67,441	3,030	94	408	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,191	85,448	42,036	194	5,654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	1,708,625	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,660,975	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,758,303	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	138,797	13,651	350	1,836	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	3,075	121,548	45,945	0	6,179	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,859	224,137	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	3,341	81,677	53,059	0	7,136	90.01
90.02	09002	COVID-19 VACCINE CLINIC	1,553	40,991	0	0	0	90.02
91.00	09100	EMERGENCY	26,976	853,785	149,521	7,789	20,110	91.00
91.01	09101	WOUND CARE 002	729	38,448	37,444	356	5,036	91.01
91.02	09102	WOUND CARE 001	677	18,373	2,159	0	290	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	325	15,221	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	583	20,870	6,619	0	890	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	500	25,552	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	1,761	66,022	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part II
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		4.00	5.00	7.00	8.00	9.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,353	23,999	0	3,228	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	369	9,539	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,102	184,748	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,218	144,385	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	5,245	376,485	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	417,873	20,144,913	4,128,107	79,760	547,409	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	22,763	11,437	0	1,538	190.00
191.00	19100	RESEARCH	533	27,243	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	49,569	1,749,748	32,407	0	4,359	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	1	0	0	0	193.01
193.02	19305	MISSION SERVICES	466	25,433	10,270	0	1,381	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	450	13,131	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	518,687	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	18	0	0	0	193.08
193.09	19312	LIFELINE	0	98	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	120,618	0	16,222	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	5,587	218,791	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	734	280,383	8,887	0	1,195	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	475,212	23,001,209	4,311,726	79,760	572,104	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/30/2021 9:32 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
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	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	816,618					10.00
11.00	01100	CAFETERIA	0	192,393				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,361	2,507,846			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,988	15	3,555,835		14.00
15.00	01500	PHARMACY	0	6,320	0	40,953	1,878,781	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	107	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,904	144	769	18	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	9,243	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	2,539	0	5,490	1,138	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	454	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	376	0	89	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	249	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	241	0	16	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	244	0	47	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	532,641	40,628	990,133	93,433	8,057	30.00
31.00	03100	INTENSIVE CARE UNIT	19,183	13,841	460,138	6,762	5,081	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	29,184	6,484	207,329	145	3,188	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,797	1,751	55,101	2,008	377	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	11,298	202,228	0	537	34.01
40.00	04000	SUBPROVIDER - I PF	87,326	3,435	0	90	0	40.00
43.00	04300	NURSERY	0	1,369	42,475	2,935	27	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,183	18,713	188,642	28,786	12,655	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,060	69,826	974	271	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	126	4,793	12,080	49,780	2,402	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	2,231	18,692	9,115	837	54.01
54.02	05403	ULTRASOUND	0	497	0	0	10	54.02
54.03	05404	ECHOCARDIOLOGY	0	595	0	9,621	68	54.03
54.04	05401	ONCOLOGY	0	2,537	22,490	2,132	293	54.04
57.00	05700	CT SCAN	0	1,076	0	330	960	57.00
58.00	05800	MRI	0	609	0	5,407	231	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,556	52,611	0	2,672	59.00
59.01	05901	CARDIAC REHAB	0	478	4,512	118	0	59.01
60.00	06000	LABORATORY	0	0	0	7,075	20	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,788	0	0	93,850	65.00
66.00	06600	PHYSICAL THERAPY	0	6,391	0	647	133	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	848	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	554	0	10	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	897	0	9,544	101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,315	0	5,989	135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	1,597,661	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,584,350	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,564,105	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,464	1,233	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	1,488	22,323	0	688	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,218	15,366	2	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	2,220	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	789	1,914	1,314	0	90.02
91.00	09100	EMERGENCY	6,699	13,215	110,047	4,958	1,318	91.00
91.01	09101	WOUND CARE 002	0	448	4,284	0	57	91.01
91.02	09102	WOUND CARE 001	0	327	4,675	0	167	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	383	8	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	1,771	56	187	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	5,965	1,226	79	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	427	16	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

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Part II
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	192	0	7	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	924	7,840	28	105.00
106.00	10600	HEART ACQUISITION	0	863	7,245	101	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	2,776	0	73,235	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	683,139	191,230	2,507,846	3,547,477	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	204	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	6,255	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	275	0	35	193.02
193.03	19306	FOUNDATION	0	0	0	0	193.03
193.04	19307	WELLNESS	0	326	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	5	193.08
193.09	19312	LIFELINE	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	193.14
193.16	19316	SETON BOARD	133,479	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	2,059	193.19
194.00	07950	RETAIL PHARMACY	0	358	0	4	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	816,618	192,393	2,507,846	3,555,835	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	
			16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS					1.01
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 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	201,877				16.00
17.00 01700 SOCIAL SERVICE	0	216,735			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	365,768		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	591,872	22.00
23.00 02300 PARAMED PRGM- PHARMACY	0	0	0	0	23.00
23.01 02301 PARAMED PRGM - CPE	0	0	0	0	23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03 02303 PARAMED PRGM - EMS	0	0	0	0	23.03
23.04 02304 PARAMED PRGM- SONOGRAPHY	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	17,715	119,603			30.00
31.00 03100 INTENSIVE CARE UNIT	7,619	33,650			31.00
32.00 03200 CORONARY CARE UNIT	0	0			32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	2,961	9,444			32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0			33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	1,144	2,597			33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0			34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	10,474	31,044			34.01
40.00 04000 SUBPROVIDER - IPF	1,665	14,913			40.00
43.00 04300 NURSERY	892	5,484			43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	36,284	0			50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,605	0			52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,370	0			54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	2,146	0			54.01
54.02 05403 ULTRASOUND	1,247	0			54.02
54.03 05404 ECHOCARDIOLOGY	1,732	0			54.03
54.04 05401 ONCOLOGY	3,646	0			54.04
57.00 05700 CT SCAN	2,182	0			57.00
58.00 05800 MRI	662	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	12,356	0			59.00
59.01 05901 CARDIAC REHAB	110	0			59.01
60.00 06000 LABORATORY	19,837	0			60.00
65.00 06500 RESPIRATORY THERAPY	3,776	0			65.00
66.00 06600 PHYSICAL THERAPY	2,167	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	497	0			67.00
68.00 06800 SPEECH PATHOLOGY	296	0			68.00
69.00 06900 ELECTROCARDIOLOGY	1,348	0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	908	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	8,960	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	9,343	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,463	0			73.00
74.00 07400 RENAL DIALYSIS	979	0			74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0			75.00
75.01 03330 ENDOSCOPY	2,644	0			75.01
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	498	0			90.00
90.01 09001 PARTIAL HOSPITALIZATION	643	0			90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0			90.02
91.00 09100 EMERGENCY	14,601	0			91.00
91.01 09101 WOUND CARE 002	764	0			91.01
91.02 09102 WOUND CARE 001	150	0			91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0			91.03
91.04 09104 ZIONVILLE CLINIC	110	0			91.04
91.05 09105 BROWNSBURG CLINIC	0	0			91.05
91.06 09106 OP ANTI COAGULATION CLINIC	138	0			91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	184	0			91.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

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To 06/30/2021

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			16.00	17.00		
91.08 04040 FAMILY PRACTICE	183	0				91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00 09500 AMBULANCE SERVICES	0	0				95.00
98.00 09853 GERIATRIC CLINIC	0	0				98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0				98.01
98.02 09852 DIABETES EDUCATION	0	0				98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	617	0				105.00
106.00 10600 HEART ACQUISITION	234	0				106.00
112.00 08600 PANCREAS ACQUISITION	0	0				112.00
113.00 11300 INTEREST EXPENSE						113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	5,727	0				115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	201,877	216,735	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0				190.00
191.00 19100 RESEARCH	0	0				191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0				192.00
193.00 19300 NONPAID WORKERS	0	0				193.00
193.01 19304 MARKETING	0	0				193.01
193.02 19305 MISSION SERVICES	0	0				193.02
193.03 19306 FOUNDATION	0	0				193.03
193.04 19307 WELLNESS	0	0				193.04
193.05 19301 NETWORK DEVELOPMENT	0	0				193.05
193.06 19303 JOINT VENTURE JOINT VENTURE	0	0				193.06
193.07 19310 BILLING	0	0				193.07
193.08 19308 OCCUPATIONAL HEALTH	0	0				193.08
193.09 19312 LI FELINE	0	0				193.09
193.10 19313 MARTEN HOUSE	0	0				193.10
193.14 19302 VACANT SPACE	0	0				193.14
193.16 19316 SETON BOARD	0	0				193.16
193.19 19319 SPORTS PERFORMANCE	0	0				193.19
194.00 07950 RETAIL PHARMACY	0	0				194.00
200.00 Cross Foot Adjustments			365,768	591,872	46,913	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	201,877	216,735	365,768	591,872	46,913	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet B Part II Date/Time Prepared: 11/30/2021 9:32 am	
Cost Center Description			PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM- SONOGRAPHY	Subtotal	
			23.01	23.02	23.03	23.04	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
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	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A						22.00
23.00	02300	PARAMED ED PRGM- PHARMACY						23.00
23.01	02301	PARAMED ED PRGM - CPE	58,700					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		37,180				23.02
23.03	02303	PARAMED ED PRGM - EMS			139,340			23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY				12,881		23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					10,979,850	30.00
31.00	03100	INTENSIVE CARE UNIT					2,759,807	31.00
32.00	03200	CORONARY CARE UNIT					0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL					1,554,403	32.01
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT					749,914	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT					1,823,552	34.01
40.00	04000	SUBPROVIDER - IPF					601,208	40.00
43.00	04300	NURSERY					446,842	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					14,749,774	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					721,692	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					2,627,611	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC					971,221	54.01
54.02	05403	ULTRASOUND					80,757	54.02
54.03	05404	ECHOCARDIOLOGY					540,319	54.03
54.04	05401	ONCOLOGY					3,493,620	54.04
57.00	05700	CT SCAN					418,043	57.00
58.00	05800	MRI					735,784	58.00
59.00	05900	CARDIAC CATHETERIZATION					2,153,014	59.00
59.01	05901	CARDIAC REHAB					162,725	59.01
60.00	06000	LABORATORY					1,286,510	60.00
65.00	06500	RESPIRATORY THERAPY					1,062,623	65.00
66.00	06600	PHYSICAL THERAPY					1,997,006	66.00
67.00	06700	OCCUPATIONAL THERAPY					54,285	67.00
68.00	06800	SPEECH PATHOLOGY					165,628	68.00
69.00	06900	ELECTROCARDIOLOGY					430,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					673,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT					3,315,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					3,254,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					3,338,871	73.00
74.00	07400	RENAL DIALYSIS					226,244	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
75.01	03330	ENDOSCOPY					998,262	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					2,142,451	90.00
90.01	09001	PARTIAL HOSPITALIZATION					280,146	90.01
90.02	09002	COVID-19 VACCINE CLINIC					46,561	90.02
91.00	09100	EMERGENCY					2,435,374	91.00
91.01	09101	WOUND CARE 002					292,988	91.01
91.02	09102	WOUND CARE 001					56,643	91.02
91.03	09103	LAFAYETTE RD CLINIC					0	91.03
91.04	09104	ZIONSVILLE CLINIC					227,404	91.04
91.05	09105	BROWNSBURG CLINIC					0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC					98,207	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT					33,506	91.07
91.08	04040	FAMILY PRACTICE					282,401	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM-SONOGRAPHY	Subtotal	
		23.01	23.02	23.03	23.04	24.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES				115,192	95.00
98.00	09853	GERIATRIC CLINIC				0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY				0	98.01
98.02	09852	DIABETES EDUCATION				10,610	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION				650,448	105.00
106.00	10600	HEART ACQUISITION				384,249	106.00
112.00	08600	PANCREAS ACQUISITION				0	112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				1,605,819	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	71,035,553	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN				138,931	190.00
191.00	19100	RESEARCH				95,094	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				4,599,764	192.00
193.00	19300	NONPAID WORKERS				0	193.00
193.01	19304	MARKETING				1	193.01
193.02	19305	MISSION SERVICES				89,278	193.02
193.03	19306	FOUNDATION				0	193.03
193.04	19307	WELLNESS				13,907	193.04
193.05	19301	NETWORK DEVELOPMENT				0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE				0	193.06
193.07	19310	BILLING				518,687	193.07
193.08	19308	OCCUPATIONAL HEALTH				23	193.08
193.09	19312	LIFELINE				3,646	193.09
193.10	19313	MARTEN HOUSE				0	193.10
193.14	19302	VACANT SPACE				567,114	193.14
193.16	19316	SETON BOARD				133,479	193.16
193.19	19319	SPORTS PERFORMANCE				1,469,518	193.19
194.00	07950	RETAIL PHARMACY				323,265	194.00
200.00		Cross Foot Adjustments	58,700	37,180	139,340	12,881	1,252,654
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	58,700	37,180	139,340	12,881	80,240,914

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B
Part II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS		1.01
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	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY		23.00
23.01	02301	PARAMED ED PRGM - CPE		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - EMS		23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY		23.04
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	10,979,850	30.00
31.00	03100	INTENSIVE CARE UNIT	2,759,807	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	1,554,403	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	749,914	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	1,823,552	34.01
40.00	04000	SUBPROVIDER - IPF	601,208	40.00
43.00	04300	NURSERY	446,842	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	14,749,774	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	721,692	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,627,611	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	971,221	54.01
54.02	05403	ULTRASOUND	80,757	54.02
54.03	05404	ECHOCARDIOLOGY	540,319	54.03
54.04	05401	ONCOLOGY	3,493,620	54.04
57.00	05700	CT SCAN	418,043	57.00
58.00	05800	MRI	735,784	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,153,014	59.00
59.01	05901	CARDIAC REHAB	162,725	59.01
60.00	06000	LABORATORY	1,286,510	60.00
65.00	06500	RESPIRATORY THERAPY	1,062,623	65.00
66.00	06600	PHYSICAL THERAPY	1,997,006	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,285	67.00
68.00	06800	SPEECH PATHOLOGY	165,628	68.00
69.00	06900	ELECTROCARDIOLOGY	430,891	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	673,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,315,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,254,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,338,871	73.00
74.00	07400	RENAL DIALYSIS	226,244	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03330	ENDOSCOPY	998,262	75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	2,142,451	90.00
90.01	09001	PARTIAL HOSPITALIZATION	280,146	90.01
90.02	09002	COVID-19 VACCINE CLINIC	46,561	90.02
91.00	09100	EMERGENCY	2,435,374	91.00
91.01	09101	WOUND CARE 002	292,988	91.01
91.02	09102	WOUND CARE 001	56,643	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	91.03
91.04	09104	ZIONVILLE CLINIC	227,404	91.04
91.05	09105	BROWNSBURG CLINIC	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	98,207	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	33,506	91.07

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet B Part II Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
91.08	04040	FAMILY PRACTICE	0	282,401	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	115,192	95.00
98.00	09853	GERIATRIC CLINIC	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	10,610	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	650,448	105.00
106.00	10600	HEART ACQUISITION	0	384,249	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE			113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	1,605,819	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	71,035,553	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	138,931	190.00
191.00	19100	RESEARCH	0	95,094	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4,599,764	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	0	1	193.01
193.02	19305	MISSION SERVICES	0	89,278	193.02
193.03	19306	FOUNDATION	0	0	193.03
193.04	19307	WELLNESS	0	13,907	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	193.05
193.06	19303	JOINT VENTURE/JOINT VENTURE	0	0	193.06
193.07	19310	BILLING	0	518,687	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	23	193.08
193.09	19312	LIFELINE	0	3,646	193.09
193.10	19313	MARTEN HOUSE	0	0	193.10
193.14	19302	VACANT SPACE	0	567,114	193.14
193.16	19316	SETON BOARD	0	133,479	193.16
193.19	19319	SPORTS PERFORMANCE	0	1,469,518	193.19
194.00	07950	RETAIL PHARMACY	0	323,265	194.00
200.00		Cross Foot Adjustments	0	1,252,654	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	80,240,914	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,338,083				1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	0	57,916			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			23,073,992		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,132	512	12,467	352,779,885	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	47,894	4,207	1,710,259	8,057,284	-190,781,127
7.00	00700	OPERATION OF PLANT	224,828	3,235	340,034	2,326	0
8.00	00800	LAUNDRY & LINEN SERVICE	366	0	0	0	0
9.00	00900	HOUSEKEEPING	13,897	587	2,097	0	0
10.00	01000	DIETARY	31,589	1,123	79,129	24	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	54,989	491	1,009,251	8,817,823	0
14.00	01400	CENTRAL SERVICES & SUPPLY	39,878	1,699	1,299,918	3,625,064	0
15.00	01500	PHARMACY	14,301	0	121,051	11,406,805	0
16.00	01600	MEDICAL RECORDS & LIBRARY	10,250	719	630	79,091	0
17.00	01700	SOCIAL SERVICE	2,147	115	7,590	4,192,878	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	10,589,956	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,522	0	67,508	9,612,669	0
23.00	02300	PARAMED PRGM - PHARMACY	1,186	0	0	696,906	0
23.01	02301	PARAMED PRGM - CPE	2,469	0	0	349,248	0
23.02	02302	PARAMED PRGM - RADIOLOGY	1,424	0	0	365,172	0
23.03	02303	PARAMED PRGM - EMS	101	0	3,066	529,246	0
23.04	02304	PARAMED PRGM- SONOGRAPHY	0	0	0	395,660	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	313,681	0	742,397	70,764,775	0
31.00	03100	INTENSIVE CARE UNIT	43,802	0	539,467	20,565,110	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	33,416	0	209,600	11,361,068	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18,647	0	231,846	3,538,558	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,356	0	433,156	22,660,689	0
40.00	04000	SUBPROVIDER - IPF	4,046	26,759	22,752	5,465,227	0
43.00	04300	NURSERY	14,882	0	37,721	2,736,144	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	146,401	0	8,442,389	26,029,282	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,530	0	56,228	4,350,710	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,210	0	1,196,350	6,560,464	0
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	256,383	3,052,054	0
54.02	05403	ULTRASOUND	1,962	0	6,249	987,483	0
54.03	05404	ECHOCARDIOLOGY	0	0	362,594	982,921	0
54.04	05401	ONCOLOGY	10,026	0	1,213,062	3,901,409	0
57.00	05700	CT SCAN	2,182	0	300,658	1,643,177	0
58.00	05800	MRI	8,502	0	474,743	946,767	0
59.00	05900	CARDIAC CATHETERIZATION	27,553	0	1,009,523	6,306,766	0
59.01	05901	CARDIAC REHAB	0	0	11,409	557,901	0
60.00	06000	LABORATORY	17,307	0	136,204	106	0
65.00	06500	RESPIRATORY THERAPY	3,257	0	522,441	6,150,047	0
66.00	06600	PHYSICAL THERAPY	10,594	51	35,759	8,424,753	0
67.00	06700	OCCUPATIONAL THERAPY	372	0	0	1,286,513	0
68.00	06800	SPEECH PATHOLOGY	1,258	0	13,513	822,878	0
69.00	06900	ELECTROCARDIOLOGY	776	0	233,742	1,192,240	0
70.00	07000	ELECTROENCEPHALOGRAPHY	809	9,956	120,694	1,626,273	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,496	0	19,236	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	11,766	0	630,469	2,282,638	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	2,864,559	0
90.01	09001	PARTIAL HOSPITALIZATION	5,126	8,462	269	2,480,685	0
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	1,153,056	0
91.00	09100	EMERGENCY	38,291	0	589,530	20,026,357	0
91.01	09101	WOUND CARE 002	9,589	0	0	541,076	0
91.02	09102	WOUND CARE 001	553	0	22,122	502,287	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	0	0	29,193	241,529	0
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
91.06 09106 OP ANTI COAGULATION CLINIC	1,695	0	0	432,682	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	370,848	0	91.07
91.08 04040 FAMILY PRACTICE	0	0	10,962	1,307,068	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	6,146	0	0	0	0	95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	0	503	273,899	0	98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	563	1,560,697	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	1,646,634	0	106.00
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	290,247	3,893,848	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,291,060	57,916	22,854,974	310,211,330	-190,781,127	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	2,929	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	395,601	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	8,299	0	92,953	36,799,849	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	2,630	0	14,783	345,910	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	0	0	0	333,907	0	193.04
193.05 19301 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07 19310 BILLING	0	0	0	0	0	193.07
193.08 19308 OCCUPATIONAL HEALTH	0	0	0	367	0	193.08
193.09 19312 LIFELINE	0	0	3,548	0	0	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14 19302 VACANT SPACE	30,889	0	0	0	-430,274	193.14
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.19 19319 SPORTS PERFORMANCE	0	0	107,734	4,147,731	0	193.19
194.00 07950 RETAIL PHARMACY	2,276	0	0	545,190	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	18,639,070	234,478	23,073,995	62,035,278		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13.929681	4.048588	1.000000	0.175847		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				475,212		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.001347		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: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	836,839,244				5.00
7.00	00700	OPERATION OF PLANT	30,081,124	1,104,191			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,664,385	366	6,047,035		8.00
9.00	00900	HOUSEKEEPING	11,551,002	14,484	0	1,089,341	9.00
10.00	01000	DIETARY	5,384,610	32,712	0	32,712	493,939
11.00	01100	CAFETERIA	6,999,670	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,740,474	55,480	0	55,480	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,003,890	41,577	3,872	41,577	0
15.00	01500	PHARMACY	17,620,296	14,301	4,086	14,301	0
16.00	01600	MEDICAL RECORDS & LIBRARY	245,542	10,969	0	10,969	0
17.00	01700	SOCIAL SERVICE	5,794,681	2,261	0	2,261	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	12,452,168	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	9,906,413	12,522	100	12,522	0
23.00	02300	PARAMED ED PRGM - PHARMACY	863,905	1,186	0	1,186	0
23.01	02301	PARAMED ED PRGM - CPE	452,399	2,469	0	2,469	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	374,522	1,424	0	1,424	0
23.03	02303	PARAMED ED PRGM - EMS	760,998	101	0	101	0
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	438,657	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,766,769	313,681	2,619,719	313,681	322,173
31.00	03100	INTENSIVE CARE UNIT	30,444,786	43,802	406,884	43,802	11,603
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	16,547,154	33,416	185,042	33,416	17,652
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,747,486	18,647	93,598	18,647	1,692
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	21,046,725	28,356	232,517	28,356	0
40.00	04000	SUBPROVIDER - IPF	5,852,066	30,806	124,971	30,806	52,820
43.00	04300	NURSERY	2,864,480	14,882	21,968	14,882	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,182,346	146,401	1,110,234	146,401	3,135
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,970,144	20,530	95,624	20,530	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,923,031	25,210	65,328	25,210	76
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	5,012,878	11,856	79,314	11,856	0
54.02	05403	ULTRASOUND	1,288,049	1,962	0	1,962	0
54.03	05404	ECHOCARDIOLOGY	2,274,411	0	0	0	0
54.04	05401	ONCOLOGY	10,436,145	10,026	50,693	10,026	0
57.00	05700	CT SCAN	2,523,011	2,182	92,181	2,182	0
58.00	05800	MRI	2,107,815	8,502	38,185	8,502	0
59.00	05900	CARDIAC CATHETERIZATION	9,867,236	27,553	101,331	27,553	0
59.01	05901	CARDIAC REHAB	935,331	0	0	0	0
60.00	06000	LABORATORY	29,310,278	17,307	0	17,307	0
65.00	06500	RESPIRATORY THERAPY	11,223,256	3,257	0	3,257	0
66.00	06600	PHYSICAL THERAPY	12,334,063	10,645	55,519	10,645	0
67.00	06700	OCCUPATIONAL THERAPY	1,614,527	372	0	372	0
68.00	06800	SPEECH PATHOLOGY	1,219,121	1,258	0	1,258	0
69.00	06900	ELECTROCARDIOLOGY	2,453,657	776	7,091	776	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,108,777	10,765	14,699	10,765	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	62,163,477	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,429,864	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	63,970,849	0	0	0	0
74.00	07400	RENAL DIALYSIS	5,049,732	3,496	26,508	3,496	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	4,422,196	11,766	0	11,766	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,154,594	0	0	0	0
90.01	09001	PARTIAL HOSPITALIZATION	2,971,593	13,588	0	13,588	0
90.02	09002	COVID-19 VACCINE CLINIC	1,491,358	0	0	0	0
91.00	09100	EMERGENCY	31,062,533	38,291	590,543	38,291	4,052
91.01	09101	WOUND CARE 002	1,398,809	9,589	27,028	9,589	0
91.02	09102	WOUND CARE 001	668,440	553	0	553	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	553,771	0	0	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	759,291	1,695	0	1,695	0
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	929,619	0	0	0	0
91.08	04040	FAMILY PRACTICE	2,402,033	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500 AMBULANCE SERVICES	85,612	6,146	0	6,146	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	347,038	0	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	6,721,526	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	5,253,030	0	0	0	0	106.00
112.00	08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	13,697,340	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	732,920,983	1,057,168	6,047,035	1,042,318	413,203	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	828,180	2,929	0	2,929	0	190.00
191.00	19100 RESEARCH	991,149	0	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	63,659,615	8,299	0	8,299	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304 MARKETING	50	0	0	0	0	193.01
193.02	19305 MISSION SERVICES	925,318	2,630	0	2,630	0	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	477,750	0	0	0	0	193.04
193.05	19301 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303 JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310 BILLING	18,870,953	0	0	0	0	193.07
193.08	19308 OCCUPATIONAL HEALTH	666	0	0	0	0	193.08
193.09	19312 LIFE LINE	3,548	0	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302 VACANT SPACE	0	30,889	0	30,889	0	193.14
193.16	19316 SETON BOARD	0	0	0	0	80,736	193.16
193.19	19319 SPORTS PERFORMANCE	7,960,084	0	0	0	0	193.19
194.00	07950 RETAIL PHARMACY	10,200,948	2,276	0	2,276	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	190,781,127	36,938,958	3,284,050	14,668,915	8,147,006	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.227978	33.453413	0.543084	13.465861	16.493952	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	23,001,209	4,311,726	79,760	572,104	816,618	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.027486	3.904873	0.013190	0.525184	1.653277	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: 15-0084

Period: From 07/01/2020 To 06/30/2021

Worksheet B-1
Date/Time Prepared: 11/30/2021 9:32 am

Cost Center Description			CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
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	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	7,451,975					11.00
13.00	01300	NURSING ADMINISTRATION	246,360	3,926,032				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	154,475	24	135,626,225			14.00
15.00	01500	PHARMACY	244,774	0	1,562,017	54,471,529		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,157	0	0	0	4,484,396,798	16.00
17.00	01700	SOCIAL SERVICE	112,463	226	29,323	522	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	357,991	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	98,358	0	209,401	33,006	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	17,597	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	14,574	0	3,413	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	9,649	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	9,340	0	620	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	9,446	0	1,787	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,573,679	1,550,056	3,563,697	233,591	393,673,914	30.00
31.00	03100	INTENSIVE CARE UNIT	536,106	720,345	257,902	147,324	169,309,738	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	251,136	324,573	5,519	92,435	65,795,357	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	67,825	86,261	76,592	10,938	25,427,811	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	437,590	316,587	0	15,563	232,747,456	34.01
40.00	04000	SUBPROVIDER - I/PF	133,057	0	3,418	0	37,002,211	40.00
43.00	04300	NURSERY	53,043	66,494	111,957	790	19,818,864	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	724,810	295,319	1,097,954	366,912	804,506,368	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,531	109,313	37,133	7,862	80,106,611	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	185,661	18,911	1,898,708	69,649	97,105,058	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	86,407	29,262	347,664	24,259	47,694,131	54.01
54.02	05403	ULTRASOUND	19,263	0	0	282	27,712,672	54.02
54.03	05404	ECHOCARDIOLOGY	23,032	0	366,963	1,977	38,489,882	54.03
54.04	05401	ONCOLOGY	98,246	35,208	81,337	8,504	81,030,516	54.04
57.00	05700	CT SCAN	41,672	0	12,594	27,845	48,479,578	57.00
58.00	05800	MRI	23,572	0	206,233	6,694	14,719,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	137,732	82,362	12	77,472	274,580,517	59.00
59.01	05901	CARDIAC REHAB	18,501	7,064	4,499	0	2,446,575	59.01
60.00	06000	LABORATORY	2	0	269,835	575	440,830,017	60.00
65.00	06500	RESPIRATORY THERAPY	185,468	0	0	2,720,986	83,907,606	65.00
66.00	06600	PHYSICAL THERAPY	247,552	0	24,687	3,855	48,155,019	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,846	0	0	0	11,044,538	67.00
68.00	06800	SPEECH PATHOLOGY	21,443	0	380	0	6,567,558	68.00
69.00	06900	ELECTROCARDIOLOGY	34,731	0	364,020	2,916	29,959,958	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,944	0	228,445	3,922	20,176,012	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	60,938,022	0	199,115,703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	60,429,864	0	207,628,891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,348,079	365,843,292	73.00
74.00	07400	RENAL DIALYSIS	0	0	55,827	35,759	21,759,562	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	57,642	34,947	0	19,948	58,758,162	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	124,652	24,055	89	0	11,076,970	90.00
90.01	09001	PARTIAL HOSPITALIZATION	85,988	0	0	0	14,297,240	90.01
90.02	09002	COVID-19 VACCINE CLINIC	30,569	2,996	50,128	0	0	90.02
91.00	09100	EMERGENCY	511,849	172,279	189,091	38,199	324,474,503	91.00
91.01	09101	WOUND CARE 002	17,342	6,706	0	1,665	16,966,744	91.01
91.02	09102	WOUND CARE 001	12,680	7,319	0	4,851	3,339,668	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONVILLE CLINIC	0	0	14,607	218	2,443,610	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	2,772	2,120	5,434	3,060,178	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	9,338	46,761	2,291	4,093,980	91.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
91.08	04040 FAMILY PRACTICE	0	0	16,272	455	4,064,407	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	7,420	0	269	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	35,794	12,273	1,080	0	13,714,971	105.00
106.00	10600 HEART ACQUISITION	33,445	11,342	3,858	0	5,210,111	106.00
112.00	08600 PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	107,522	0	2,793,322	414,458	127,261,635	115.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	7,406,936	3,926,032	135,307,420	49,729,236	4,484,396,798	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	7,900	0	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	238,591	4,731,111	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304 MARKETING	0	0	0	0	0	193.01
193.02	19305 MISSION SERVICES	10,652	0	1,320	0	0	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	12,623	0	0	0	0	193.04
193.05	19301 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303 JOINT VENTURE JOINT VENTURE	0	0	0	0	0	193.06
193.07	19310 BILLING	0	0	0	0	0	193.07
193.08	19308 OCCUPATIONAL HEALTH	12	0	207	0	0	193.08
193.09	19312 LIFELINE	0	0	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302 VACANT SPACE	0	0	0	0	0	193.14
193.16	19316 SETON BOARD	0	0	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	0	0	78,523	11,182	0	193.19
194.00	07950 RETAIL PHARMACY	13,852	0	164	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,595,441	23,444,178	14,415,744	22,758,907	820,972	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.153445	5.971469	0.106290	0.417813	0.000183	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	192,393	2,507,846	3,555,835	1,878,781	201,877	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.025818	0.638774	0.026218	0.034491	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM - PHARMACY (ASSIGNED TIME)	PARAMED PRGM - CPE (ASSIGNED TIME)	
	SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)					
	17.00	21.00	22.00		23.01			
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS							1.01
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 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
13.00 01300	NURSING ADMINISTRATION							13.00
14.00 01400	CENTRAL SERVICES & SUPPLY							14.00
15.00 01500	PHARMACY							15.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE	190,106						17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	50,625					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		50,625				22.00
23.00 02300	PARAMED PRGM - PHARMACY	0			100			23.00
23.01 02301	PARAMED PRGM - CPE	0				940		23.01
23.02 02302	PARAMED PRGM - RADIOLOGY	0						23.02
23.03 02303	PARAMED PRGM - EMS	0						23.03
23.04 02304	PARAMED PRGM- SONOGRAPHY	0						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	104,907	17,162	17,162	0	515		30.00
31.00 03100	INTENSIVE CARE UNIT	29,516	3,832	3,832	0	102		31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0		32.00
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	8,284	0	0	0	57		32.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
33.01 02080	PEDIATRIC INTENSIVE CARE UNIT	2,278	371	371	0	36		33.01
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	27,230	82	82	0	60		34.01
40.00 04000	SUBPROVIDER - I/PF	13,081	734	734	0	60		40.00
43.00 04300	NURSERY	4,810	257	257	0	22		43.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	0	6,703	6,703	0	21		50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	3,428	3,428	0	11		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	605	605	0	0		54.00
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0		54.01
54.02 05403	ULTRASOUND	0	298	298	0	0		54.02
54.03 05404	ECHOCARDIOLOGY	0	366	366	0	0		54.03
54.04 05401	ONCOLOGY	0	1,548	1,548	0	0		54.04
57.00 05700	CT SCAN	0	0	0	0	0		57.00
58.00 05800	MRI	0	63	63	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	743	743	0	0		59.00
59.01 05901	CARDIAC REHAB	0	183	183	0	0		59.01
60.00 06000	LABORATORY	0	807	807	0	0		60.00
65.00 06500	RESPIRATORY THERAPY	0	851	851	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	151	151	0	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,482	1,482	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	375	375	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	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	88	88	100	0		73.00
74.00 07400	RENAL DIALYSIS	0	719	719	0	0		74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 03330	ENDOSCOPY	0	1,319	1,319	0	0		75.01
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	0	1,339	1,339	0	0		90.00
90.01 09001	PARTIAL HOSPITALIZATION	0	0	0	0	0		90.01
90.02 09002	COVID-19 VACCINE CLINIC	0	0	0	0	0		90.02
91.00 09100	EMERGENCY	0	2,000	2,000	0	56		91.00
91.01 09101	WOUND CARE 002	0	94	94	0	0		91.01
91.02 09102	WOUND CARE 001	0	0	0	0	0		91.02
91.03 09103	LAFAYETTE RD CLINIC	0	0	0	0	0		91.03
91.04 09104	ZIONSVILLE CLINIC	0	0	0	0	0		91.04
91.05 09105	BROWNSBURG CLINIC	0	0	0	0	0		91.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description	INTERNS & RESIDENTS					PARAMED ED PRGM - PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - CPE (ASSIGNED TIME)	
	SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)					
		17.00	21.00	22.00	23.00			
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	0	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0	91.07	
91.08 04040 FAMILY PRACTICE	0	2,107	2,107	0	0	0	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)							92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	0	98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0	98.01	
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	0	98.02	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0	91	91	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00	
112.00 08600 PANCREAS ACQUISITION	0	0	0	0	0	0	112.00	
113.00 11300 INTEREST EXPENSE							113.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	1,563	1,563	0	0	0	115.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	190,106	49,361	49,361	100	940		118.00	
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	377	377	0	0	0	191.00	
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	487	487	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00	
193.01 19304 MARKETING	0	0	0	0	0	0	193.01	
193.02 19305 MISSION SERVICES	0	0	0	0	0	0	193.02	
193.03 19306 FOUNDATION	0	0	0	0	0	0	193.03	
193.04 19307 WELLNESS	0	0	0	0	0	0	193.04	
193.05 19301 NETWORK DEVELOPMENT	0	0	0	0	0	0	193.05	
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0	0	0	0	0	193.06	
193.07 19310 BILLING	0	0	0	0	0	0	193.07	
193.08 19308 OCCUPATIONAL HEALTH	0	0	0	0	0	0	193.08	
193.09 19312 LIFELINE	0	0	0	0	0	0	193.09	
193.10 19313 MARTEN HOUSE	0	0	0	0	0	0	193.10	
193.14 19302 VACANT SPACE	0	0	0	0	0	0	193.14	
193.16 19316 SETON BOARD	0	0	0	0	0	0	193.16	
193.19 19319 SPORTS PERFORMANCE	0	400	400	0	0	0	193.19	
194.00 07950 RETAIL PHARMACY	0	0	0	0	0	0	194.00	
200.00 Cross Foot Adjustments							200.00	
201.00 Negative Cost Centers							201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	7,356,230	15,703,911	12,901,933	1,136,800	688,552		202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	38.695412	310.200711	254.852998	11,368.000000	732.502128		203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	216,735	365,768	591,872	46,913	58,700		204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	1.140074	7.225047	11.691299	469.130000	62.446809		205.00	
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0	0		206.00	
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000	0.000000		207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		PARAMED PRGM - RADIOLOGY (CHARGES)	PARAMED PRGM - EMS (ASSIGNED TIME)	PARAMED PRGM - SONOGRAPHY (ASSIGNED TIME)	
		23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302	188,016,512			23.02
23.03	02303		100		23.03
23.04	02304			100	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
32.01	03201	0	0	0	32.01
33.00	03300	0	0	0	33.00
33.01	02080	0	0	0	33.01
34.00	03400	0	0	0	34.00
34.01	02060	0	0	0	34.01
40.00	04000	0	0	0	40.00
43.00	04300	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
52.00	05200	0	0	0	52.00
54.00	05400	97,105,058	0	0	54.00
54.01	05402	0	0	0	54.01
54.02	05403	27,712,672	0	100	54.02
54.03	05404	0	0	0	54.03
54.04	05401	0	0	0	54.04
57.00	05700	48,479,579	0	0	57.00
58.00	05800	14,719,203	0	0	58.00
59.00	05900	0	0	0	59.00
59.01	05901	0	0	0	59.01
60.00	06000	0	0	0	60.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	0	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
75.01	03330	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
91.00	09100	0	100	0	91.00
91.01	09101	0	0	0	91.01
91.02	09102	0	0	0	91.02
91.03	09103	0	0	0	91.03
91.04	09104	0	0	0	91.04
91.05	09105	0	0	0	91.05
91.06	09106	0	0	0	91.06
91.07	09107	0	0	0	91.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		PARAMED PRGM - RADIOLOGY (CHARGES)	PARAMED PRGM - EMS (ASSIGNED TIME)	PARAMED PRGM - SONOGRAPHY (ASSIGNED TIME)	
		23.02	23.03	23.04	
91.08	04040 FAMILY PRACTICE	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)				92.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
112.00	08600 PANCREAS ACQUISITION	0	0	0	112.00
113.00	11300 INTEREST EXPENSE				113.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	188,016,512	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19304 MARKETING	0	0	0	193.01
193.02	19305 MISSION SERVICES	0	0	0	193.02
193.03	19306 FOUNDATION	0	0	0	193.03
193.04	19307 WELLNESS	0	0	0	193.04
193.05	19301 NETWORK DEVELOPMENT	0	0	0	193.05
193.06	19303 JOINT VENTURE JOINT VENTURE	0	0	0	193.06
193.07	19310 BILLING	0	0	0	193.07
193.08	19308 OCCUPATIONAL HEALTH	0	0	0	193.08
193.09	19312 LIFELINE	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	193.10
193.14	19302 VACANT SPACE	0	0	0	193.14
193.16	19316 SETON BOARD	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	0	0	0	193.19
194.00	07950 RETAIL PHARMACY	0	0	0	194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	537,848	950,067	549,746	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002861	9,500.670000	5,497.460000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	37,180	139,340	12,881	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000198	1,393.400000	128.810000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period: 07/01/2020 To 06/30/2021

Worksheet C Part I Date/Time Prepared: 11/30/2021 9:32 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	141,602,579		141,602,579	4,297,197	145,899,776	30.00
31.00	03100	INTENSIVE CARE UNIT	46,109,722		46,109,722	0	46,109,722	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	24,920,444		24,920,444	0	24,920,444	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,280,693		6,280,693	0	6,280,693	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	30,843,580		30,843,580	0	30,843,580	34.01
40.00	04000	SUBPROVIDER - IPF	10,281,417		10,281,417	0	10,281,417	40.00
43.00	04300	NURSERY	4,904,047		4,904,047	0	4,904,047	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,495,025		68,495,025	0	68,495,025	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,165,818		9,165,818	0	9,165,818	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,170,254		19,170,254	0	19,170,254	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	7,085,273		7,085,273	0	7,085,273	54.01
54.02	05403	ULTRASOUND	2,330,192		2,330,192	0	2,330,192	54.02
54.03	05404	ECHOCARDIOLOGY	2,866,367		2,866,367	0	2,866,367	54.03
54.04	05401	ONCOLOGY	13,663,891		13,663,891	0	13,663,891	54.04
57.00	05700	CT SCAN	3,459,253		3,459,253	0	3,459,253	57.00
58.00	05800	MRI	3,104,709		3,104,709	0	3,104,709	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,197,853		14,197,853	0	14,197,853	59.00
59.01	05901	CARDIAC REHAB	1,213,014		1,213,014	0	1,213,014	59.01
60.00	06000	LABORATORY	36,914,004		36,914,004	0	36,914,004	60.00
65.00	06500	RESPIRATORY THERAPY	15,300,872	0	15,300,872	0	15,300,872	65.00
66.00	06600	PHYSICAL THERAPY	15,974,150	0	15,974,150	0	15,974,150	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,039,965	0	2,039,965	0	2,039,965	67.00
68.00	06800	SPEECH PATHOLOGY	1,582,053	0	1,582,053	0	1,582,053	68.00
69.00	06900	ELECTROCARDIOLOGY	3,138,751		3,138,751	0	3,138,751	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,418,952		4,418,952	0	4,418,952	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	82,848,956		82,848,956	0	82,848,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,667,630		80,667,630	0	80,667,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,705,554		98,705,554	0	98,705,554	73.00
74.00	07400	RENAL DIALYSIS	6,404,243		6,404,243	0	6,404,243	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03330	ENDOSCOPY	6,276,671		6,276,671	0	6,276,671	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,303,121		10,303,121	0	10,303,121	90.00
90.01	09001	PARTIAL HOSPITALIZATION	4,388,388		4,388,388	0	4,388,388	90.01
90.02	09002	COVID-19 VACCINE CLINIC	1,889,834		1,889,834	0	1,889,834	90.02
91.00	09100	EMERGENCY	43,033,913		43,033,913	0	43,033,913	91.00
91.01	09101	WOUND CARE 002	2,246,143		2,246,143	0	2,246,143	91.01
91.02	09102	WOUND CARE 001	907,746		907,746	0	907,746	91.02
91.03	09103	LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	682,110		682,110	0	682,110	91.04
91.05	09105	BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	1,031,530		1,031,530	0	1,031,530	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,203,990		1,203,990	0	1,203,990	91.07
91.08	04040	FAMILY PRACTICE	2,952,308		2,952,308	0	2,952,308	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	18,991,394		18,991,394	0	18,991,394	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	393,496		393,496	0	393,496	95.00
98.00	09853	GERIATRIC CLINIC	0		0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0		0	0	0	98.01
98.02	09852	DIABETES EDUCATION	434,743		434,743	0	434,743	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8,371,085		8,371,085	0	8,371,085	105.00
106.00	10600	HEART ACQUISITION	6,558,273		6,558,273	0	6,558,273	106.00
112.00	08600	PANCREAS ACQUISITION	0		0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	17,437,410		17,437,410	0	17,437,410	115.00
200.00		Subtotal (see instructions)	884,791,416	0	884,791,416	4,297,197	889,088,613	200.00
201.00		Less Observation Beds	18,991,394		18,991,394	0	18,991,394	201.00
202.00		Total (see instructions)	865,800,022	0	865,800,022	4,297,197	870,097,219	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0084		Period: 07/01/2020 To 06/30/2021		Worksheet C Part I Date/Time Prepared: 11/30/2021 9:32 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	344,318,865		344,318,865				30.00
31.00	03100	INTENSIVE CARE UNIT	169,309,738		169,309,738				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	65,795,357		65,795,357				32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	25,427,811		25,427,811				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	232,747,456		232,747,456				34.01
40.00	04000	SUBPROVIDER - I/PF	37,002,211		37,002,211				40.00
43.00	04300	NURSERY	19,818,864		19,818,864				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	435,448,905	369,057,463	804,506,368	0.085139	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	76,709,993	3,396,618	80,106,611	0.114420	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,469,101	73,635,957	97,105,058	0.197418	0.000000		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	13,164,212	34,529,919	47,694,131	0.148556	0.000000		54.01
54.02	05403	ULTRASOUND	15,543,611	12,169,061	27,712,672	0.084084	0.000000		54.02
54.03	05404	ECHOCARDIOLOGY	848,568	37,641,314	38,489,882	0.074471	0.000000		54.03
54.04	05401	ONCOLOGY	4,816,591	76,213,925	81,030,516	0.168626	0.000000		54.04
57.00	05700	CT SCAN	24,770,369	23,709,209	48,479,578	0.071355	0.000000		57.00
58.00	05800	MRI	5,743,713	8,975,491	14,719,204	0.210929	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	117,484,339	157,096,178	274,580,517	0.051707	0.000000		59.00
59.01	05901	CARDIAC REHAB	1,937	2,444,638	2,446,575	0.495801	0.000000		59.01
60.00	06000	LABORATORY	307,692,488	133,137,529	440,830,017	0.083738	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	80,312,390	3,595,216	83,907,606	0.182354	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	27,512,824	20,642,195	48,155,019	0.331723	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	10,413,705	630,833	11,044,538	0.184704	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,328,372	2,239,186	6,567,558	0.240889	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	19,499,180	10,460,778	29,959,958	0.104765	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,930,897	15,245,115	20,176,012	0.219020	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	114,723,843	84,391,860	199,115,703	0.416084	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,518,200	67,110,691	207,628,891	0.388518	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	276,334,100	89,509,192	365,843,292	0.269803	0.000000		73.00
74.00	07400	RENAL DIALYSIS	17,421,591	4,337,971	21,759,562	0.294319	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03330	ENDOSCOPY	17,380,359	41,377,803	58,758,162	0.106822	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	29,772	11,047,198	11,076,970	0.930139	0.000000		90.00
90.01	09001	PARTIAL HOSPITALIZATION	22,253	14,274,987	14,297,240	0.306940	0.000000		90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0.000000	0.000000		90.02
91.00	09100	EMERGENCY	96,277,178	228,197,325	324,474,503	0.132626	0.000000		91.00
91.01	09101	WOUND CARE 002	440,795	16,525,949	16,966,744	0.132385	0.000000		91.01
91.02	09102	WOUND CARE 001	2,976,648	363,020	3,339,668	0.271807	0.000000		91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	0.000000		91.03
91.04	09104	ZIONSVILLE CLINIC	18,360	2,425,250	2,443,610	0.279140	0.000000		91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	0.000000		91.05
91.06	09106	OP ANTI COAGULATION CLINIC	7,794	3,052,384	3,060,178	0.337082	0.000000		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	23,158	4,070,822	4,093,980	0.294088	0.000000		91.07
91.08	04040	FAMILY PRACTICE	0	4,064,407	4,064,407	0.726381	0.000000		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	13,947,747	35,407,302	49,355,049	0.384791	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	0.000000		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0.000000	0.000000		98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	0.000000		98.02
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	12,262,717	1,452,254	13,714,971				105.00
106.00	10600	HEART ACQUISITION	4,885,774	324,337	5,210,111				106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	37,956	127,223,679	127,261,635				115.00
200.00		Subtotal (see instructions)	2,764,419,742	1,719,977,056	4,484,396,798				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	2,764,419,742	1,719,977,056	4,484,396,798				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/30/2021 9:32 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		34.01
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.085139	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.114420	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197418	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.148556	54.01
54.02	05403	ULTRASOUND	0.084084	54.02
54.03	05404	ECHOCARDIOLOGY	0.074471	54.03
54.04	05401	ONCOLOGY	0.168626	54.04
57.00	05700	CT SCAN	0.071355	57.00
58.00	05800	MRI	0.210929	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051707	59.00
59.01	05901	CARDIAC REHAB	0.495801	59.01
60.00	06000	LABORATORY	0.083738	60.00
65.00	06500	RESPIRATORY THERAPY	0.182354	65.00
66.00	06600	PHYSICAL THERAPY	0.331723	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184704	67.00
68.00	06800	SPEECH PATHOLOGY	0.240889	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104765	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.219020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269803	73.00
74.00	07400	RENAL DIALYSIS	0.294319	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	03330	ENDOSCOPY	0.106822	75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.930139	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.306940	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	90.02
91.00	09100	EMERGENCY	0.132626	91.00
91.01	09101	WOUND CARE 002	0.132385	91.01
91.02	09102	WOUND CARE 001	0.271807	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0.279140	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.337082	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.294088	91.07
91.08	04040	FAMILY PRACTICE	0.726381	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.384791	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0.000000	98.02
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION		105.00
106.00	10600	HEART ACQUISITION		106.00
112.00	08600	PANCREAS ACQUISITION		112.00
113.00	11300	INTEREST EXPENSE		113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period: 07/01/2020
To: 06/30/2021

Worksheet C
Part I
Date/Time Prepared:
11/30/2021 9:32 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,300,034		151,300,034	4,297,197	155,597,231	30.00
31.00	03100	INTENSIVE CARE UNIT	48,275,008		48,275,008	0	48,275,008	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	24,920,444		24,920,444	0	24,920,444	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,490,327		6,490,327	0	6,490,327	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	30,889,914		30,889,914	0	30,889,914	34.01
40.00	04000	SUBPROVIDER - IPF	10,696,166		10,696,166	0	10,696,166	40.00
43.00	04300	NURSERY	5,049,266		5,049,266	0	5,049,266	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	72,282,580		72,282,580	0	72,282,580	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,102,822		11,102,822	0	11,102,822	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,512,111		19,512,111	0	19,512,111	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	7,085,273		7,085,273	0	7,085,273	54.01
54.02	05403	ULTRASOUND	2,498,578		2,498,578	0	2,498,578	54.02
54.03	05404	ECHOCARDIOLOGY	3,073,176		3,073,176	0	3,073,176	54.03
54.04	05401	ONCOLOGY	14,538,594		14,538,594	0	14,538,594	54.04
57.00	05700	CT SCAN	3,459,253		3,459,253	0	3,459,253	57.00
58.00	05800	MRI	3,140,308		3,140,308	0	3,140,308	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,617,688		14,617,688	0	14,617,688	59.00
59.01	05901	CARDIAC REHAB	1,316,419		1,316,419	0	1,316,419	59.01
60.00	06000	LABORATORY	37,370,002		37,370,002	0	37,370,002	60.00
65.00	06500	RESPIRATORY THERAPY	15,781,733	0	15,781,733	0	15,781,733	65.00
66.00	06600	PHYSICAL THERAPY	16,059,473	0	16,059,473	0	16,059,473	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,039,965	0	2,039,965	0	2,039,965	67.00
68.00	06800	SPEECH PATHOLOGY	1,582,053	0	1,582,053	0	1,582,053	68.00
69.00	06900	ELECTROCARDIOLOGY	3,976,160		3,976,160	0	3,976,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,630,847		4,630,847	0	4,630,847	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	82,848,956		82,848,956	0	82,848,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,667,630		80,667,630	0	80,667,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,755,279		98,755,279	0	98,755,279	73.00
74.00	07400	RENAL DIALYSIS	6,810,516		6,810,516	0	6,810,516	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03330	ENDOSCOPY	7,021,977		7,021,977	0	7,021,977	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	11,059,728		11,059,728	0	11,059,728	90.00
90.01	09001	PARTIAL HOSPITALIZATION	4,388,388		4,388,388	0	4,388,388	90.01
90.02	09002	COVID-19 VACCINE CLINIC	1,889,834		1,889,834	0	1,889,834	90.02
91.00	09100	EMERGENCY	44,164,020		44,164,020	0	44,164,020	91.00
91.01	09101	WOUND CARE 002	2,299,258		2,299,258	0	2,299,258	91.01
91.02	09102	WOUND CARE 001	907,746		907,746	0	907,746	91.02
91.03	09103	LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	682,110		682,110	0	682,110	91.04
91.05	09105	BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	1,031,530		1,031,530	0	1,031,530	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,203,990		1,203,990	0	1,203,990	91.07
91.08	04040	FAMILY PRACTICE	4,142,876		4,142,876	0	4,142,876	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	18,991,394		18,991,394	0	18,991,394	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	393,496		393,496	0	393,496	95.00
98.00	09853	GERIATRIC CLINIC	0		0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0		0	0	0	98.01
98.02	09852	DIABETES EDUCATION	434,743		434,743	0	434,743	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8,422,505		8,422,505	0	8,422,505	105.00
106.00	10600	HEART ACQUISITION	6,558,273		6,558,273	0	6,558,273	106.00
112.00	08600	PANCREAS ACQUISITION	0		0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	18,320,589		18,320,589	0	18,320,589	115.00
200.00		Subtotal (see instructions)	912,683,032	0	912,683,032	4,297,197	916,980,229	200.00
201.00		Less Observation Beds	18,991,394		18,991,394	0	18,991,394	201.00
202.00		Total (see instructions)	893,691,638	0	893,691,638	4,297,197	897,988,835	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period: 07/01/2020 To 06/30/2021

Worksheet C Part I Date/Time Prepared: 11/30/2021 9:32 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	344,318,865		344,318,865		30.00
31.00	03100	INTENSIVE CARE UNIT	169,309,738		169,309,738		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	65,795,357		65,795,357		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	25,427,811		25,427,811		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	232,747,456		232,747,456		34.01
40.00	04000	SUBPROVIDER - I/PF	37,002,211		37,002,211		40.00
43.00	04300	NURSERY	19,818,864		19,818,864		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	435,448,905	369,057,463	804,506,368	0.089847	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	76,709,993	3,396,618	80,106,611	0.138601	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,469,101	73,635,957	97,105,058	0.200938	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	13,164,212	34,529,919	47,694,131	0.148556	54.01
54.02	05403	ULTRASOUND	15,543,611	12,169,061	27,712,672	0.090160	54.02
54.03	05404	ECHOCARDIOLOGY	848,568	37,641,314	38,489,882	0.079844	54.03
54.04	05401	ONCOLOGY	4,816,591	76,213,925	81,030,516	0.179421	54.04
57.00	05700	CT SCAN	24,770,369	23,709,209	48,479,578	0.071355	57.00
58.00	05800	MRI	5,743,713	8,975,491	14,719,204	0.213348	58.00
59.00	05900	CARDIAC CATHETERIZATION	117,484,339	157,096,178	274,580,517	0.053236	59.00
59.01	05901	CARDIAC REHAB	1,937	2,444,638	2,446,575	0.538066	59.01
60.00	06000	LABORATORY	307,692,488	133,137,529	440,830,017	0.084772	60.00
65.00	06500	RESPIRATORY THERAPY	80,312,390	3,595,216	83,907,606	0.188085	65.00
66.00	06600	PHYSICAL THERAPY	27,512,824	20,642,195	48,155,019	0.333495	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,413,705	630,833	11,044,538	0.184704	67.00
68.00	06800	SPEECH PATHOLOGY	4,328,372	2,239,186	6,567,558	0.240889	68.00
69.00	06900	ELECTROCARDIOLOGY	19,499,180	10,460,778	29,959,958	0.132716	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,930,897	15,245,115	20,176,012	0.229522	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	114,723,843	84,391,860	199,115,703	0.416084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	140,518,200	67,110,691	207,628,891	0.388518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	276,334,100	89,509,192	365,843,292	0.269939	73.00
74.00	07400	RENAL DIALYSIS	17,421,591	4,337,971	21,759,562	0.312990	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03330	ENDOSCOPY	17,380,359	41,377,803	58,758,162	0.119506	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	29,772	11,047,198	11,076,970	0.998443	90.00
90.01	09001	PARTIAL HOSPITALIZATION	22,253	14,274,987	14,297,240	0.306940	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	96,277,178	228,197,325	324,474,503	0.136109	91.00
91.01	09101	WOUND CARE 002	440,795	16,525,949	16,966,744	0.135516	91.01
91.02	09102	WOUND CARE 001	2,976,648	363,020	3,339,668	0.271807	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	18,360	2,425,250	2,443,610	0.279140	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	7,794	3,052,384	3,060,178	0.337082	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	23,158	4,070,822	4,093,980	0.294088	91.07
91.08	04040	FAMILY PRACTICE	0	4,064,407	4,064,407	1.019306	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	13,947,747	35,407,302	49,355,049	0.384791	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	12,262,717	1,452,254	13,714,971		105.00
106.00	10600	HEART ACQUISITION	4,885,774	324,337	5,210,111		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	37,956	127,223,679	127,261,635		115.00
200.00		Subtotal (see instructions)	2,764,419,742	1,719,977,056	4,484,396,798		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,764,419,742	1,719,977,056	4,484,396,798		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 11/30/2021 9:32 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			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
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000		54.01
54.02	05403	ULTRASOUND	0.000000		54.02
54.03	05404	ECHOCARDIOLOGY	0.000000		54.03
54.04	05401	ONCOLOGY	0.000000		54.04
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
59.01	05901	CARDIAC REHAB	0.000000		59.01
60.00	06000	LABORATORY	0.000000		60.00
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 PAT	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	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03330	ENDOSCOPY	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000		90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	WOUND CARE 002	0.000000		91.01
91.02	09102	WOUND CARE 001	0.000000		91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000		91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000		91.04
91.05	09105	BROWNSBURG CLINIC	0.000000		91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.000000		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000		91.07
91.08	04040	FAMILY PRACTICE	0.000000		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
98.00	09853	GERIATRIC CLINIC	0.000000		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000		98.01
98.02	09852	DIABETES EDUCATION	0.000000		98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
112.00	08600	PANCREAS ACQUISITION			112.00
113.00	11300	INTEREST EXPENSE			113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part I Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,979,850	0	10,979,850	120,606	91.04	30.00
31.00	INTENSIVE CARE UNIT	2,759,807		2,759,807	29,516	93.50	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,554,403		1,554,403	8,284	187.64	32.01
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	749,914		749,914	2,278	329.20	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,823,552		1,823,552	27,230	66.97	34.01
40.00	SUBPROVIDER - IPF	601,208	0	601,208	13,081	45.96	40.00
43.00	NURSERY	446,842		446,842	4,810	92.90	43.00
200.00	Total (lines 30 through 199)	18,915,576		18,915,576	205,805		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
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INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	31,480	2,865,939	30.00
31.00	INTENSIVE CARE UNIT	9,009	842,342	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	2,228	418,062	32.01
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	10	3,292	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	0	0	34.01
40.00	SUBPROVIDER - IPF	1,812	83,280	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	44,539	4,212,915	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,749,774	804,506,368	0.018334	122,381,285	2,243,738	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	721,692	80,106,611	0.009009	337,548	3,041	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,627,611	97,105,058	0.027059	5,839,838	158,020	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	971,221	47,694,131	0.020364	4,404,983	89,703	54.01
54.02	05403 ULTRASOUND	80,757	27,712,672	0.002914	4,786,438	13,948	54.02
54.03	05404 ECHOCARDIOLOGY	540,319	38,489,882	0.014038	26,152	367	54.03
54.04	05401 ONCOLOGY	3,493,620	81,030,516	0.043115	1,227,437	52,921	54.04
57.00	05700 CT SCAN	418,043	48,479,578	0.008623	8,368,966	72,166	57.00
58.00	05800 MRI	735,784	14,719,204	0.049988	1,458,941	72,930	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,153,014	274,580,517	0.007841	31,817,216	249,479	59.00
59.01	05901 CARDIAC REHAB	162,725	2,446,575	0.066511	1,937	129	59.01
60.00	06000 LABORATORY	1,286,510	440,830,017	0.002918	83,016,915	242,243	60.00
65.00	06500 RESPIRATORY THERAPY	1,062,623	83,907,606	0.012664	16,877,470	213,736	65.00
66.00	06600 PHYSICAL THERAPY	1,997,006	48,155,019	0.041470	7,003,544	290,437	66.00
67.00	06700 OCCUPATIONAL THERAPY	54,285	11,044,538	0.004915	3,120,928	15,339	67.00
68.00	06800 SPEECH PATHOLOGY	165,628	6,567,558	0.025219	1,395,946	35,204	68.00
69.00	06900 ELECTROCARDIOLOGY	430,891	29,959,958	0.014382	6,017,008	86,537	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	673,184	20,176,012	0.033366	1,531,494	51,100	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	3,315,246	199,115,703	0.016650	30,491,991	507,692	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,254,668	207,628,891	0.015675	50,560,298	792,533	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,338,871	365,843,292	0.009127	56,823,263	518,626	73.00
74.00	07400 RENAL DIALYSIS	226,244	21,759,562	0.010397	6,180,724	64,261	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03330 ENDOSCOPY	998,262	58,758,162	0.016989	6,012,260	102,142	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,142,451	11,076,970	0.193415	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	280,146	14,297,240	0.019594	2,070	41	90.01
90.02	09002 COVID-19 VACCINE CLINIC	46,561	0	0.000000	0	0	90.02
91.00	09100 EMERGENCY	2,435,374	324,474,503	0.007506	26,627,511	199,866	91.00
91.01	09101 WOUND CARE 002	292,988	16,966,744	0.017268	61,116	1,055	91.01
91.02	09102 WOUND CARE 001	56,643	3,339,668	0.016961	1,136,749	19,280	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	227,404	2,443,610	0.093061	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	98,207	3,060,178	0.032092	1,163	37	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	33,506	4,093,980	0.008184	1,550	13	91.07
91.08	04040 FAMILY PRACTICE	282,401	4,064,407	0.069481	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	1,429,216	49,355,049	0.028958	4,122,097	119,368	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	10,610	0	0.000000	0	0	98.02
200.00	Total (lines 50 through 199)	50,793,485	3,443,789,779		481,634,838	6,215,952	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part III Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	377,238	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	74,715	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	41,753	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	26,370	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	43,950	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	43,950	0	40.00
43.00	04300	NURSERY	0	0	0	16,115	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	624,091	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	377,238	120,606	3.13	31,480	30.00
31.00	03100	INTENSIVE CARE UNIT		74,715	29,516	2.53	9,009	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		41,753	8,284	5.04	2,228	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		26,370	2,278	11.58	10	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		43,950	27,230	1.61	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	43,950	13,081	3.36	1,812	40.00
43.00	04300	NURSERY		16,115	4,810	3.35	0	43.00
200.00		Total (lines 30 through 199)		624,091	205,805		44,539	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,532					30.00
31.00	03100	INTENSIVE CARE UNIT	22,793					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	11,229					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	116					33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0					34.01
40.00	04000	SUBPROVIDER - IPF	6,088					40.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	138,758					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description	Title XVIII			Hospital		Allied Health	Allied Health	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	PPS			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	15,383		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8,058		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	277,750		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	0		54.01
54.02 05403 ULTRASOUND	0	0	0	0	0	629,032		54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	0		54.03
54.04 05401 ONCOLOGY	0	0	0	0	0	0		54.04
57.00 05700 CT SCAN	0	0	0	0	0	138,700		57.00
58.00 05800 MRI	0	0	0	0	0	42,112		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0		59.00
59.01 05901 CARDIAC REHAB	0	0	0	0	0	0		59.01
60.00 06000 LABORATORY	0	0	0	0	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,136,800		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0		75.00
75.01 03330 ENDOSCOPY	0	0	0	0	0	0		75.01
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	0		90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0	0	0	0	0		90.02
91.00 09100 EMERGENCY	0	0	0	0	0	991,087		91.00
91.01 09101 WOUND CARE 002	0	0	0	0	0	0		91.01
91.02 09102 WOUND CARE 001	0	0	0	0	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0		91.07
91.08 04040 FAMILY PRACTICE	0	0	0	0	0	0		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	49,112		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0		95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	0		98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0		98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	0		98.02
200.00 Total (lines 50 through 199)	0	0	0	0	0	3,288,034		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	15,383	15,383	804,506,368	0.000019		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	8,058	8,058	80,106,611	0.000101		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	277,750	277,750	97,105,058	0.002860		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,694,131	0.000000		54.01
54.02 05403 ULTRASOUND	0	629,032	629,032	27,712,672	0.022698		54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	38,489,882	0.000000		54.03
54.04 05401 ONCOLOGY	0	0	0	81,030,516	0.000000		54.04
57.00 05700 CT SCAN	0	138,700	138,700	48,479,578	0.002861		57.00
58.00 05800 MRI	0	42,112	42,112	14,719,204	0.002861		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	274,580,517	0.000000		59.00
59.01 05901 CARDIAC REHAB	0	0	0	2,446,575	0.000000		59.01
60.00 06000 LABORATORY	0	0	0	440,830,017	0.000000		60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	83,907,606	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	48,155,019	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,044,538	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,567,558	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	29,959,958	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	20,176,012	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	199,115,703	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	207,628,891	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,136,800	1,136,800	365,843,292	0.003107		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	21,759,562	0.000000		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000		75.00
75.01 03330 ENDOSCOPY	0	0	0	58,758,162	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	11,076,970	0.000000		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	14,297,240	0.000000		90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000		90.02
91.00 09100 EMERGENCY	0	991,087	991,087	324,474,503	0.003054		91.00
91.01 09101 WOUND CARE 002	0	0	0	16,966,744	0.000000		91.01
91.02 09102 WOUND CARE 001	0	0	0	3,339,668	0.000000		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0.000000		91.03
91.04 09104 ZIONVILLE CLINIC	0	0	0	2,443,610	0.000000		91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0.000000		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	3,060,178	0.000000		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,093,980	0.000000		91.07
91.08 04040 FAMILY PRACTICE	0	0	0	4,064,407	0.000000		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	49,112	49,112	49,355,049	0.000995		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0.000000		98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000		98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0.000000		98.02
200.00 Total (lines 50 through 199)	0	3,288,034	3,288,034	3,443,789,779			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000019	122,381,285	2,325	76,316,486	1,450	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000101	337,548	34	13,108	1	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002860	5,839,838	16,702	22,947,501	65,630	54.00	
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	4,404,983	0	3,731,619	0	54.01	
54.02	05403 ULTRASOUND	0.022698	4,786,438	108,643	3,663,181	83,147	54.02	
54.03	05404 ECHOCARDIOLOGY	0.000000	26,152	0	13,293,573	0	54.03	
54.04	05401 ONCOLOGY	0.000000	1,227,437	0	22,351,412	0	54.04	
57.00	05700 CT SCAN	0.002861	8,368,966	23,944	5,205,308	14,892	57.00	
58.00	05800 MRI	0.002861	1,458,941	4,174	1,696,530	4,854	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	31,817,216	0	56,408,664	0	59.00	
59.01	05901 CARDIAC REHAB	0.000000	1,937	0	1,015,772	0	59.01	
60.00	06000 LABORATORY	0.000000	83,016,915	0	21,297,090	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	16,877,470	0	874,384	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	7,003,544	0	86,669	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,120,928	0	43,469	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	1,395,946	0	445,530	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,017,008	0	2,710,222	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,531,494	0	181,453	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	30,491,991	0	21,968,168	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	50,560,298	0	18,470,397	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003107	56,823,263	176,550	26,218,274	81,460	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	6,180,724	0	882,385	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03330 ENDOSCOPY	0.000000	6,012,260	0	8,266,159	0	75.01	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	352,998	0	90.00	
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	2,070	0	32,684	0	90.01	
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02	
91.00	09100 EMERGENCY	0.003054	26,627,511	81,320	23,117,199	70,600	91.00	
91.01	09101 WOUND CARE 002	0.000000	61,116	0	7,973,259	0	91.01	
91.02	09102 WOUND CARE 001	0.000000	1,136,749	0	353,957	0	91.02	
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03	
91.04	09104 ZIONSVILLE CLINIC	0.000000	0	0	110,518	0	91.04	
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05	
91.06	09106 OP ANTI COAGULATION CLINIC	0.000000	1,163	0	1,133,657	0	91.06	
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	1,550	0	1,596,275	0	91.07	
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000995	4,122,097	4,101	5,128,212	5,103	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
98.00	09853 GERIATRIC CLINIC	0.000000	0	0	0	0	98.00	
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01	
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02	
200.00	Total (lines 50 through 199)		481,634,838	417,793	347,886,113	327,137	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/30/2021 9:32 am				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.085139	76,316,486	0	0	6,497,509	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.114420	13,108	0	0	1,500	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197418	22,947,501	0	0	4,530,250	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.148556	3,731,619	0	0	554,354	54.01
54.02	05403	ULTRASOUND	0.084084	3,663,181	0	0	308,015	54.02
54.03	05404	ECHOCARDIOLOGY	0.074471	13,293,573	0	0	989,986	54.03
54.04	05401	ONCOLOGY	0.168626	22,351,412	0	0	3,769,029	54.04
57.00	05700	CT SCAN	0.071355	5,205,308	0	0	371,425	57.00
58.00	05800	MRI	0.210929	1,696,530	0	0	357,847	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051707	56,408,664	0	0	2,916,723	59.00
59.01	05901	CARDIAC REHAB	0.495801	1,015,772	0	0	503,621	59.01
60.00	06000	LABORATORY	0.083738	21,297,090	414	0	1,783,376	60.00
65.00	06500	RESPIRATORY THERAPY	0.182354	874,384	0	0	159,447	65.00
66.00	06600	PHYSICAL THERAPY	0.331723	86,669	0	0	28,750	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184704	43,469	0	0	8,029	67.00
68.00	06800	SPEECH PATHOLOGY	0.240889	445,530	0	0	107,323	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104765	2,710,222	0	0	283,936	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.219020	181,453	0	0	39,742	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416084	21,968,168	0	0	9,140,603	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388518	18,470,397	0	0	7,176,082	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269803	26,218,274	1,525	130,030	7,073,769	73.00
74.00	07400	RENAL DIALYSIS	0.294319	882,385	0	0	259,703	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.106822	8,266,159	0	0	883,008	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.930139	352,998	0	0	328,337	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.306940	32,684	0	0	10,032	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.132626	23,117,199	0	1,163	3,065,942	91.00
91.01	09101	WOUND CARE 002	0.132385	7,973,259	0	0	1,055,540	91.01
91.02	09102	WOUND CARE 001	0.271807	353,957	0	0	96,208	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.279140	110,518	0	0	30,850	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.337082	1,133,657	0	0	382,135	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.294088	1,596,275	0	0	469,445	91.07
91.08	04040	FAMILY PRACTICE	0.726381	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.384791	5,128,212	0	0	1,973,290	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00		Subtotal (see instructions)		347,886,113	1,939	131,193	55,155,806	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		347,886,113	1,939	131,193	55,155,806	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 9:32 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0			54.01
54.02	05403	ULTRASOUND	0	0			54.02
54.03	05404	ECHOCARDIOLOGY	0	0			54.03
54.04	05401	ONCOLOGY	0	0			54.04
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
59.01	05901	CARDIAC REHAB	0	0			59.01
60.00	06000	LABORATORY	35	0			60.00
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 PAT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	411	35,082			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
75.01	03330	ENDOSCOPY	0	0			75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0			90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0			90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0			90.02
91.00	09100	EMERGENCY	0	154			91.00
91.01	09101	WOUND CARE 002	0	0			91.01
91.02	09102	WOUND CARE 001	0	0			91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0			91.03
91.04	09104	ZIONSVILLE CLINIC	0	0			91.04
91.05	09105	BROWNSBURG CLINIC	0	0			91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0			91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0			91.07
91.08	04040	FAMILY PRACTICE	0	0			91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
98.00	09853	GERIATRIC CLINIC	0	0			98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0			98.01
98.02	09852	DIABETES EDUCATION	0	0			98.02
200.00		Subtotal (see instructions)	446	35,236			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 - line 201)	446	35,236			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part II Date/Time Prepared: 11/30/2021 9:32 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,749,774	804,506,368	0.018334	934,963	17,142	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	721,692	80,106,611	0.009009	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,627,611	97,105,058	0.027059	10,136	274	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	971,221	47,694,131	0.020364	22,704	462	54.01
54.02	05403	ULTRASOUND	80,757	27,712,672	0.002914	7,468	22	54.02
54.03	05404	ECHOCARDIOLOGY	540,319	38,489,882	0.014038	0	0	54.03
54.04	05401	ONCOLOGY	3,493,620	81,030,516	0.043115	0	0	54.04
57.00	05700	CT SCAN	418,043	48,479,578	0.008623	24,650	213	57.00
58.00	05800	MRI	735,784	14,719,204	0.049988	950	47	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,153,014	274,580,517	0.007841	0	0	59.00
59.01	05901	CARDIAC REHAB	162,725	2,446,575	0.066511	0	0	59.01
60.00	06000	LABORATORY	1,286,510	440,830,017	0.002918	405,752	1,184	60.00
65.00	06500	RESPIRATORY THERAPY	1,062,623	83,907,606	0.012664	3,242	41	65.00
66.00	06600	PHYSICAL THERAPY	1,997,006	48,155,019	0.041470	45,430	1,884	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,285	11,044,538	0.004915	11,785	58	67.00
68.00	06800	SPEECH PATHOLOGY	165,628	6,567,558	0.025219	7,086	179	68.00
69.00	06900	ELECTROCARDIOLOGY	430,891	29,959,958	0.014382	14,155	204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	673,184	20,176,012	0.033366	2,196	73	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,315,246	199,115,703	0.016650	58,530	975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,254,668	207,628,891	0.015675	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,338,871	365,843,292	0.009127	299,050	2,729	73.00
74.00	07400	RENAL DIALYSIS	226,244	21,759,562	0.010397	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03330	ENDOSCOPY	998,262	58,758,162	0.016989	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,142,451	11,076,970	0.193415	29,772	5,758	90.00
90.01	09001	PARTIAL HOSPITALIZATION	280,146	14,297,240	0.019594	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	46,561	0	0.000000	0	0	90.02
91.00	09100	EMERGENCY	2,435,374	324,474,503	0.007506	321,364	2,412	91.00
91.01	09101	WOUND CARE 002	292,988	16,966,744	0.017268	0	0	91.01
91.02	09102	WOUND CARE 001	56,643	3,339,668	0.016961	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	227,404	2,443,610	0.093061	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	98,207	3,060,178	0.032092	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	33,506	4,093,980	0.008184	0	0	91.07
91.08	04040	FAMILY PRACTICE	282,401	4,064,407	0.069481	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	49,355,049	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0.000000	0	0	98.01
98.02	09852	DIABETES EDUCATION	10,610	0	0.000000	0	0	98.02
200.00		Total (lines 50 through 199)	49,364,269	3,443,789,779		2,199,233	33,657	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	15,383	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,058	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	277,750	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 05403 ULTRASOUND	0	0	0	0	629,032	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04 05401 ONCOLOGY	0	0	0	0	0	54.04
57.00 05700 CT SCAN	0	0	0	0	138,700	57.00
58.00 05800 MRI	0	0	0	0	42,112	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0	0	0	0	0	59.01
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	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	1,136,800	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03330 ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	991,087	91.00
91.01 09101 WOUND CARE 002	0	0	0	0	0	91.01
91.02 09102 WOUND CARE 001	0	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	0	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02
200.00 Total (lines 50 through 199)	0	0	0	0	3,238,922	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am				
Title XVIII			Subprovider - IPF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,383	15,383	804,506,368	0.000019	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,058	8,058	80,106,611	0.000101	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	277,750	277,750	97,105,058	0.002860	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,694,131	0.000000	54.01
54.02	05403	ULTRASOUND	0	629,032	629,032	27,712,672	0.022698	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	38,489,882	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	81,030,516	0.000000	54.04
57.00	05700	CT SCAN	0	138,700	138,700	48,479,578	0.002861	57.00
58.00	05800	MRI	0	42,112	42,112	14,719,204	0.002861	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	274,580,517	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	2,446,575	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	440,830,017	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	83,907,606	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	48,155,019	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,044,538	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,567,558	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,959,958	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20,176,012	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	199,115,703	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	207,628,891	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,136,800	1,136,800	365,843,292	0.003107	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	21,759,562	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03330	ENDOSCOPY	0	0	0	58,758,162	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	11,076,970	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,297,240	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0	991,087	991,087	324,474,503	0.003054	91.00
91.01	09101	WOUND CARE 002	0	0	0	16,966,744	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,339,668	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	2,443,610	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	3,060,178	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,093,980	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	4,064,407	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	49,355,049	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	3,238,922	3,238,922	3,443,789,779		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000019	934,963		18	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000101	0		0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002860	10,136		29	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	22,704		0	0	54.01
54.02	05403 ULTRASOUND	0.022698	7,468		170	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	0		0	0	54.03
54.04	05401 ONCOLOGY	0.000000	0		0	0	54.04
57.00	05700 CT SCAN	0.002861	24,650		71	0	57.00
58.00	05800 MRI	0.002861	950		3	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0		0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	0		0	0	59.01
60.00	06000 LABORATORY	0.000000	405,752		0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,242		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	45,430		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	11,785		0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	7,086		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	14,155		0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,196		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	58,530		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003107	299,050		929	756	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
75.01	03330 ENDOSCOPY	0.000000	0		0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	29,772		0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	0		0	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0		0	0	90.02
91.00	09100 EMERGENCY	0.003054	321,364		981	0	91.00
91.01	09101 WOUND CARE 002	0.000000	0		0	0	91.01
91.02	09102 WOUND CARE 001	0.000000	0		0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0		0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.000000	0		0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0		0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.000000	0		0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	0		0	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0		0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
98.00	09853 GERIATRIC CLINIC	0.000000	0		0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0		0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0		0	0	98.02
200.00	Total (lines 50 through 199)		2,199,233		2,201	756	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/30/2021 9:32 am		
		Component CCN: 15-S084	Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.085139	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.114420	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.197418	0	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.148556	0	0	0	54.01
54.02	05403 ULTRASOUND	0.084084	0	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.074471	0	0	0	54.03
54.04	05401 ONCOLOGY	0.168626	0	0	0	54.04
57.00	05700 CT SCAN	0.071355	0	0	0	57.00
58.00	05800 MRI	0.210929	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.051707	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0.495801	0	0	0	59.01
60.00	06000 LABORATORY	0.083738	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.182354	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.331723	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.184704	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.240889	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.104765	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.219020	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.416084	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.388518	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.269803	756	0	698	204 73.00
74.00	07400 RENAL DIALYSIS	0.294319	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	03330 ENDOSCOPY	0.106822	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.930139	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.306940	0	0	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0	0	90.02
91.00	09100 EMERGENCY	0.132626	0	0	0	91.00
91.01	09101 WOUND CARE 002	0.132385	0	0	0	91.01
91.02	09102 WOUND CARE 001	0.271807	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.279140	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.337082	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.294088	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0.726381	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.384791	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0.000000	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	98.02
200.00	Subtotal (see instructions)		756	0	698	204 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		756	0	698	204 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/30/2021 9:32 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02 05403 ULTRASOUND	0	0		54.02
54.03 05404 ECHOCARDIOLOGY	0	0		54.03
54.04 05401 ONCOLOGY	0	0		54.04
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
59.01 05901 CARDIAC REHAB	0	0		59.01
60.00 06000 LABORATORY	0	0		60.00
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 PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	188		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 03330 ENDOSCOPY	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0		90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 WOUND CARE 002	0	0		91.01
91.02 09102 WOUND CARE 001	0	0		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0		91.03
91.04 09104 ZIONSVILLE CLINIC	0	0		91.04
91.05 09105 BROWNSBURG CLINIC	0	0		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08 04040 FAMILY PRACTICE	0	0		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
98.00 09853 GERIATRIC CLINIC	0	0		98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02 09852 DIABETES EDUCATION	0	0		98.02
200.00 Subtotal (see instructions)	0	188		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	188		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part III Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	377,238	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	74,715	0 31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00	
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	41,753	0 32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00	
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	26,370	0 33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	43,950	0 34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	43,950	0 40.00	
43.00	04300	NURSERY	0	0	0	16,115	0 43.00	
200.00		Total (lines 30 through 199)	0	0	0	624,091	0 200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	377,238	120,606	3.13	5,471 30.00	
31.00	03100	INTENSIVE CARE UNIT		74,715	29,516	2.53	1,527 31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0 32.00	
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		41,753	8,284	5.04	0 32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0 33.00	
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		26,370	2,278	11.58	202 33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0 34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT		43,950	27,230	1.61	1,489 34.01	
40.00	04000	SUBPROVIDER - IPF	0	43,950	13,081	3.36	1,064 40.00	
43.00	04300	NURSERY		16,115	4,810	3.35	1,969 43.00	
200.00		Total (lines 30 through 199)		624,091	205,805		11,722 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,124					30.00
31.00	03100	INTENSIVE CARE UNIT	3,863					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,339					33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	2,397					34.01
40.00	04000	SUBPROVIDER - IPF	3,575					40.00
43.00	04300	NURSERY	6,596					43.00
200.00		Total (lines 30 through 199)	35,894					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description	Title XIX			Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	15,383	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,058	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	277,750	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 05403 ULTRASOUND	0	0	0	0	629,032	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04 05401 ONCOLOGY	0	0	0	0	0	54.04
57.00 05700 CT SCAN	0	0	0	0	138,700	57.00
58.00 05800 MRI	0	0	0	0	42,112	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0	0	0	0	0	59.01
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	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	1,136,800	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03330 ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	991,087	91.00
91.01 09101 WOUND CARE 002	0	0	0	0	0	91.01
91.02 09102 WOUND CARE 001	0	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	0	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	49,112	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02
200.00 Total (lines 50 through 199)	0	0	0	0	3,288,034	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XIX Hospital Cost	
						4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	15,383	15,383	804,506,368	0.000019		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	8,058	8,058	80,106,611	0.000101		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	277,750	277,750	97,105,058	0.002860		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,694,131	0.000000		54.01
54.02 05403 ULTRASOUND	0	629,032	629,032	27,712,672	0.022698		54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	38,489,882	0.000000		54.03
54.04 05401 ONCOLOGY	0	0	0	81,030,516	0.000000		54.04
57.00 05700 CT SCAN	0	138,700	138,700	48,479,578	0.002861		57.00
58.00 05800 MRI	0	42,112	42,112	14,719,204	0.002861		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	274,580,517	0.000000		59.00
59.01 05901 CARDIAC REHAB	0	0	0	2,446,575	0.000000		59.01
60.00 06000 LABORATORY	0	0	0	440,830,017	0.000000		60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	83,907,606	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	48,155,019	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,044,538	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,567,558	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	29,959,958	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	20,176,012	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	199,115,703	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	207,628,891	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,136,800	1,136,800	365,843,292	0.003107		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	21,759,562	0.000000		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000		75.00
75.01 03330 ENDOSCOPY	0	0	0	58,758,162	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	11,076,970	0.000000		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	14,297,240	0.000000		90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000		90.02
91.00 09100 EMERGENCY	0	991,087	991,087	324,474,503	0.003054		91.00
91.01 09101 WOUND CARE 002	0	0	0	16,966,744	0.000000		91.01
91.02 09102 WOUND CARE 001	0	0	0	3,339,668	0.000000		91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0.000000		91.03
91.04 09104 ZIONVILLE CLINIC	0	0	0	2,443,610	0.000000		91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0.000000		91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0	0	0	3,060,178	0.000000		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,093,980	0.000000		91.07
91.08 04040 FAMILY PRACTICE	0	0	0	4,064,407	0.000000		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	49,112	49,112	49,355,049	0.000995		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000		95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0.000000		98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000		98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0.000000		98.02
200.00 Total (lines 50 through 199)	0	3,288,034	3,288,034	3,443,789,779			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description	Title XIX			Hospital		Cost
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000019	19,064,483	362	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000101	2,608,913	264	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.002860	1,538,480	4,400	0	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	662,514	0	0	0	54.01
54.02 05403 ULTRASOUND	0.022698	1,030,747	23,396	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0.000000	162,324	0	0	0	54.03
54.04 05401 ONCOLOGY	0.000000	129,887	0	0	0	54.04
57.00 05700 CT SCAN	0.002861	1,416,005	4,051	0	0	57.00
58.00 05800 MRI	0.002861	346,210	991	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	4,593,371	0	0	0	59.00
59.01 05901 CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00 06000 LABORATORY	0.000000	18,083,190	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.000000	7,441,039	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	895,079	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	658,238	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	298,368	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	893,584	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	516,298	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	4,320,165	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,563,863	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.003107	13,816,826	42,929	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	1,047,410	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 03330 ENDOSCOPY	0.000000	708,958	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	90.01
90.02 09002 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.003054	7,351,844	22,453	0	0	91.00
91.01 09101 WOUND CARE 002	0.000000	27,125	0	0	0	91.01
91.02 09102 WOUND CARE 001	0.000000	173,523	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	0.000000	0	0	0	0	91.04
91.05 09105 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06 09106 OP ANTI COAGULATION CLINIC	0.000000	0	0	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	0	0	91.07
91.08 04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0.000995	1,087,058	1,082	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
98.00 09853 GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00 Total (lines 50 through 199)		93,435,502	99,928	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 11/30/2021 9:32 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.089847	0	10,422,077	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.138601	0	94,746	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200938	0	1,603,323	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.148556	0	256,256	0	0	54.01
54.02	05403	ULTRASOUND	0.090160	0	339,514	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.079844	0	106,604	0	0	54.03
54.04	05401	ONCOLOGY	0.179421	0	762,547	0	0	54.04
57.00	05700	CT SCAN	0.071355	0	614,083	0	0	57.00
58.00	05800	MRI	0.213348	0	211,546	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053236	0	1,044,281	0	0	59.00
59.01	05901	CARDIAC REHAB	0.538066	0	11,201	0	0	59.01
60.00	06000	LABORATORY	0.084772	0	3,586,966	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.188085	0	103,993	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.333495	0	803,599	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184704	0	15,616	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.240889	0	72,729	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132716	0	144,931	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229522	0	786,225	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416084	0	1,059,215	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388518	0	2,787,702	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269939	0	1,674,442	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.312990	0	183,617	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.119506	0	390,650	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.998443	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.306940	0	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.136109	0	8,316,951	0	0	91.00
91.01	09101	WOUND CARE 002	0.135516	0	336,475	0	0	91.01
91.02	09102	WOUND CARE 001	0.271807	0	9,063	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.279140	0	20,962	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.337082	0	9,397	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.294088	0	9,038	0	0	91.07
91.08	04040	FAMILY PRACTICE	1.019306	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.384791	0	1,583,634	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00		Subtotal (see instructions)		0	37,361,383	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	37,361,383	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part V Date/Time Prepared: 11/30/2021 9:32 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	936,392	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,132	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	322,169	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	38,068	0	54.01
54.02	05403 ULTRASOUND	30,611	0	54.02
54.03	05404 ECHOCARDIOLOGY	8,512	0	54.03
54.04	05401 ONCOLOGY	136,817	0	54.04
57.00	05700 CT SCAN	43,818	0	57.00
58.00	05800 MRI	45,133	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	55,593	0	59.00
59.01	05901 CARDIAC REHAB	6,027	0	59.01
60.00	06000 LABORATORY	304,074	0	60.00
65.00	06500 RESPIRATORY THERAPY	19,560	0	65.00
66.00	06600 PHYSICAL THERAPY	267,996	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,884	0	67.00
68.00	06800 SPEECH PATHOLOGY	17,520	0	68.00
69.00	06900 ELECTROCARDIOLOGY	19,235	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	180,456	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	440,722	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,083,072	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	451,997	0	73.00
74.00	07400 RENAL DIALYSIS	57,470	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03330 ENDOSCOPY	46,685	0	75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0	0	90.02
91.00	09100 EMERGENCY	1,132,012	0	91.00
91.01	09101 WOUND CARE 002	45,598	0	91.01
91.02	09102 WOUND CARE 001	2,463	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	5,851	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	3,168	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	2,658	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	609,368	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	98.02
200.00	Subtotal (see instructions)	6,329,061	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	6,329,061	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	15,383	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,058	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	277,750	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	629,032	54.02
54.03	05404 ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401 ONCOLOGY	0	0	0	0	0	54.04
57.00	05700 CT SCAN	0	0	0	0	138,700	57.00
58.00	05800 MRI	0	0	0	0	42,112	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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	1,136,800	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330 ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	991,087	91.00
91.01	09101 WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102 WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	0	0	98.02
200.00	Total (lines 50 through 199)	0	0	0	0	3,238,922	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am				
		Title XIX	Subprovider - IPF	Cost				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,383	15,383	804,506,368	0.000019	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,058	8,058	80,106,611	0.000101	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	277,750	277,750	97,105,058	0.002860	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	47,694,131	0.000000	54.01
54.02	05403	ULTRASOUND	0	629,032	629,032	27,712,672	0.022698	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	38,489,882	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	81,030,516	0.000000	54.04
57.00	05700	CT SCAN	0	138,700	138,700	48,479,578	0.002861	57.00
58.00	05800	MRI	0	42,112	42,112	14,719,204	0.002861	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	274,580,517	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	2,446,575	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	440,830,017	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	83,907,606	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	48,155,019	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,044,538	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,567,558	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	29,959,958	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20,176,012	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	199,115,703	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	207,628,891	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,136,800	1,136,800	365,843,292	0.003107	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	21,759,562	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03330	ENDOSCOPY	0	0	0	58,758,162	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	11,076,970	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,297,240	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	0	991,087	991,087	324,474,503	0.003054	91.00
91.01	09101	WOUND CARE 002	0	0	0	16,966,744	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,339,668	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	2,443,610	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	3,060,178	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,093,980	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	4,064,407	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	49,355,049	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	3,238,922	3,238,922	3,443,789,779		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000019	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000101	0	0	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.002860	3,707	11	0	0 54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	1,874	0	0	0 54.01
54.02	05403 ULTRASOUND	0.022698	0	0	0	0 54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	0	0	0	0 54.03
54.04	05401 ONCOLOGY	0.000000	0	0	0	0 54.04
57.00	05700 CT SCAN	0.002861	0	0	0	0 57.00
58.00	05800 MRI	0.002861	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
59.01	05901 CARDIAC REHAB	0.000000	0	0	0	0 59.01
60.00	06000 LABORATORY	0.000000	95,174	0	0	0 60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,648	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.000000	7,441	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003107	90,816	282	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	03330 ENDOSCOPY	0.000000	0	0	0	0 75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	9,932	0	0	0 90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.003054	0	0	0	0 91.00
91.01	09101 WOUND CARE 002	0.000000	0	0	0	0 91.01
91.02	09102 WOUND CARE 001	0.000000	0	0	0	0 91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0 91.03
91.04	09104 ZIONSVILLE CLINIC	0.000000	0	0	0	0 91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	0	0 91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.000000	0	0	0	0 91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	0	0 91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0 91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0 95.00
98.00	09853 GERIATRIC CLINIC	0.000000	0	0	0	0 98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0 98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0 98.02
200.00	Total (lines 50 through 199)		215,592	293	0	0 200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		120,606	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		120,606	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		104,907	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		31,480	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		145,899,776	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		145,899,776	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		145,899,776	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,209.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		38,081,986	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		38,081,986	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 am	
Title XVIII			Hospital		PPS	
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)	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	46,109,722	29,516	1,562.19	9,009	14,073,770	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	24,920,444	8,284	3,008.26	2,228	6,702,403	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	6,280,693	2,278	2,757.11	10	27,571	45.01
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	30,843,580	27,230	1,132.71	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					85,218,284	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					144,104,014	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,262,305	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,633,745	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					10,896,050	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					133,207,964	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					15,699	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,209.72	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					18,991,394	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 am	
Title XVIII			Hospital		PPS		
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,979,850	145,899,776	0.075256	18,991,394	1,429,216	90.00
91.00	Nursing School cost	0	145,899,776	0.000000	18,991,394	0	91.00
92.00	Allied health cost	377,238	145,899,776	0.002586	18,991,394	49,112	92.00
93.00	All other Medical Education	0	145,899,776	0.000000	18,991,394	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,081 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,081 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			13,081 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,812 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			10,281,417 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			10,281,417 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,281,417 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			785.98 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,424,196 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,424,196 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1	
				Component CCN: 15-S084	Date/Time Prepared: 11/30/2021 9:32 am		
				Title XVIII	Subprovider - IPF	PPS	
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)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	44.01	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
45.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					318,400	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,742,596	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					89,368	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,858	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					125,226	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,617,370	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	601,208	10,281,417	0.058475	0	0	90.00
91.00	Nursing School cost	0	10,281,417	0.000000	0	0	91.00
92.00	Allied health cost	43,950	10,281,417	0.004275	0	0	92.00
93.00	All other Medical Education	0	10,281,417	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		120,606	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		120,606	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		104,907	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,471	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,810	15.00
16.00	Nursery days (title V or XIX only)		1,969	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		151,300,034	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		151,300,034	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		151,300,034	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,254.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,863,370	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,863,370	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/30/2021 9:32 am	
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)	5,049,266	4,810	1,049.74	1,969	2,066,938	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	48,275,008	29,516	1,635.55	1,527	2,497,485	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	24,920,444	8,284	3,008.26	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	6,490,327	2,278	2,849.13	202	575,524	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	30,889,914	27,230	1,134.41	1,489	1,689,136	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,874,956	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,567,409	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					15,699	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,254.50	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					19,694,396	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,979,850	151,300,034	0.072570	19,694,396	1,429,222	90.00
91.00	Nursing School cost	0	151,300,034	0.000000	19,694,396	0	91.00
92.00	Allied health cost	377,238	151,300,034	0.002493	19,694,396	49,098	92.00
93.00	All other Medical Education	0	151,300,034	0.000000	19,694,396	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,081 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,081 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			13,081 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,064 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			4,810 15.00
16.00	Nursery days (title V or XIX only)			1,969 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			10,696,166 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			10,696,166 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,696,166 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			817.69 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			870,022 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			870,022 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1
				Component CCN: 15-S084		Date/Time Prepared: 11/30/2021 9:32 am
				Title XIX	Subprovider - IPF	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)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					40,387	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					910,409	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 11/30/2021 9:32 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	601,208	10,696,166	0.056208	0	0	90.00
91.00	Nursing School cost	0	10,696,166	0.000000	0	0	91.00
92.00	Allied health cost	43,950	10,696,166	0.004109	0	0	92.00
93.00	All other Medical Education	0	10,696,166	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:32 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		97,826,273	30.00
31.00	03100	INTENSIVE CARE UNIT		50,331,592	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		17,032,218	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		191,493	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.085139	122,381,285	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.114420	337,548	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197418	5,839,838	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.148556	4,404,983	54.01
54.02	05403	ULTRASOUND	0.084084	4,786,438	54.02
54.03	05404	ECHOCARDIOLOGY	0.074471	26,152	54.03
54.04	05401	ONCOLOGY	0.168626	1,227,437	54.04
57.00	05700	CT SCAN	0.071355	8,368,966	57.00
58.00	05800	MRI	0.210929	1,458,941	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051707	31,817,216	59.00
59.01	05901	CARDIAC REHAB	0.495801	1,937	59.01
60.00	06000	LABORATORY	0.083738	83,016,915	60.00
65.00	06500	RESPIRATORY THERAPY	0.182354	16,877,470	65.00
66.00	06600	PHYSICAL THERAPY	0.331723	7,003,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184704	3,120,928	67.00
68.00	06800	SPEECH PATHOLOGY	0.240889	1,395,946	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104765	6,017,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.219020	1,531,494	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416084	30,491,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388518	50,560,298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269803	56,823,263	73.00
74.00	07400	RENAL DIALYSIS	0.294319	6,180,724	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330	ENDOSCOPY	0.106822	6,012,260	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.930139	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.306940	2,070	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	90.02
91.00	09100	EMERGENCY	0.132626	26,627,511	91.00
91.01	09101	WOUND CARE 002	0.132385	61,116	91.01
91.02	09102	WOUND CARE 001	0.271807	1,136,749	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.279140	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.337082	1,163	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.294088	1,550	91.07
91.08	04040	FAMILY PRACTICE	0.726381	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.384791	4,122,097	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		481,634,838	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		481,634,838	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:32 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF		5,375,861	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.085139	934,963	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.114420	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197418	10,136	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.148556	22,704	54.01
54.02	05403	ULTRASOUND	0.084084	7,468	54.02
54.03	05404	ECHOCARDIOLOGY	0.074471	0	54.03
54.04	05401	ONCOLOGY	0.168626	0	54.04
57.00	05700	CT SCAN	0.071355	24,650	57.00
58.00	05800	MRI	0.210929	950	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051707	0	59.00
59.01	05901	CARDIAC REHAB	0.495801	0	59.01
60.00	06000	LABORATORY	0.083738	405,752	60.00
65.00	06500	RESPIRATORY THERAPY	0.182354	3,242	65.00
66.00	06600	PHYSICAL THERAPY	0.331723	45,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184704	11,785	67.00
68.00	06800	SPEECH PATHOLOGY	0.240889	7,086	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104765	14,155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.219020	2,196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416084	58,530	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388518	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269803	299,050	73.00
74.00	07400	RENAL DIALYSIS	0.294319	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330	ENDOSCOPY	0.106822	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.930139	29,772	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.306940	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	90.02
91.00	09100	EMERGENCY	0.132626	321,364	91.00
91.01	09101	WOUND CARE 002	0.132385	0	91.01
91.02	09102	WOUND CARE 001	0.271807	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.279140	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.337082	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.294088	0	91.07
91.08	04040	FAMILY PRACTICE	0.726381	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.384791	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,199,233	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,199,233	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:32 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,575,091	30.00
31.00	03100	INTENSIVE CARE UNIT		9,374,142	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		3,245,380	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		3,892,447	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		43,975,295	34.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
43.00	04300	NURSERY		3,274,539	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.089847	19,064,483	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.138601	2,608,913	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200938	1,538,480	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.148556	662,514	54.01
54.02	05403	ULTRASOUND	0.090160	1,030,747	54.02
54.03	05404	ECHOCARDIOLOGY	0.079844	162,324	54.03
54.04	05401	ONCOLOGY	0.179421	129,887	54.04
57.00	05700	CT SCAN	0.071355	1,416,005	57.00
58.00	05800	MRI	0.213348	346,210	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053236	4,593,371	59.00
59.01	05901	CARDIAC REHAB	0.538066	0	59.01
60.00	06000	LABORATORY	0.084772	18,083,190	60.00
65.00	06500	RESPIRATORY THERAPY	0.188085	7,441,039	65.00
66.00	06600	PHYSICAL THERAPY	0.333495	895,079	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184704	658,238	67.00
68.00	06800	SPEECH PATHOLOGY	0.240889	298,368	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132716	893,584	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229522	516,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416084	4,320,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388518	4,563,863	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269939	13,816,826	73.00
74.00	07400	RENAL DIALYSIS	0.312990	1,047,410	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330	ENDOSCOPY	0.119506	708,958	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.998443	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.306940	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	90.02
91.00	09100	EMERGENCY	0.136109	7,351,844	91.00
91.01	09101	WOUND CARE 002	0.135516	27,125	91.01
91.02	09102	WOUND CARE 001	0.271807	173,523	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.279140	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.337082	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.294088	0	91.07
91.08	04040	FAMILY PRACTICE	1.019306	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.384791	1,087,058	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		93,435,502	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		93,435,502	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/30/2021 9:32 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF		2,803,100	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.089847	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.138601	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.200938	3,707	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.148556	1,874	54.01
54.02	05403	ULTRASOUND	0.090160	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.079844	0	54.03
54.04	05401	ONCOLOGY	0.179421	0	54.04
57.00	05700	CT SCAN	0.071355	0	57.00
58.00	05800	MRI	0.213348	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053236	0	59.00
59.01	05901	CARDIAC REHAB	0.538066	0	59.01
60.00	06000	LABORATORY	0.084772	95,174	60.00
65.00	06500	RESPIRATORY THERAPY	0.188085	6,648	65.00
66.00	06600	PHYSICAL THERAPY	0.333495	7,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.184704	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.240889	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.132716	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.229522	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.416084	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388518	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.269939	90,816	73.00
74.00	07400	RENAL DIALYSIS	0.312990	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330	ENDOSCOPY	0.119506	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.998443	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.306940	9,932	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	90.02
91.00	09100	EMERGENCY	0.136109	0	91.00
91.01	09101	WOUND CARE 002	0.135516	0	91.01
91.02	09102	WOUND CARE 001	0.271807	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.279140	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.337082	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.294088	0	91.07
91.08	04040	FAMILY PRACTICE	1.019306	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.384791	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		215,592	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		215,592	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
 Provider CCN: 15-0084
 Component CCN:
 Period: From 07/01/2020 To 06/30/2021
 Worksheet D-4
 Date/Time Prepared: 11/30/2021 9:32 am

Cost Center Description	Worksheet D-1 Line Numbers	Kidney		Hospital	PPS		
		Inpatient Routine Charges	Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,209.72	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,562.19	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	266,549	3,008.26	31	93,256	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,757.11	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,132.71	0	0	5.01
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		266,549		31	93,256	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.085139	1,849,000	157,422	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.114420	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.197418	189,193	37,350	12.00	
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.148556	0	0	12.01	
12.02	ULTRASOUND	54.02	0.084084	13,175	1,108	12.02	
12.03	ECHOCARDIOLOGY	54.03	0.074471	0	0	12.03	
12.04	ONCOLOGY	54.04	0.168626	0	0	12.04	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.071355	179,540	12,811	15.00	
16.00	MRI	58.00	0.210929	950	200	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.051707	110,446	5,711	17.00	
17.01	CARDIAC REHAB	59.01	0.495801	0	0	17.01	
18.00	LABORATORY	60.00	0.083738	1,783,280	149,328	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.182354	93,660	17,079	23.00	
24.00	PHYSICAL THERAPY	66.00	0.331723	3,116	1,034	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.184704	1,952	361	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.240889	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.104765	137,231	14,377	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.219020	1,098	240	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.416084	151,373	62,984	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.388518	25,535	9,921	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.269803	447,790	120,815	31.00	
32.00	RENAL DIALYSIS	74.00	0.294319	13,204	3,886	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	ENDOSCOPY	75.01	0.106822	19,205	2,052	33.01	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.930139	874	813	37.00	
37.01	PARTIAL HOSPITALIZATION	90.01	0.306940	0	0	37.01	
37.02	COVID-19 VACCINE CLINIC	90.02	0.000000	0	0	37.02	
38.00	EMERGENCY	91.00	0.132626	22,584	2,995	38.00	
38.01	WOUND CARE 002	91.01	0.132385	0	0	38.01	
38.02	WOUND CARE 001	91.02	0.271807	0	0	38.02	
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03	
38.04	ZIONSVILLE CLINIC	91.04	0.279140	0	0	38.04	
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05	
38.06	OP ANTI COAGULATION CLINIC	91.06	0.337082	0	0	38.06	
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.294088	0	0	38.07	
38.08	FAMILY PRACTICE	91.08	0.726381	0	0	38.08	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.384791	8,539	3,286	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			5,051,745	603,773	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.
 11/30/2021 9:32 am Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20210630\Indy HFS\28500-21.mcr.x

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0084

Period: From 07/01/2020 To 06/30/2021

Worksheet D-4
Date/Time Prepared: 11/30/2021 9:32 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	31	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			31	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	874	0.000000	0	0	51.00
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0	0	51.01
51.02	COVID-19 VACCINE CLINIC	23.02	0	0.000000	0	0	51.02
52.00	EMERGENCY	24.00	22,584	0.000000	0	0	52.00
52.01	WOUND CARE 002	24.01	0	0.000000	0	0	52.01
52.02	WOUND CARE 001	24.02	0	0.000000	0	0	52.02
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0	0	52.03
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0	0	52.04
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0	0	52.05
52.06	OP ANTICOAGULATION CLINIC	24.06	0	0.000000	0	0	52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0	0	52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0	0	52.08
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	8,539	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		31,997		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	697,029		5,318,294			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	8,371,085		13,714,971			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	9,068,114		19,033,265			61.00
62.00	Total Usable Organs (see instructions)		155				62.00
63.00	Medicare Usable Organs (see instructions)		113				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.729032				64.00
65.00	Medicare Cost/Charges (see instructions)	6,610,945		13,875,859			65.00
66.00	Revenue for Organs Sold	264,504		0			66.00
67.00	Subtotal (line 65 minus line 66)	6,346,441		13,875,859			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	6,346,441	0	13,875,859	0	0	69.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description	Kidney		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	6	57			70.00
71.00 Organs Purchased from Other Transplant Hospitals (2)	0	0			71.00
72.00 Organs Purchased from Non-Transplant Hospitals	0	0			72.00
73.00 Organs Purchased from OPOs	0	92			73.00
74.00 Total (sum of lines 70 through 73)	6	149			74.00
75.00 Organs Transplanted	6	92	0		75.00
76.00 Organs Sold to Other Hospitals	0	0	0		76.00
77.00 Organs Sold to OPOs	0	57	0		77.00
78.00 Organs Sold to Transplant Hospitals	0	0	0		78.00
79.00 Organs Sold to Military or VA Hospitals	0	0	0		79.00
80.00 Organs Sold Outside the U.S.	0	0	0		80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0	0			81.00
82.00 Organs Used for Research	0	0			82.00
83.00 Unusable/Discarded Organs	0	0			83.00
84.00 Total (sum of lines 75 through 83 should equal line 74)	6	149			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0084 Component CCN:		Period: From 07/01/2020 To 06/30/2021		Worksheet D-4 Date/Time Prepared: 11/30/2021 9:32 am	
Cost Center Description		Heart		Hospital		PPS	
Worksheet D-1 Line Numbers		Inpatient Routine Organ Charges		Per Diem Costs (from Wkst. D-1, Part II)		Organ Acquisition Cost (col. 2 x col. 3)	
0		1.00		2.00		3.00	
4.00							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,209.72	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,562.19	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	55,860	3,008.26	6	18,050	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,757.11	0	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,132.71	0	0	5.01
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		55,860		6	18,050	7.00
Cost Center Description		Worksheet C Line Numbers		Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Costs	
		0		1.00		2.00	
						3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.085139	273,414	23,278	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.114420	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.197418	7,767	1,533	12.00	
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.148556	0	0	12.01	
12.02	ULTRASOUND	54.02	0.084084	179	15	12.02	
12.03	ECHOCARDIOLOGY	54.03	0.074471	0	0	12.03	
12.04	ONCOLOGY	54.04	0.168626	0	0	12.04	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.071355	4,444	317	15.00	
16.00	MRI	58.00	0.210929	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.051707	38,698	2,001	17.00	
17.01	CARDIAC REHAB	59.01	0.495801	0	0	17.01	
18.00	LABORATORY	60.00	0.083738	89,410	7,487	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.182354	23,399	4,267	23.00	
24.00	PHYSICAL THERAPY	66.00	0.331723	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.184704	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.240889	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.104765	13,916	1,458	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.219020	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.416084	11,555	4,808	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.388518	363	141	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.269803	47,597	12,842	31.00	
32.00	RENAL DIALYSIS	74.00	0.294319	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	ENDOSCOPY	75.01	0.106822	0	0	33.01	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.930139	0	0	37.00	
37.01	PARTIAL HOSPITALIZATION	90.01	0.306940	0	0	37.01	
37.02	COVID-19 VACCINE CLINIC	90.02	0.000000	0	0	37.02	
38.00	EMERGENCY	91.00	0.132626	0	0	38.00	
38.01	WOUND CARE 002	91.01	0.132385	0	0	38.01	
38.02	WOUND CARE 001	91.02	0.271807	0	0	38.02	
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03	
38.04	ZIONSVILLE CLINIC	91.04	0.279140	0	0	38.04	
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05	
38.06	OP ANTI COAGULATION CLINIC	91.06	0.337082	0	0	38.06	
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.294088	0	0	38.07	
38.08	FAMILY PRACTICE	91.08	0.726381	0	0	38.08	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.384791	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			510,742	58,147	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.
 11/30/2021 9:32 am Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20210630\Indy HFS\28500-21.mcrx

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Provider CCN: 15-0084 Component CCN:	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4 Date/Time Prepared: 11/30/2021 9:32 am
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Cost Center Description	Heart		Hospital		PPS	
	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00		3.00	

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
Cost Center Description	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
42.00 ADULTS & PEDIATRICS	2.00	0.00	0		0	42.00
43.00 INTENSIVE CARE UNIT	3.00	0.00	0		0	43.00
44.00 CORONARY CARE UNIT	4.00	0.00	0		0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	6		0	44.01
45.00 BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0		0	45.01
46.00 SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0		0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
48.00 TOTAL (sum of lines 42 through 47)			6		0	48.00

Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4		Organ Acquisition Costs (col. 1 x col. 2)	
			2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						

49.00 RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00 FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00 CLINIC	23.00	0	0.000000		0	51.00
51.01 PARTIAL HOSPITALIZATION	23.01	0	0.000000		0	51.01
51.02 COVID-19 VACCINE CLINIC	23.02	0	0.000000		0	51.02
52.00 EMERGENCY	24.00	0	0.000000		0	52.00
52.01 WOUND CARE 002	24.01	0	0.000000		0	52.01
52.02 WOUND CARE 001	24.02	0	0.000000		0	52.02
52.03 LAFAYETTE RD CLINIC	24.03	0	0.000000		0	52.03
52.04 ZIONSVILLE CLINIC	24.04	0	0.000000		0	52.04
52.05 BROWNSBURG CLINIC	24.05	0	0.000000		0	52.05
52.06 OP ANTICOAGULATION CLINIC	24.06	0	0.000000		0	52.06
52.07 ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000		0	52.07
52.08 FAMILY PRACTICE	24.08	0	0.000000		0	52.08
53.00 OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000		0	53.00
54.00 OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00 TOTAL (sum of lines 49 through 52)		0			0	55.00

Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	

PART III - SUMMARY OF COSTS AND CHARGES						
Cost Center Description	Part A	Part B	Part A	Part B		
56.00 Routine and Ancillary from Part I	76,197		566,602			56.00
57.00 Interns and Residents (inpatient)	0		0			57.00
58.00 Interns and Residents (outpatient)	0		0			58.00
59.00 Direct Organ Acquisition (see instructions)	6,558,273		5,210,111			59.00
60.00 Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00 Total (sum of lines 56 thru 60)	6,634,470		5,776,713			61.00
62.00 Total Usable Organs (see instructions)		44				62.00
63.00 Medicare Usable Organs (see instructions)		18				63.00
64.00 Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.409091				64.00
65.00 Medicare Cost/Charges (see instructions)	2,714,102		2,363,201			65.00
66.00 Revenue for Organs Sold	92,997		0			66.00
67.00 Subtotal (line 65 minus line 66)	2,621,105		2,363,201			67.00
68.00 Organs Furnished Part B	0	0	0	0		68.00
69.00 Net Organ Acquisition Cost and Charges (see instructions)	2,621,105	0	2,363,201	0		69.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.
 11/30/2021 9:32 am Y:\28500 - St. Vincent Hospital (86th St)\300 - Medicare Cost Report\20210630\Indy HFS\28500-21.mcrx

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description	Heart		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)	0	15			70.00
71.00 Organs Purchased from Other Transplant Hospitals (2)	0	0			71.00
72.00 Organs Purchased from Non-Transplant Hospitals	0	0			72.00
73.00 Organs Purchased from OPOs	0	29			73.00
74.00 Total (sum of lines 70 through 73)	0	44			74.00
75.00 Organs Transplanted	0	29	0		75.00
76.00 Organs Sold to Other Hospitals	0	0	0		76.00
77.00 Organs Sold to OPOs	0	15	0		77.00
78.00 Organs Sold to Transplant Hospitals	0	0	0		78.00
79.00 Organs Sold to Military or VA Hospitals	0	0	0		79.00
80.00 Organs Sold Outside the U.S.	0	0	0		80.00
81.00 Organs Sent Outside the U.S. (no revenue received)	0	0			81.00
82.00 Organs Used for Research	0	0			82.00
83.00 Unusable/Discarded Organs	0	0			83.00
84.00 Total (sum of lines 75 through 83 should equal line 74)	0	44			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		24,886,864	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		77,538,335	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		1,413,960	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		4,077,265	2.04
3.00	Managed Care Simulated Payments		62,623,524	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		703.03	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		92.11	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		18.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		110.11	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		148.21	10.00
11.00	FTE count for residents in dental and podiatric programs.		9.96	11.00
12.00	Current year allowable FTE (see instructions)		120.07	12.00
13.00	Total allowable FTE count for the prior year.		118.78	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		118.99	14.00
15.00	Sum of lines 12 through 14 divided by 3.		119.28	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		119.28	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.169666	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.158196	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.158196	21.00
22.00	IME payment adjustment (see instructions)		8,473,944	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		5,181,032	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.02	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		38.10	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.02	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000028	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000007	27.00
28.00	IME add-on adjustment amount (see instructions)		717	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		438	28.01
29.00	Total IME payment (sum of lines 22 and 28)		8,474,661	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		5,181,470	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.81	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.50	31.00
32.00	Sum of lines 30 and 31		37.31	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.00	33.00
34.00	Disproportionate share adjustment (see instructions)		5,121,260	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:32 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		10,665,262	13,429,655	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,680,884	10,044,643	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		12,725,527		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		134,237,872		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		139,419,342		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		9,570,304		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		3,631,760		52.00
53.00	Nursing and Allied Health Managed Care payment		135,028		53.00
54.00	Special add-on payments for new technologies		725,301		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		8,967,546		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		132,670		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		417,793		58.00
59.00	Total (sum of amounts on lines 49 through 58)		162,999,744		59.00
60.00	Primary payer payments		68,190		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		162,931,554		61.00
62.00	Deductibles billed to program beneficiaries		7,519,636		62.00
63.00	Coinurance billed to program beneficiaries		482,886		63.00
64.00	Allowable bad debts (see instructions)		498,116		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		323,775		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		251,804		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		155,252,807		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS		335,494		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-607,678		70.93
70.94	HRR adjustment amount (see instructions)		-25,969		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		154,954,654	71.00
71.01	Sequestration adjustment (see instructions)		0	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		153,594,277	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,360,377	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,103,031	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 9:32 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,886,864	0	24,886,864		24,886,864	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	77,538,335	0		77,538,335	77,538,335	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,413,960	0	1,413,960		1,413,960	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	4,077,265	0		4,077,265	4,077,265	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	62,623,524	0	14,085,329	48,538,195	62,623,524	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.158196	0.158196	0.158196	0.158196		5.00
6.00	IME payment adjustment (see instructions)	22.00	8,473,944	0	2,058,965	6,414,979	8,473,944	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,181,032	0	1,165,322	4,015,710	5,181,032	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007	0.000007		7.00
8.00	IME adjustment (see instructions)	28.00	717	0	174	543	717	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	438	0	99	339	438	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,474,661	0	2,059,139	6,415,522	8,474,661	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,181,470	0	1,165,421	4,016,049	5,181,470	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2000	0.2000	0.2000	0.2000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,121,260	0	1,244,343	3,876,917	5,121,260	11.00
11.01	Uncompensated care payments	36.00	12,725,527	0	2,680,884	10,044,643	12,725,527	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	134,237,872	0	32,285,190	101,952,682	134,237,872	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	139,419,342	0	33,450,611	105,968,731	139,419,342	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,570,304	0	2,356,564	7,213,740	9,570,304	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/30/2021 9:32 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	725,301	0	0	725,301	725,301	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	35,807,175	113,907,772	149,714,947	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	7,945,082	0	1,974,906	5,970,176	7,945,082	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	425,515	0	83,447	342,068	425,515	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0725	0.0725	0.0725	0.0725		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	576,018	0	143,181	432,837	576,018	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0785	0.0785	0.0785	0.0785		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	623,689	0	155,030	468,659	623,689	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,570,304	0	2,356,564	7,213,740	9,570,304	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2021 9:32 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,886,864	24,886,864		24,886,864	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	77,538,335		77,538,335	77,538,335	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,413,960	1,413,960		1,413,960	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	4,077,265		4,077,265	4,077,265	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	62,623,524	14,085,329	48,538,195	62,623,524	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.158196	0.158196	0.158196		5.00
6.00	IME payment adjustment (see instructions)	22.00	8,473,944	2,058,965	6,414,979	8,473,944	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,181,032	1,165,322	4,015,710	5,181,032	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007		7.00
8.00	IME adjustment (see instructions)	28.00	717	174	543	717	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	438	99	339	438	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,474,661	2,059,139	6,415,522	8,474,661	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,181,470	1,165,421	4,016,049	5,181,470	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2000	0.2000	0.2000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,121,260	1,244,343	3,876,917	5,121,260	11.00
11.01	Uncompensated care payments	36.00	12,725,527	2,680,884	10,044,643	12,725,527	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	134,237,872	32,285,190	101,952,682	134,237,872	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	139,419,342	33,450,611	105,968,731	139,419,342	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,570,304	2,356,564	7,213,740	9,570,304	16.00
17.00	Special add-on payments for new technologies	54.00	725,301	0	725,301	725,301	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			35,807,175	113,907,772	149,714,947	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2021 9:32 am
		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	7,945,082	1,974,906	5,970,176	7,945,082	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	425,515	83,447	342,068	425,515	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0725	0.0725	0.0725		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	576,018	143,181	432,837	576,018	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0785	0.0785	0.0785		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	623,689	155,030	468,659	623,689	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,570,304	2,356,564	7,213,740	9,570,304	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	-607,678	-59,141	-548,537	-607,678	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-25,969	-2,490	-23,479	-25,969	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.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		35,682	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		54,828,669	2.00
3.00	OPPS payments		51,847,098	3.00
4.00	Outlier payment (see instructions)		451,976	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		327,137	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		35,682	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		133,132	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)		133,132	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		133,132	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		97,450	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		35,682	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		52,626,211	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		21	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,392,784	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		44,269,088	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,295,105	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		45,564,193	30.00
31.00	Primary payer payments		8,975	31.00
32.00	Subtotal (line 30 minus line 31)		45,555,218	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		671,221	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		436,294	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		477,161	36.00
37.00	Subtotal (see instructions)		45,991,512	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-2	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		45,991,514	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		46,286,734	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-295,220	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,131	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		188	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		202	2.00
3.00	OPPS payments		271	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		2	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		188	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		698	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)		698	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		698	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		510	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		188	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		273	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	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)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		461	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		461	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		461	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		461	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		461	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		446	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		15	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet E-1 Part I Date/Time Prepared: 11/30/2021 9:32 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		153,594,277		46,047,834	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	06/30/2021	238,900	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		238,900	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		153,594,277		46,286,734	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,360,377		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		295,220	6.02	
7.00	Total Medicare program liability (see instructions)		154,954,654		45,991,514	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part I Date/Time Prepared: 11/30/2021 9:32 am		
		Title XVIII	Subprovider - IPF	PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				446	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,565,635		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,565,635		446	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		24,572		15	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,590,207		461	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part II Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,699,307 1.00
2.00	Net IPF PPS Outlier Payments			880 2.00
3.00	Net IPF PPS ECT Payments			52,383 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			35.838356 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,752,570 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,752,570 16.00
17.00	Primary payer payments			991 17.00
18.00	Subtotal (line 16 less line 17).			1,751,579 18.00
19.00	Deductibles			174,320 19.00
20.00	Subtotal (line 18 minus line 19)			1,577,259 20.00
21.00	Coinsurance			11,625 21.00
22.00	Subtotal (line 20 minus line 21)			1,565,634 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			25,053 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			16,284 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,581,918 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			8,289 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,590,207 31.00
31.01	Sequestration adjustment (see instructions)			0 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,565,635 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			24,572 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			880 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2021 9:32 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	29,567,409			1.00
2.00	Medical and other services		6,329,061		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	29,567,409	6,329,061		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	29,567,409	6,329,061		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	80,336,894			8.00
9.00	Ancillary service charges	93,435,502	37,361,383		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	173,772,396	37,361,383		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	173,772,396	37,361,383		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	144,204,987	31,032,322		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	29,567,409	6,329,061		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	29,567,409	6,329,061		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	29,567,409	6,329,061		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	29,567,409	6,329,061		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	29,567,409	6,329,061		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	29,567,409	6,329,061		40.00
41.00	Interim payments	29,567,409	6,329,061		41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2021 9:32 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	910,409		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	910,409	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	910,409	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	2,803,100		8.00
9.00	Ancillary service charges	215,592	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	3,018,692	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	3,018,692	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,108,283	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	910,409	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	910,409	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	910,409	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	910,409	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	910,409	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	910,409	0	40.00
41.00	Interim payments	910,409	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 11/30/2021 9:32 am	
						PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					98.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					18.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					116.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					148.99	6.00
7.00	Enter the lesser of line 5 or line 6					116.92	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	112.18	33.67	145.85			8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	88.03	26.42	114.45			9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		9.96				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		9.96				10.01
11.00	Total weighted FTE count	88.03	36.38	124.41			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	87.28	36.47	123.75			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	86.88	36.16	123.04			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	87.40	36.34	123.74			14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00			15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00			15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00			16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00			16.01
17.00	Adjusted rolling average FTE count	87.40	36.34	123.74			17.00
18.00	Per resident amount	89,766.42	89,766.42	179,532.84			18.00
19.00	Approved amount for resident costs	7,845,585	3,262,112	11,107,697			19.00
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			12.89			20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			32.07			21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			12.62			22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			105,607.58			23.00
24.00	Multiply line 22 time line 23			1,332,768			24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			12,440,465			25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	44,539	13,741	16,865			26.00
27.00	Total Inpatient Days (see instructions)	186,598	186,598	186,598			27.00
28.00	Ratio of inpatient days to total inpatient days	0.238690	0.073640	0.090381			28.00
29.00	Program direct GME amount	2,969,415	916,116	1,124,382	5,009,913		29.00
29.01	Percent reduction for MA DGME		4.07	4.07			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		37,286	45,762	83,048		30.00
31.00	Net Program direct GME amount				4,926,865		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		21,759,562	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		145,846,610	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		8,967,546	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		69,181	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		154,744,975	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		55,191,880	42.00
43.00	Primary payer payments (see instructions)		8,975	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		55,182,905	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		209,927,880	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.737134	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.262866	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,926,865	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,631,760	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,295,105	50.00

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

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet G
Date/Time Prepared:
11/30/2021 9:32 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	9,324,838	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	524,728,367	0	0	0	4.00
5.00	Other receivable	77,114,684	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-281,091,166	0	0	0	6.00
7.00	Inventory	27,195,342	0	0	0	7.00
8.00	Prepaid expenses	820,620	0	0	0	8.00
9.00	Other current assets	5,534,726	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	363,627,411	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,200,644	0	0	0	12.00
13.00	Land improvements	13,560,294	0	0	0	13.00
14.00	Accumulated depreciation	-8,571,120	0	0	0	14.00
15.00	Buildings	565,563,902	0	0	0	15.00
16.00	Accumulated depreciation	-348,993,621	0	0	0	16.00
17.00	Leasehold improvements	14,812,268	0	0	0	17.00
18.00	Accumulated depreciation	-11,950,227	0	0	0	18.00
19.00	Fixed equipment	27,882,092	0	0	0	19.00
20.00	Accumulated depreciation	-26,660,551	0	0	0	20.00
21.00	Automobiles and trucks	3,304,977	0	0	0	21.00
22.00	Accumulated depreciation	-2,958,456	0	0	0	22.00
23.00	Major movable equipment	366,596,103	0	0	0	23.00
24.00	Accumulated depreciation	-269,882,496	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	339,903,809	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	69,241,350	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	104,039,218	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	173,280,568	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	876,811,788	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	26,284,116	0	0	0	37.00
38.00	Salaries, wages, and fees payable	45,301,333	0	0	0	38.00
39.00	Payroll taxes payable	1,232,784	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	375,054,632	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	447,872,865	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	209,504,224	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	209,504,224	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	657,377,089	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	219,434,699	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	219,434,699	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	876,811,788	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
11/30/2021 9:32 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		199,757,093		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		363,896,565			2.00
3.00	Total (sum of line 1 and line 2)		563,653,658		0	3.00
4.00	Transfer rstrr contrib	96,619		0		4.00
5.00	ROUNDING	4		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		96,623		0	10.00
11.00	Subtotal (line 3 plus line 10)		563,750,281		0	11.00
12.00	Transfer to Affiliate	330,709,603		0		12.00
13.00	Dis of Cap Nonctrl Int	13,209,917		0		13.00
14.00	TEMP RESTRICTED	396,062		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		344,315,582		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		219,434,699		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Transfer rstrr contrib		0			4.00
5.00	ROUNDING		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	Transfer to Affiliate		0			12.00
13.00	Dis of Cap Nonctrl Int		0			13.00
14.00	TEMP RESTRICTED		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2021 9:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	388,823,077		388,823,077	1.00
2.00	SUBPROVIDER - IPF	40,652,335		40,652,335	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	429,475,412		429,475,412	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	169,309,738		169,309,738	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPL	64,562,643		64,562,643	12.01
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	PEDIATRIC INTENSIVE CARE UNIT	28,051,465		28,051,465	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	260,830,223		260,830,223	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	522,754,069		522,754,069	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	952,229,481		952,229,481	17.00
18.00	Ancillary services	1,739,568,114	1,257,757,332	2,997,325,446	18.00
19.00	Outpatient services	114,058,706	343,495,083	457,553,789	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	37,956	131,269,111	131,307,067	25.00
26.00	HOSPICE				26.00
27.00	Other Patient Service Revenue	0	211,293	211,293	27.00
27.01	Kidney Acquisition	12,271,493	5,611,794	17,883,287	27.01
27.02	Heart Acquisition	5,048,706	709,773	5,758,479	27.02
27.03	Physician Private Offices	2,259	74,711,553	74,713,812	27.03
27.04	Billing	31,599	61,295,920	61,327,519	27.04
27.06	Sports Performance	0	4,537,347	4,537,347	27.06
27.07	Wellness	0	261,908	261,908	27.07
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,823,248,314	1,879,861,114	4,703,109,428	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,237,621,577		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,237,621,577		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
11/30/2021 9:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,703,109,428	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,276,824,824	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,426,284,604	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,237,621,577	4.00
5.00	Net income from service to patients (line 3 minus line 4)	188,663,027	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,396,015	6.00
7.00	Income from investments	183,073	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	2,346,272	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	9,960,364	17.00
18.00	Revenue from sale of medical records and abstracts	2,072	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	-11,032	20.00
21.00	Rental of vending machines	102,815	21.00
22.00	Rental of hospital space	957,487	22.00
23.00	Governmental appropriations	297,500	23.00
24.00	Other	91,209,797	24.00
24.50	COVID-19 PHE Funding	66,789,175	24.50
25.00	Total other income (sum of lines 6-24)	175,233,538	25.00
26.00	Total (line 5 plus line 25)	363,896,565	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	363,896,565	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0084	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/30/2021 9:32 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		7,945,082	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		425,515	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		480.81	3.00
4.00	Number of interns & residents (see instructions)		119.30	4.00
5.00	Indirect medical education percentage (see instructions)		7.25	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		576,018	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.81	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.50	8.00
9.00	Sum of lines 7 and 8		37.31	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.85	10.00
11.00	Disproportionate share adjustment (see instructions)		623,689	11.00
12.00	Total prospective capital payments (see instructions)		9,570,304	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00