

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 07/01/2021 To 06/30/2022	Worksheet S Parts I-III Date/Time Prepared: 11/29/2022 11:09 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically prepared cost report Date: 11/29/2022 Time: 11:09 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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ASCENSION ST. VINCENT HOSPITAL ( 15-0084 ) for the cost reporting period beginning 07/01/2021 and ending 06/30/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1	<b>Bethany Morrow</b>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name Bethany Morrow			2
3	Signatory Title VP OF FINANCE			3
4	Date 11/29/2022 11:09:07 AM			4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	5,172,492	-46,216	0	0	1.00
2.00 Subprovider - IPF	0	54,993	86		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	6.00
200.00 Total	0	5,227,485	-46,130	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 11:09 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 46260-		County: MARI ON		1.00
2.00 Street: 2001 WEST 86TH STREET		City: INDIANAPOLIS								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)					07/01/2021	06/30/2022		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.				N	N		N		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.					N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084			Period: From 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 11:09 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.	11,087	6,830	115	704	46,662	196	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 reclassification 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	
<b>Prospective Payment System (PPS)-Capital</b>									
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
<b>Teaching Hospitals</b>									
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	61.00
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		65.00
65.01		GERIATRIC MEDICINE	1351	0.31	0.68	0.313131		65.01
65.02		INTERNAL MEDICINE	1400	8.40	39.89	0.173949		65.02
65.03		INTERNAL	2755	0.96	7.02	0.120301		65.03
65.04		MEDICINE/FAMILY PEDIATRICS	2000	0.67	10.67	0.059083		65.04
			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)		10.31	60.03	0.146574		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	2.82	21.86	0.114263		67.00

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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	
67.01	INTERNAL MEDICINE - GENERAL	1400	0.81	49.53	0.016091			67.01
67.02	INTERNAL MEDICINE/FAMILY MEDICINE -	1505	0.22	0.70	0.239130			67.02
67.03	PEDIATRICS - GENERAL	2000	0.99	16.91	0.055307			67.03
					1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>								
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
<b>Inpatient Rehabilitation Facility PPS</b>								
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			
<b>Long Term Care Hospital PPS</b>								
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
<b>TEFRA Providers</b>								
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		
<b>Title V and XIX Services</b>								
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 07/01/2021 To 06/30/2022		Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 11:09 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	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	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		
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		
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:	7,454,599		0		118.01	
					1.00		
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 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 11:09 am
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		1.00	2.00				
<b>Transplant Center Information</b>							
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		
<b>All Providers</b>							
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		
<b>Multi campus</b>							
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	CBSA	FTE/Campus
		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 07/01/2021 To 06/30/2022	Worksheet S-2 Part I Date/Time Prepared: 11/29/2022 11:09 am
			1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>				
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
			<b>Beginning</b>	<b>Ending</b>
			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 07/01/2021 To 06/30/2022		Worksheet S-2 Part II Date/Time Prepared: 11/29/2022 11:09 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 a nursing program? 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 programs 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	10/07/2022	Y	10/07/2022		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 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/29/2022 11:09 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		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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	
<b>Home Office Costs</b>					
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	
<b>Cost Report Preparer Contact Information</b>					
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 07/01/2021 To 06/30/2022	Worksheet S-2 Part II Date/Time Prepared: 11/29/2022 11:09 am
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		3.00	
<b>Cost Report Preparer Contact Information</b>			
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 07/01/2021  
To 06/30/2022

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2022 11:09 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	543	198,195	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)		543	198,195	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	112	40,880	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)		799	291,635	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)		856				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)		8	2,920			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 07/01/2021 To 06/30/2022	Worksheet S-3 Part I Date/Time Prepared: 11/29/2022 11:09 am
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	32,144	5,247	119,074			1.00
2.00 HMO and other (see instructions)	36,834	52,028				2.00
3.00 HMO IPF Subprovider	1,746	4,022				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)	32,144	5,247	119,074			7.00
8.00 INTENSIVE CARE UNIT	7,647	1,639	30,525			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL	1,643	0	7,839			9.01
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	2	477	3,205			10.01
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	2,994	27,500			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,013	5,013			13.00
14.00 Total (see instructions)	41,436	13,370	193,156	162.67	4,021.19	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,596	749	12,710	0.00	64.99	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	49.92	23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			143			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)				162.67	4,136.10	27.00
28.00 Observation Bed Days		1,014	17,196			28.00
29.00 Ambulance Trips	403					29.00
30.00 Employee discount days (see instruction)			2,166			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	196	1,398			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			1,521			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 07/01/2021  
To 06/30/2022

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2022 11:09 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	6,587	1,270	29,267	1.00
2.00 HMO and other (see instructions)				4,739	6,372		2.00
3.00 HMO IPF Subprovider					781		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		6,587	1,270	29,267	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		156	152	2,222	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 07/01/2021  
To 06/30/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2022 11:09 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	442,625,972	0	442,625,972	8,603,079.00	51.45
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		1,085,045	0	1,085,045	11,314.00	95.90
4.01	Physicians - Part A - Teaching		5,805,231	0	5,805,231	41,354.00	140.38
5.00	Physician and Non-Physician-Part B		44,576,937	0	44,576,937	385,143.00	115.74
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	10,330,381	10,330,381	339,997.00	30.38
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		2,218,526	0	2,218,526	8,191.00	270.85
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		63,795,758	-2,603,260	61,192,498	1,143,161.00	53.53
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		18,293,741	0	18,293,741	178,722.00	102.36
12.00	Contract labor: Top level management and other management and administrative services		820,759	0	820,759	16,134.00	50.87
13.00	Contract Labor: Physician-Part A - Administrative		5,002,557	0	5,002,557	15,758.00	317.46
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		66,362,465	0	66,362,465	1,320,046.00	50.27
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		71,058,063	0	71,058,063		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		12,816,938	0	12,816,938		
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		175,490	0	175,490		
22.01	Physician Part A - Teaching		828,046	0	828,046		
23.00	Physician Part B		6,749,143	0	6,749,143		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,013,582	0	3,013,582		
25.50	Home office wage-related (core)		26,195,440	0	26,195,440		
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 07/01/2021  
To 06/30/2022

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2022 11:09 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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4,029,704	0	4,029,704	13,800.00	292.01	26.00
27.00	Administrative & General	11,511,935	-3,537,375	7,974,560	188,290.00	42.35	27.00
28.00	Administrative & General under contract (see inst.)	6,254,068	0	6,254,068	39,153.00	159.73	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	30	0	30	2.00	15.00	32.00
33.00	Housekeeping under contract (see instructions)	11,727,186	0	11,727,186	390,506.00	30.03	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	4,295,671	0	4,295,671	138,589.00	31.00	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	9,652,696	0	9,652,696	250,383.00	38.55	38.00
39.00	Central Services and Supply	4,422,901	0	4,422,901	151,317.00	29.23	39.00
40.00	Pharmacy	13,401,860	-443,542	12,958,318	249,156.00	52.01	40.00
41.00	Medical Records & Medical Records Library	74,902	0	74,902	3,852.00	19.44	41.00
42.00	Social Service	4,420,738	0	4,420,738	112,284.00	39.37	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 07/01/2021  
To 06/30/2022

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/29/2022 11:09 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	412,302,203	-10,330,381	401,971,822	8,396,642.00	47.87	1.00
2.00	Excluded area salaries (see instructions)	63,795,758	-2,603,260	61,192,498	1,143,161.00	53.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	348,506,445	-7,727,121	340,779,324	7,253,481.00	46.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	90,479,522	0	90,479,522	1,530,660.00	59.11	4.00
5.00	Subtotal wage-related costs (see inst.)	97,428,993	0	97,428,993	0.00	28.59	5.00
6.00	Total (sum of lines 3 thru 5)	536,414,960	-7,727,121	528,687,839	8,784,141.00	60.19	6.00
7.00	Total overhead cost (see instructions)	69,791,691	-3,980,917	65,810,774	1,537,332.00	42.81	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2022 11:09 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	15,186,070	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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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	2,002,577	7.00
<b>HEALTH AND INSURANCE COST</b>			
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)	30,878,111	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	12,838,531	9.00
10.00	Dental, Hearing and Vision Plan	959,507	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	301,317	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)	2,618,326	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,528	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	29,629,592	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	26,675	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	65,432	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	133,596	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	94,641,262	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet S-3 Part V Date/Time Prepared: 11/29/2022 11:09 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	18,293,741	94,641,262	1.00
2.00	Hospital	18,293,741	71,058,063	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	23,583,199	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet S-10 Date/Time Prepared: 11/29/2022 11:09 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.207214	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			185,932,431	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			1,147,901,789	6.00	
7.00	Medicaid cost (line 1 times line 6)			237,861,321	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)			51,928,890	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>						
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)			51,928,890	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	86,256,483	5,758,091	92,014,574	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	17,873,551	5,758,091	23,631,642	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)	17,873,551	5,758,091	23,631,642	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)			43,385,723	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			952,440	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,465,291	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			41,920,432	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			9,199,351	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			32,830,993	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			84,759,883	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet A Date/Time Prepared: 11/29/2022 11:09 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		25,720,034	25,720,034	262,342	25,982,376	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS		543,208	543,208	0	543,208	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		23,272,579	23,272,579	0	23,272,579	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,029,704	57,219,084	61,248,788	-262,342	60,986,446	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,511,935	301,783,684	313,295,619	-7,604,819	305,690,800	5.00
7.00	00700	OPERATION OF PLANT	0	29,325,369	29,325,369	0	29,325,369	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,636,114	2,636,114	0	2,636,114	8.00
9.00	00900	HOUSEKEEPING	30	13,429,572	13,429,602	0	13,429,602	9.00
10.00	01000	DIETARY	0	15,220,225	15,220,225	-9,316,130	5,904,095	10.00
11.00	01100	CAFETERIA	0	0	0	9,199,829	9,199,829	11.00
13.00	01300	NURSING ADMINISTRATION	9,652,696	4,458,869	14,111,565	0	14,111,565	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,422,901	5,514,256	9,937,157	-1,547,462	8,389,695	14.00
15.00	01500	PHARMACY	13,401,860	76,703,606	90,105,466	-74,495,357	15,610,109	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	74,902	5,616	80,518	0	80,518	16.00
17.00	01700	SOCIAL SERVICE	4,420,738	1,269,520	5,690,258	0	5,690,258	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	10,330,381	10,330,381	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22,946,265	6,590,155	29,536,420	-16,749,654	12,786,766	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	487,981	58,982	546,963	353,911	900,874	23.00
23.01	02301	PARAMED ED PRGM - CPE	499,193	45,053	544,246	-147,974	396,272	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	202,644	-24,325	178,319	288,912	467,231	23.02
23.03	02303	PARAMED ED PRGM - EMS	81,972	133,975	215,947	0	215,947	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	264,418	55,113	319,531	171,319	490,850	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	104,875,183	32,054,499	136,929,682	-1,318,354	135,611,328	30.00
31.00	03100	INTENSIVE CARE UNIT	28,265,544	7,052,820	35,318,364	-1,810,266	33,508,098	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	8,783,211	2,370,403	11,153,614	6,962,594	18,116,208	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,993,659	2,297,734	7,291,393	-277,864	7,013,529	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,009,780	6,734,266	34,744,046	-1,465,856	33,278,190	34.01
40.00	04000	SUBPROVIDER - I PF	6,629,095	1,341,748	7,970,843	0	7,970,843	40.00
43.00	04300	NURSERY	1,297,214	384,865	1,682,079	2,257,573	3,939,652	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,430,534	41,064,348	72,494,882	-26,312,404	46,182,478	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,574,517	2,568,621	9,143,138	-569,429	8,573,709	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,257,525	5,574,272	13,831,797	-818,387	13,013,410	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	3,264,245	907,523	4,171,768	64,219	4,235,987	54.01
54.02	05403	ULTRASOUND	1,261,977	285,795	1,547,772	-365,345	1,182,427	54.02
54.03	05404	ECHOCARDIOLOGY	989,979	784,664	1,774,643	145,701	1,920,344	54.03
54.04	05401	ONCOLOGY	4,101,177	5,980,166	10,081,343	-674,990	9,406,353	54.04
57.00	05700	CT SCAN	1,859,932	884,493	2,744,425	-596,684	2,147,741	57.00
58.00	05800	MRI	1,078,317	598,132	1,676,449	-121,322	1,555,127	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,894,941	18,477,110	24,372,051	-17,875,169	6,496,882	59.00
59.01	05901	CARDIAC REHAB	552,549	178,586	731,135	68,247	799,382	59.01
60.00	06000	LABORATORY	140	34,350,874	34,351,014	-9,069	34,341,945	60.00
65.00	06500	RESPIRATORY THERAPY	9,982,992	7,075,260	17,058,252	-1,889,872	15,168,380	65.00
66.00	06600	PHYSICAL THERAPY	9,309,854	2,825,216	12,135,070	-263,087	11,871,983	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,658,265	157,163	1,815,428	-36,145	1,779,283	67.00
68.00	06800	SPEECH PATHOLOGY	965,136	347,052	1,312,188	-144,852	1,167,336	68.00
69.00	06900	ELECTROCARDIOLOGY	1,235,642	1,010,062	2,245,704	-162,106	2,083,598	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,851,759	12,231,109	14,082,868	0	14,082,868	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	64,828,656	64,828,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,662,423	60,662,423	0	60,662,423	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73,591,215	73,591,215	73.00
74.00	07400	RENAL DIALYSIS	0	4,860,116	4,860,116	-869	4,859,247	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	2,589,720	3,905,342	6,495,062	-2,872,712	3,622,350	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	33,306	1,840,659	1,873,965	6,456,381	8,330,346	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,747,016	-245,357	2,501,659	0	2,501,659	90.01
90.02	09002	COVID-19 VACCINE CLINIC	454,549	84,268	538,817	0	538,817	90.02
90.03	09003	BURN CLINIC	142,103	85,538	227,641	-11,916	215,725	90.03
91.00	09100	EMERGENCY	30,789,766	28,563,404	59,353,170	-1,729,745	57,623,425	91.00
91.01	09101	WOUND CARE 002	672,189	849,540	1,521,729	-20,865	1,500,864	91.01
91.02	09102	WOUND CARE 001	576,387	121,105	697,492	-66,485	631,007	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	265,115	317,882	582,997	0	582,997	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	457,282	174,392	631,674	-23	631,651	91.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES      Provider CCN: 15-0084      Period: From 07/01/2021 To 06/30/2022      Worksheet A  
 Date/Time Prepared: 11/29/2022 11:09 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		
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	423,335	591,265	1,014,600	0	1,014,600	91.07
91.08	04040	FAMILY PRACTICE	2,724,343	2,601,681	5,326,024	-38,406	5,287,618	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500	AMBULANCE SERVICES	0	39,590	39,590	-39,590	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	318,309	28,624	346,933	0	346,933	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,431,049	7,101,866	10,532,915	-2,275,626	8,257,289	105.00
106.00	10600	HEART ACQUISITION	3,366,199	5,320,168	8,686,367	-3,090,104	5,596,263	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.)	4,009,725	9,345,720	13,355,445	0	13,355,445	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	398,120,799	877,745,696	1,275,866,495	0	1,275,866,495	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	930,287	930,287	0	930,287	190.00
191.00	19100	RESEARCH	313,878	162,402	476,280	0	476,280	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	38,072,901	20,226,552	58,299,453	0	58,299,453	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	362,833	435,690	798,523	0	798,523	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	1,719,584	250,306	1,969,890	0	1,969,890	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	22,522,515	22,522,515	0	22,522,515	193.07
193.08	19308	OCCUPATIONAL HEALTH	1,696	1,842	3,538	0	3,538	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	3,411,927	2,868,215	6,280,142	0	6,280,142	193.19
194.00	07950	RETAIL PHARMACY	622,354	6,980,107	7,602,461	0	7,602,461	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	442,625,972	932,123,612	1,374,749,584	0	1,374,749,584	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A  
Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-5,875,917	20,106,459	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	-200,060	343,148	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-69,838	23,202,741	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,078,235	64,064,681	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-97,394,617	208,296,183	5.00
7.00	00700	OPERATION OF PLANT	-432,824	28,892,545	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,636,114	8.00
9.00	00900	HOUSEKEEPING	0	13,429,602	9.00
10.00	01000	DIETARY	-73,309	5,830,786	10.00
11.00	01100	CAFETERIA	-1,697,015	7,502,814	11.00
13.00	01300	NURSING ADMINISTRATION	-338,471	13,773,094	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-7,207,184	1,182,511	14.00
15.00	01500	PHARMACY	-20,876	15,589,233	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	80,518	16.00
17.00	01700	SOCIAL SERVICE	-247,197	5,443,061	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	10,330,381	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-5,902,379	6,884,387	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	-24,250	876,624	23.00
23.01	02301	PARAMED ED PRGM - CPE	-6,300	389,972	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	-37,810	429,421	23.02
23.03	02303	PARAMED ED PRGM - EMS	-1,987	213,960	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	-66,133	424,717	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-27,804,709	107,806,619	30.00
31.00	03100	INTENSIVE CARE UNIT	-60,481	33,447,617	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	-878,632	17,237,576	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-2,237,262	4,776,267	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-10,555,599	22,722,591	34.01
40.00	04000	SUBPROVIDER - I PF	-2,254,345	5,716,498	40.00
43.00	04300	NURSERY	-1,284,468	2,655,184	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-6,218,893	39,963,585	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-15,724	8,557,985	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-657,710	12,355,700	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	4,235,987	54.01
54.02	05403	ULTRASOUND	0	1,182,427	54.02
54.03	05404	ECHOCARDIOLOGY	0	1,920,344	54.03
54.04	05401	ONCOLOGY	-40,611	9,365,742	54.04
57.00	05700	CT SCAN	0	2,147,741	57.00
58.00	05800	MRI	-5,530	1,549,597	58.00
59.00	05900	CARDIAC CATHETERIZATION	-4,000	6,492,882	59.00
59.01	05901	CARDIAC REHAB	0	799,382	59.01
60.00	06000	LABORATORY	0	34,341,945	60.00
65.00	06500	RESPIRATORY THERAPY	0	15,168,380	65.00
66.00	06600	PHYSICAL THERAPY	-194,418	11,677,565	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,779,283	67.00
68.00	06800	SPEECH PATHOLOGY	-143	1,167,193	68.00
69.00	06900	ELECTROCARDIOLOGY	9,150	2,092,748	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-10,107,403	3,975,465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	64,828,656	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,662,423	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-383	73,590,832	73.00
74.00	07400	RENAL DIALYSIS	0	4,859,247	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03330	ENDOSCOPY	0	3,622,350	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-31,836	8,298,510	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	2,501,659	90.01
90.02	09002	COVID-19 VACCINE CLINIC	-84,240	454,577	90.02
90.03	09003	BURN CLINIC	126,029	341,754	90.03
91.00	09100	EMERGENCY	-16,276,200	41,347,225	91.00
91.01	09101	WOUND CARE 002	-7,813	1,493,051	91.01
91.02	09102	WOUND CARE 001	0	631,007	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	582,997	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	-7,726	623,925	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	1,014,600	91.07
91.08	04040	FAMILY PRACTICE	-2,145,921	3,141,697	91.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A  
Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	6.00	7.00	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	346,933	98.02
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	-428,541	7,828,748	105.00
106.00	10600 HEART ACQUISITION	-26,220	5,570,043	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.)	2,394	13,357,839	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-197,709,167	1,078,157,328	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	930,287	190.00
191.00	19100 RESEARCH	0	476,280	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	58,299,453	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	798,523	193.02
193.03	19306 FOUNDATION	0	0	193.03
193.04	19307 WELLNESS	0	1,969,890	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	22,522,515	193.07
193.08	19308 OCCUPATIONAL HEALTH	0	3,538	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	6,280,142	193.19
194.00	07950 RETAIL PHARMACY	0	7,602,461	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-197,709,167	1,177,040,417	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - Pharmacy</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	72,621,419	1.00	
	TOTALS		0	72,621,419		
<b>B - Drugs Directly Assigned</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00		969,796	1.00	
2.00					2.00	
3.00					3.00	
4.00					4.00	
5.00					5.00	
6.00					6.00	
7.00					7.00	
8.00					8.00	
9.00					9.00	
10.00					10.00	
11.00					11.00	
12.00					12.00	
13.00					13.00	
14.00					14.00	
15.00					15.00	
16.00					16.00	
17.00					17.00	
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			0	969,796	25.00	
<b>C - Med Ed Director</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	37,108	0	1.00	
			37,108	0		
<b>D - Nursery</b>						
1.00	NURSERY	43.00	1,994,733	262,840	1.00	
			1,994,733	262,840		
<b>E - Building Rent</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	262,342	1.00	
				262,342		
<b>F - Rental Beds</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	1,256,988	1.00	
				1,256,988		
<b>G - Sonography</b>						
1.00	PARAMED ED PRGM- SONOGRAPHY	23.04	171,319	0	1.00	
			171,319	0		
<b>H - Resident Salaries</b>						
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	10,330,381	0	1.00	
			10,330,381	0		
<b>I - Radiology Paramed</b>						
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	288,912	0	1.00	
2.00					2.00	
3.00					3.00	
			288,912	0		
<b>J - Pharmacy Paramed</b>						
1.00	PARAMED ED PRGM- PHARMACY	23.00	579,991	0	1.00	
			579,991	0		
<b>K - Pharmacy Year 2</b>						
1.00	PHARMACY	15.00	201,701	24,379	1.00	
			201,701	24,379		
<b>L - CPE Paramed</b>						
1.00	PARAMED ED PRGM - CPE	23.01	14,985	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	136,664	26,295	2.00	
			151,649	26,295		
<b>M - Organ Acquisition</b>						
1.00	KIDNEY ACQUISITION	105.00	65,252	0	1.00	
2.00	KIDNEY ACQUISITION	105.00	0	53,539	2.00	
3.00	KIDNEY ACQUISITION	105.00	0	100,464	3.00	
4.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	660,750	1,120,546	4.00	
5.00	KIDNEY ACQUISITION	105.00	249,433	0	5.00	
6.00	HEART ACQUISITION	106.00	0	62,762	6.00	

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00	HEART ACQUISITION	106.00	0	125,674	7.00
8.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	2,158,085	1,686,618	8.00
9.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	963,018	0	9.00
	TOTALS		4,096,538	3,149,603	
<b>N - Dietary</b>					
1.00	CAFETERIA	11.00	0	9,199,829	1.00
				9,199,829	
<b>O - Medical Supplies</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	63,571,668	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
	TOTALS		0	63,571,668	
<b>Q - Cardiac Admin</b>					
1.00	ADULTS & PEDIATRICS	30.00	628,322	664,133	1.00
2.00	INTENSIVE CARE UNIT	31.00	333,163	352,151	2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	509,058	538,072	3.00
4.00	OPERATING ROOM	50.00	426,531	450,841	4.00
5.00	AMBULATORY CARDIOVASCULAR SVC	54.01	132,474	140,024	5.00
6.00	ECHOCARDIOLOGY	54.03	71,514	75,590	6.00
7.00	CARDIAC CATHETERIZATION	59.00	1,025,612	1,084,067	7.00
8.00	CARDIAC REHAB	59.01	33,373	35,276	8.00
9.00	ELECTROCARDIOLOGY	69.00	102,508	108,350	9.00
10.00	HEART ACQUISITION	106.00	396,499	419,097	10.00
	TOTALS		3,659,054	3,867,601	
<b>R - Clinic</b>					
1.00	CLINIC	90.00	2,949,147	3,314,708	1.00
2.00	CLINIC	90.00	0	192,526	2.00
	TOTALS		2,949,147	3,507,234	
500.00	Grand Total: Increases		24,460,533	158,719,994	500.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-6  
Date/Time Prepared:  
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - Pharmacy</b>						
1.00	PHARMACY	15.00	0	72,621,419	0	1.00
	TOTALS		0	72,621,419		
<b>B - Drugs Directly Assigned</b>						
1.00	ADULTS & PEDIATRICS	30.00		641		1.00
2.00	INTENSIVE CARE UNIT	31.00		192		2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01		4		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	34.01		165		4.00
5.00	OPERATING ROOM	50.00		293,039		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00		15,777		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00		35,222		7.00
8.00	AMBULATORY CARDIOVASCULAR SVC	54.01		89,354		8.00
9.00	ONCOLOGY	54.04		21,485		9.00
10.00	MRI	58.00		3,242		10.00
11.00	CARDIAC CATHETERIZATION	59.00		1,609		11.00
12.00	CARDIAC REHAB	59.01		402		12.00
13.00	LABORATORY	60.00		9,069		13.00
14.00	RESPIRATORY THERAPY	65.00		4,358		14.00
15.00	PHYSICAL THERAPY	66.00		979		15.00
16.00	SPEECH PATHOLOGY	68.00		18		16.00
17.00	ELECTROCARDIOLOGY	69.00		372,964		17.00
18.00	RENAL DIALYSIS	74.00		869		18.00
19.00	ENDOSCOPY	75.01		927		19.00
20.00	BURN CLINIC	90.03		11,916		20.00
21.00	EMERGENCY	91.00		45,788		21.00
22.00	WOUND CARE 002	91.01		20,865		22.00
23.00	OP ANTI COAGULATION CLINIC	91.06		23		23.00
24.00	FAMILY PRACTICE	91.08		1,298		24.00
25.00	AMBULANCE SERVICES	95.00		39,590		25.00
			0	969,796		
<b>C - Med Ed Director</b>						
1.00	FAMILY PRACTICE	91.08	37,108			1.00
			37,108	0		
<b>D - Nursery</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,994,733	262,840		1.00
			1,994,733	262,840		
<b>E - Building Rent</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		262,342	10	1.00
			0	262,342		
<b>F - Rental Beds</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00		1,256,988		1.00
			0	1,256,988		
<b>G - Sonography</b>						
1.00	ULTRASOUND	54.02	171,319			1.00
			171,319	0		
<b>H - Resident Salaries</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	10,330,381			1.00
			10,330,381	0		
<b>I - Radiology Paramed</b>						
1.00	OPERATING ROOM	50.00	44,318			1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	231,431			2.00
3.00	CT SCAN	57.00	13,163			3.00
			288,912	0		
<b>J - Pharmacy Paramed</b>						
1.00	PHARMACY	15.00	579,991			1.00
			579,991	0		
<b>K - Pharmacy Year 2</b>						
1.00	PARAMED ED PRGM- PHARMACY	23.00	201,701	24,379		1.00
			201,701	24,379		
<b>L - CPE Paramed</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	14,985			1.00
2.00	PARAMED ED PRGM - CPE	23.01	136,664	26,295		2.00
			151,649	26,295		
<b>M - Organ Acquisition</b>						
1.00	PHARMACY	15.00	65,252	0	0	1.00
2.00	DIETARY	10.00	0	53,539	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	100,464	0	3.00
4.00	KIDNEY ACQUISITION	105.00	660,750	1,120,546	0	4.00
5.00	HEART ACQUISITION	106.00	249,433	0	0	5.00
6.00	DIETARY	10.00	0	62,762	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	125,674	0	7.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-6  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
8.00	HEART ACQUISITION	106.00	2,158,085	1,686,618	0	8.00
9.00	KIDNEY ACQUISITION	105.00	963,018	0	0	9.00
	TOTALS		4,096,538	3,149,603		
<b>N - Dietary</b>						
1.00	DIETARY	10.00	0	9,199,829		1.00
			0	9,199,829		
<b>O - Medical Supplies</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	290,474	0	1.00
2.00	PHARMACY	15.00	0	1,454,775	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	352,595	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,495,388	0	4.00
5.00	CARDIOTHORACIC VASCULAR	32.01	0	673,549	0	5.00
	TRANSPL					
6.00	PEDIATRIC INTENSIVE CARE	33.01	0	277,864	0	6.00
	UNIT					
7.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,465,691	0	7.00
8.00	OPERATING ROOM	50.00	0	26,852,419	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	553,652	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	551,734	0	10.00
11.00	AMBULATORY CARDIOVASCULAR	54.01	0	118,925	0	11.00
	SVC					
12.00	ULTRASOUND	54.02	0	194,026	0	12.00
13.00	ECHOCARDIOLOGY	54.03	0	1,403	0	13.00
14.00	ONCOLOGY	54.04	0	653,505	0	14.00
15.00	CT SCAN	57.00	0	583,521	0	15.00
16.00	MRI	58.00	0	118,080	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	19,983,239	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	1,885,514	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	262,108	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	36,145	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	144,834	0	21.00
22.00	ENDOSCOPY	75.01	0	2,871,785	0	22.00
23.00	EMERGENCY	91.00	0	1,683,957	0	23.00
24.00	WOUND CARE 001	91.02	0	66,485	0	24.00
	TOTALS		0	63,571,668		
<b>Q - Cardiac Admin</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,659,054	3,867,601	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
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
	TOTALS		3,659,054	3,867,601		
<b>R - Clinic</b>						
1.00	I&R SERVICES-OTHER PRGM	22.00	2,949,147	3,314,708	0	1.00
	COSTS A					
2.00	I&R SERVICES-OTHER PRGM	22.00	0	192,526	0	2.00
	COSTS A					
	TOTALS		2,949,147	3,507,234		
500.00	Grand Total : Decreases		24,460,533	158,719,994		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	17,200,644	0	0	0	0	1.00
2.00	Land Improvements	13,560,294	7,823,940	0	7,823,940	0	2.00
3.00	Buildings and Fixtures	565,563,902	60,564,022	0	60,564,022	0	3.00
4.00	Building Improvements	14,812,268	0	0	0	64,263	4.00
5.00	Fixed Equipment	27,882,092	0	0	0	0	5.00
6.00	Movable Equipment	369,901,080	8,501,739	0	8,501,739	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,008,920,280	76,889,701	0	76,889,701	64,263	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,008,920,280	76,889,701	0	76,889,701	64,263	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	17,200,644	0				1.00
2.00	Land Improvements	21,384,234	0				2.00
3.00	Buildings and Fixtures	626,127,924	0				3.00
4.00	Building Improvements	14,748,005	0				4.00
5.00	Fixed Equipment	27,882,092	0				5.00
6.00	Movable Equipment	378,402,819	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,085,745,718	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,085,745,718	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-7  
Part II  
Date/Time Prepared:  
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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	20,901,472	0	4,818,044	518	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	343,148	0	200,060	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	23,272,579	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	44,517,199	0	5,018,104	518	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	25,720,034				1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	543,208				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	23,272,579				2.00
3.00	Total (sum of lines 1-2)	0	49,535,821				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-7  
Part III  
Date/Time Prepared:  
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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	694,266,813	0	694,266,813	0.639438	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	13,076,086	0	13,076,086	0.012043	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	378,402,819	0	378,402,819	0.348519	0	2.00
3.00	Total (sum of lines 1-2)	1,085,745,718	0	1,085,745,718	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	19,843,599	262,342	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	343,148	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	23,202,741	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	43,389,488	262,342	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	518	0	0	20,106,459	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	0	343,148	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	23,202,741	2.00
3.00	Total (sum of lines 1-2)	0	518	0	0	43,652,348	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-8

Date/Time Prepared:  
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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 #		
				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,955,268	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		1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00		2.00
3.00	Investment income - other (chapter 2)	B	-510,991	ADMINISTRATIVE & GENERAL	5.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-41,739	OPERATION OF PLANT	7.00		7.00
8.00	Television and radio service (chapter 21)	A	-8,719	OPERATION OF PLANT	7.00		8.00
9.00	Parking lot (chapter 21)	A	-104,996	OPERATION OF PLANT	7.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-81,902,475				10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-20,941,746				12.00
13.00	Laundry and linen service		0		0.00		13.00
14.00	Cafeteria-employees and guests		0		0.00		14.00
15.00	Rental of quarters to employee and others		0		0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00	Sale of drugs to other than patients		0		0.00		17.00
18.00	Sale of medical records and abstracts		0		0.00		18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		19.00
20.00	Vending machines		0		0.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		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		26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG-STRESS			NEW CAP REL COSTS-BLDG-STRESS	1.01		26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00		27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant				0.00		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 07/01/2021  
To 06/30/2022

Worksheet A-8

Date/Time Prepared:  
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31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			31.00		
				Basis/Code (2)	Amount	Cost Center		Line #	Wkst. A-7 Ref.
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	Misc Revenue	B	-1,057,873	CAP REL COSTS-BLDG & FIXT	1.00	9	33.00		
33.01	Misc Revenue	B	-124,012	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01		
33.02	Misc Revenue	B	-198,653	ADMINISTRATIVE & GENERAL	5.00	0	33.02		
33.03	Misc Revenue	B	-277,370	OPERATION OF PLANT	7.00	0	33.03		
33.04	Misc Revenue	B	-73,309	DIETARY	10.00	0	33.04		
33.05	Misc Revenue	B	-1,697,015	CAFETERIA	11.00	0	33.05		
33.06	Misc Revenue	B	-102,965	NURSING ADMINISTRATION	13.00	0	33.06		
33.08	Misc Revenue	B	-20,876	PHARMACY	15.00	0	33.08		
33.10	Misc Revenue	B	-108,912	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	33.10		
33.11	Misc Revenue	B	-24,250	PARAMED ED PRGM- PHARMACY	23.00	0	33.11		
33.12	Misc Revenue	B	-6,300	PARAMED ED PRGM - CPE	23.01	0	33.12		
33.13	Misc Revenue	B	-37,810	PARAMED ED PRGM - RADIOLOGY	23.02	0	33.13		
33.14	EMS Training	B	-1,987	PARAMED ED PRGM - EMS	23.03	0	33.14		
33.15	Misc Revenue	B	-66,133	PARAMED ED PRGM- SONOGRAPHY	23.04	0	33.15		
33.18	Misc Revenue	B	-1,205	DELIVERY ROOM & LABOR ROOM	52.00	0	33.18		
33.19	Misc Revenue	B	-15,665	RADIOLOGY-DIAGNOSTIC	54.00	0	33.19		
33.21	Misc Revenue	B	-2,080	ONCOLOGY	54.04	0	33.21		
33.22	Misc Revenue	B	-194,418	PHYSICAL THERAPY	66.00	0	33.22		
33.23	Misc Revenue	B	-143	SPEECH PATHOLOGY	68.00	0	33.23		
33.24	Misc Revenue	B	9,150	ELECTROCARDIOLOGY	69.00	0	33.24		
33.25	Misc Revenue	B	-383	DRUGS CHARGED TO PATIENTS	73.00	0	33.25		
33.27	Misc Revenue	B	-8,450	EMERGENCY	91.00	0	33.27		
33.31	Misc Revenue	B	2,394	AMBULATORY SURGICAL CENTER (D.P.)	115.00	0	33.31		
33.32	Non-reimbursable items	A	-2,153,854	ADMINISTRATIVE & GENERAL	5.00	0	33.32		
33.33	Lobbying dues	A	-15,251	ADMINISTRATIVE & GENERAL	5.00	0	33.33		
33.34	Provider tax	A	-50,040,399	ADMINISTRATIVE & GENERAL	5.00	0	33.34		
33.35	Physician Loss Funding	A	-23,558,469	ADMINISTRATIVE & GENERAL	5.00	0	33.35		
33.36	Middle level s	A	-601,792	ADMINISTRATIVE & GENERAL	5.00	0	33.36		
33.37	Middle level s	A	-100,530	NURSING ADMINISTRATION	13.00	0	33.37		
33.38	Middle level s	A	-30,390	CENTRAL SERVICES & SUPPLY	14.00	0	33.38		
33.39	Middle level s	A	-119,327	SOCIAL SERVICE	17.00	0	33.39		
33.40	Middle level s	A	-453,385	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	33.40		
33.41	Middle level s	A	-2,094,904	ADULTS & PEDIATRICS	30.00	0	33.41		
33.42	Middle level s	A	-19,481	INTENSIVE CARE UNIT	31.00	0	33.42		
33.43	Middle level s	A	-15,461	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	33.43		
33.44	Middle level s	A	-380,227	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	33.44		
33.45	Middle level s	A	-2,139,858	NEONATAL INTENSIVE CARE UNIT	34.01	0	33.45		
33.46	Middle level s	A	-1,063,844	SUBPROVIDER - IPF	40.00	0	33.46		
33.47	Middle level s	A	-920,153	OPERATING ROOM	50.00	0	33.47		
33.48	Middle level s	A	-12,952	DELIVERY ROOM & LABOR ROOM	52.00	0	33.48		
33.49	Middle level s	A	-31,836	CLINIC	90.00	0	33.49		
33.50	Middle level s	A	-84,240	COVID-19 VACCINE CLINIC	90.02	0	33.50		
33.51	Middle level s	A	-1,000	BURN CLINIC	90.03	0	33.51		
33.52	Middle level s	A	-1,457,097	EMERGENCY	91.00	0	33.52		
33.53	Middle level s	A	-92,242	FAMILY PRACTICE	91.08	0	33.53		
33.54	Renal Transplant Salaries	A	94,533	KIDNEY ACQUISITION	105.00	0	33.54		
33.55	Discontinued Space	A	-69,838	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.55		
33.56	Burn Clinic	A	127,029	BURN CLINIC	90.03	0	33.56		
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-197,709,167				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 07/01/2021 To 06/30/2022

Worksheet A-8-1

Date/Time Prepared: 11/29/2022 11:09 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Capital	17,265,433	0
2.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest	482,684	0
3.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Other	196,930,856	229,871,361
3.01	5.00	ADMINISTRATIVE & GENERAL	SVH CHARGEBACKS	5,183,911	5,183,911
3.02	13.00	NURSING ADMINISTRATION	SVH CHARGEBACKS	-98,019	-98,019
3.03	15.00	PHARMACY	SVH CHARGEBACKS	-30,000	-30,000
3.04	22.00	I&R SERVICES-OTHER PRGM COST	SVH CHARGEBACKS	-160,197	-160,197
3.05	23.02	PARAMED ED PRGM - RADIOLOGY	SVH CHARGEBACKS	-56,740	-56,740
3.06	30.00	ADULTS & PEDIATRICS	SVH CHARGEBACKS	-83,429	-83,429
3.07	40.00	SUBPROVIDER - IPF	SVH CHARGEBACKS	-598,950	-598,950
3.08	50.00	OPERATING ROOM	SVH CHARGEBACKS	50,500	50,500
3.09	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACKS	525,480	525,480
3.10	54.01	AMBULATORY CARDIOVASCULAR SV	SVH CHARGEBACKS	-216,714	-216,714
3.11	54.03	ECHOCARDIOLOGY	SVH CHARGEBACKS	-1,560	-1,560
3.12	54.04	ONCOLOGY	SVH CHARGEBACKS	-12,385	-12,385
3.13	59.00	CARDIAC CATHETERIZATION	SVH CHARGEBACKS	146,250	146,250
3.14	65.00	RESPIRATORY THERAPY	SVH CHARGEBACKS	-92,210	-92,210
3.15	66.00	PHYSICAL THERAPY	SVH CHARGEBACKS	-234,994	-234,994
3.16	70.00	ELECTROENCEPHALOGRAPHY	SVH CHARGEBACKS	-4,200	-4,200
3.17	75.01	ENDOSCOPY	SVH CHARGEBACKS	1,275,000	1,275,000
3.18	90.01	PARTIAL HOSPITALIZATION	SVH CHARGEBACKS	-763,015	-763,015
3.19	90.02	COVID-19 VACCINE CLINIC	SVH CHARGEBACKS	580	580
3.20	91.00	EMERGENCY	SVH CHARGEBACKS	1,301	1,301
3.21	91.06	OP ANTI COAGULATION CLINIC	SVH CHARGEBACKS	-44,375	-44,375
3.22	105.00	KIDNEY ACQUISITION	SVH CHARGEBACKS	6,150	6,150
3.23	106.00	HEART ACQUISITION	SVH CHARGEBACKS	1,240,208	1,240,208
3.24	192.00	PHYSICIANS PRIVATE OFFICES	SVH CHARGEBACKS	93,050	93,050
3.25	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	5,475,207	5,337,983
3.26	1.01	NEW CAP REL COSTS-BLDG-STRES	INTEREST EXPENSE	0	200,060
3.27	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	28,307	0
3.28	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	56,716,456	53,514,209
3.29	14.00	CENTRAL SERVICES & SUPPLY	TRG ADMIN FEES - SUPPLIES	-7,176,794	0
3.30	13.00	NURSING ADMINISTRATION	TRG ADMIN FEES - CONTRACTED	-134,976	0
3.31	5.00	ADMINISTRATIVE & GENERAL	TRG ADMIN FEES - OTHER	-1,605,306	0
3.32	0.00			0	0
3.33	0.00			0	0
3.34	0.00			0	0
3.35	0.00			0	0
3.36	0.00			0	0
3.37	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.			274,107,509	295,049,255

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-8-1

Date/Time Prepared:  
11/29/2022 11:09 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	
100.00	G. Other (financial or non-financial) specify:		Home Office		100.00

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

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

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

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-8-1

Date/Time Prepared:  
11/29/2022 11:09 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	17,265,433	0		1.00
2.00	482,684	0		2.00
3.00	-32,940,505	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	137,224	11		3.25
3.26	-200,060	11		3.26
3.27	28,307	0		3.27
3.28	3,202,247	0		3.28
3.29	-7,176,794	0		3.29
3.30	-134,976	0		3.30
3.31	-1,605,306	0		3.31
3.32	0	0		3.32
3.33	0	0		3.33
3.34	0	0		3.34
3.35	0	0		3.35
3.36	0	0		3.36
3.37	0	0		3.37
4.00	0	0		4.00
5.00	-20,941,746			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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 07/01/2021  
To 06/30/2022

Worksheet A-8-1

Date/Time Prepared:  
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	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 07/01/2021  
To 06/30/2022

Worksheet A-8-2

Date/Time Prepared:  
11/29/2022 11:09 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	3,545,821	3,545,821	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	127,870	127,870	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	9,286,430	2,850,736	6,435,694	179,000	45,857	3.00
4.00	30.00	ADULTS & PEDIATRICS	26,136,266	23,760,266	2,376,000	246,400	3,600	4.00
5.00	31.00	INTENSIVE CARE UNIT	41,000	41,000	0	0	0	5.00
6.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	863,171	863,171	0	0	0	6.00
7.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	1,857,035	1,857,035	0	0	0	7.00
8.00	34.01	NEONATAL INTENSIVE CARE UNIT	8,415,741	8,415,741	0	0	0	8.00
9.00	40.00	SUBPROVIDER - IPF	1,190,501	1,190,501	0	0	0	9.00
10.00	43.00	NURSERY	1,284,468	1,284,468	0	0	0	10.00
11.00	50.00	OPERATING ROOM	5,298,740	5,298,740	0	0	0	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	1,567	1,567	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	642,045	642,045	0	0	0	13.00
14.00	54.04	ONCOLOGY	38,531	38,531	0	0	0	14.00
15.00	58.00	MRI	5,530	5,530	0	0	0	15.00
16.00	59.00	CARDIAC CATHETERIZATION	4,000	4,000	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	10,768,849	8,092,081	2,676,768	211,500	6,505	17.00
18.00	91.00	EMERGENCY	14,810,653	14,810,653	0	0	0	18.00
19.00	91.01	WOUND CARE 002	7,813	7,813	0	0	0	19.00
20.00	91.08	FAMILY PRACTICE	2,053,679	2,053,679	0	0	0	20.00
21.00	105.00	KIDNEY ACQUISITION	863,059	0	863,059	246,400	2,870	21.00
22.00	106.00	HEART ACQUISITION	26,220	26,220	0	0	0	22.00
23.00	91.06	OP ANTI COAGULATION CLINIC	7,726	7,726	0	0	0	23.00
200.00			87,276,715	74,925,194	12,351,521		58,832	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-8-2

Date/Time Prepared:  
11/29/2022 11:09 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	3,946,348	197,317	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	426,461	21,323	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	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	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	13.00
14.00	54.04	ONCOLOGY	0	0	0	0	0	14.00
15.00	58.00	MRI	0	0	0	0	0	15.00
16.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	661,446	33,072	0	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
19.00	91.01	WOUND CARE 002	0	0	0	0	0	19.00
20.00	91.08	FAMILY PRACTICE	0	0	0	0	0	20.00
21.00	105.00	KIDNEY ACQUISITION	339,985	16,999	0	0	0	21.00
22.00	106.00	HEART ACQUISITION	0	0	0	0	0	22.00
23.00	91.06	OP ANTI COAGULATION CLINIC	0	0	0	0	0	23.00
200.00			5,374,240	268,711	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet A-8-2

Date/Time Prepared:  
11/29/2022 11:09 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	3,545,821		1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	127,870		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	3,946,348	2,489,346	5,340,082		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	426,461	1,949,539	25,709,805		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	41,000		5.00
6.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	863,171		6.00
7.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,857,035		7.00
8.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,415,741		8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	1,190,501		9.00
10.00	43.00	NURSERY	0	0	0	1,284,468		10.00
11.00	50.00	OPERATING ROOM	0	0	0	5,298,740		11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,567		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	642,045		13.00
14.00	54.04	ONCOLOGY	0	0	0	38,531		14.00
15.00	58.00	MRI	0	0	0	5,530		15.00
16.00	59.00	CARDIAC CATHETERIZATION	0	0	0	4,000		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	661,446	2,015,322	10,107,403		17.00
18.00	91.00	EMERGENCY	0	0	0	14,810,653		18.00
19.00	91.01	WOUND CARE 002	0	0	0	7,813		19.00
20.00	91.08	FAMILY PRACTICE	0	0	0	2,053,679		20.00
21.00	105.00	KIDNEY ACQUISITION	0	339,985	523,074	523,074		21.00
22.00	106.00	HEART ACQUISITION	0	0	0	26,220		22.00
23.00	91.06	OP ANTI COAGULATION CLINIC	0	0	0	7,726		23.00
200.00			0	5,374,240	6,977,281	81,902,475		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP		
		1.00	1.01	2.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	20,106,459	20,106,459				1.00
1.01 00101 NEW CAP REL COSTS-BLDG-STRESS	343,148	0	343,148			1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP	23,202,741			23,202,741		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	64,064,681	167,273	3,034	5,688	64,240,676	4.00
5.00 00500 ADMIN STRATIVE & GENERAL	208,296,183	625,831	24,926	1,592,436	1,168,026	5.00
7.00 00700 OPERATION OF PLANT	28,892,545	3,378,337	19,167	379,440	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	2,636,114	5,500	0	0	0	8.00
9.00 00900 HOUSEKEEPING	13,429,602	208,821	3,478	2,091	4	9.00
10.00 01000 DIETARY	5,830,786	474,666	6,654	78,196	0	10.00
11.00 01100 CAFETERIA	7,502,814	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	13,773,094	826,282	2,909	954,692	1,413,821	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,182,511	599,219	10,066	1,260,240	647,818	14.00
15.00 01500 PHARMACY	15,589,233	214,891	0	116,748	1,897,992	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	80,518	154,020	4,260	628	10,971	16.00
17.00 01700 SOCIAL SERVICE	5,443,061	32,262	681	26,563	647,501	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	10,330,381	0	0	0	1,513,081	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	6,884,387	188,160	0	62,989	1,421,312	22.00
23.00 02300 PARAMED ED PRGM - PHARMACY	876,624	17,821	0	0	126,882	23.00
23.01 02301 PARAMED ED PRGM - CPE	389,972	39,459	0	0	55,294	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	429,421	21,397	0	0	71,998	23.02
23.03 02303 PARAMED ED PRGM - EMS	213,960	1,518	0	2,362	12,006	23.03
23.04 02304 PARAMED ED PRGM - SONOGRAPHY	424,717	0	0	0	63,822	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	107,806,619	4,709,203	0	818,320	15,160,746	30.00
31.00 03100 INTENSIVE CARE UNIT	33,447,617	658,183	0	895,542	4,188,824	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	17,237,576	502,119	0	284,680	1,914,954	32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	4,776,267	280,196	0	110,572	731,416	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	22,722,591	426,086	0	434,634	4,102,564	34.01
40.00 04000 SUBPROVIDER - IPF	5,716,498	60,796	158,545	16,307	970,957	40.00
43.00 04300 NURSERY	2,655,184	227,889	0	40,326	482,168	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	39,963,585	2,199,868	0	7,203,892	4,659,581	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8,557,985	308,490	0	63,203	962,963	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,355,700	378,813	0	1,176,832	1,175,574	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	4,235,987	178,152	0	411,129	497,514	54.01
54.02 05403 ULTRASOUND	1,182,427	29,482	0	5,238	159,748	54.02
54.03 05404 ECHOCARDIOLOGY	1,920,344	0	0	374,337	155,476	54.03
54.04 05401 ONCOLOGY	9,365,742	150,654	0	1,775,884	600,695	54.04
57.00 05700 CT SCAN	2,147,741	32,787	0	199,231	270,494	57.00
58.00 05800 MRI	1,549,597	127,754	0	750,251	157,940	58.00
59.00 05900 CARDIAC CATHETERIZATION	6,492,882	414,020	0	943,183	1,013,646	59.00
59.01 05901 CARDIAC REHAB	799,382	0	0	11,375	85,819	59.01
60.00 06000 LABORATORY	34,341,945	260,060	0	126,764	21	60.00
65.00 06500 RESPIRATORY THERAPY	15,168,380	48,941	0	550,241	1,462,199	65.00
66.00 06600 PHYSICAL THERAPY	11,677,565	159,189	302	29,316	1,363,605	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,779,283	5,590	0	0	242,884	67.00
68.00 06800 SPEECH PATHOLOGY	1,167,193	18,903	0	12,469	141,363	68.00
69.00 06900 ELECTROCARDIOLOGY	2,092,748	11,660	0	160,888	195,997	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,975,465	12,156	58,989	121,243	271,225	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	64,828,656	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	60,662,423	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	73,590,832	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	4,859,247	52,532	0	21,230	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03330 ENDOSCOPY	3,622,350	176,800	0	779,997	379,314	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	8,298,510	0	0	0	436,837	90.00
90.01 09001 PARTIAL HOSPITALIZATION	2,501,659	77,025	50,137	268	402,353	90.01
90.02 09002 COVID-19 VACCINE CLINIC	454,577	0	0	0	66,577	90.02
90.03 09003 BURN CLINIC	341,754	91,480	0	0	20,814	90.03
91.00 09100 EMERGENCY	41,347,225	575,373	0	826,200	4,509,746	91.00
91.01 09101 WOUND CARE 002	1,493,051	144,087	0	0	98,455	91.01
91.02 09102 WOUND CARE 001	631,007	8,310	0	22,056	84,423	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	582,997	0	0	29,105	38,831	91.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2022 11:09 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			
		1.00	1.01	2.00			4.00
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05	
91.06 09106 OP ANTI COAGULATION CLINIC	623,925	25,470	0	0	66,978	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	1,014,600	0	0	0	62,005	91.07	
91.08 04040 FAMILY PRACTICE	3,141,697	0	0	21,758	393,597	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00	
95.00 09500 AMBULANCE SERVICES	0	92,352	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	346,933	0	0	501	46,622	98.02	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	7,828,748	0	0	0	310,802	105.00	
106.00 10600 HEART ACQUISITION	5,570,043	0	0	0	198,492	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.)	13,357,839	0	0	295,223	587,300	115.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,078,157,328	19,399,877	343,148	22,994,268	57,722,047	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	930,287	44,012	0	0	0	190.00	
191.00 19100 RESEARCH	476,280	0	0	0	45,973	191.00	
192.00 19200 PHYSICIANS PRIVATE OFFICES	58,299,453	124,703	0	82,670	5,576,500	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	798,523	39,519	0	15,057	53,144	193.02	
193.03 19306 FOUNDATION	0	0	0	0	0	193.03	
193.04 19307 WELLNESS	1,969,890	0	0	0	251,866	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	22,522,515	0	0	0	0	193.07	
193.08 19308 OCCUPATIONAL HEALTH	3,538	0	0	0	248	193.08	
193.09 19312 LIFE LINE	0	0	0	3,351	0	193.09	
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10	
193.14 19302 VACANT SPACE	0	464,148	0	0	0	193.14	
193.16 19316 SETON BOARD	0	0	0	0	0	193.16	
193.19 19319 SPORTS PERFORMANCE	6,280,142	0	0	107,395	499,742	193.19	
194.00 07950 RETAIL PHARMACY	7,602,461	34,200	0	0	91,156	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)	1,177,040,417	20,106,459	343,148	23,202,741	64,240,676	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	211,707,402	211,707,402				5.00
7.00	00700	OPERATION OF PLANT	32,669,489	7,168,209	39,837,698			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,641,614	579,612	13,131	3,234,357		8.00
9.00	00900	HOUSEKEEPING	13,643,996	2,993,711	519,624	0	17,157,331	9.00
10.00	01000	DIETARY	6,390,302	1,402,135	1,173,567	0	512,283	10.00
11.00	01100	CAFETERIA	7,502,814	1,646,237	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,970,798	3,723,665	1,990,385	0	868,840	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,699,854	811,807	1,491,605	2,071	651,113	14.00
15.00	01500	PHARMACY	17,818,864	3,909,744	513,059	2,185	223,960	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	250,397	54,941	393,521	0	171,779	16.00
17.00	01700	SOCIAL SERVICE	6,150,068	1,349,423	81,115	0	35,408	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	11,843,462	2,598,645	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	8,556,848	1,877,509	449,236	53	196,100	22.00
23.00	02300	PARAMED PRGM - PHARMACY	1,021,327	224,095	42,549	0	18,573	23.00
23.01	02301	PARAMED PRGM - CPE	484,725	106,356	94,210	0	41,124	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	522,816	114,714	51,087	0	22,300	23.02
23.03	02303	PARAMED PRGM - EMS	229,846	50,432	3,623	0	1,582	23.03
23.04	02304	PARAMED PRGM - SONOGRAPHY	488,539	107,193	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	128,494,888	28,193,568	11,243,345	1,401,199	4,907,928	30.00
31.00	03100	INTENSIVE CARE UNIT	39,190,166	8,598,949	1,571,429	217,629	685,957	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	19,939,329	4,375,008	1,198,823	98,973	523,308	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,898,451	1,294,215	668,975	50,062	292,020	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	27,685,875	6,074,724	1,017,292	124,366	444,067	34.01
40.00	04000	SUBPROVIDER - IPF	6,923,103	1,519,040	1,105,188	66,843	482,435	40.00
43.00	04300	NURSERY	3,405,567	747,236	544,091	11,750	237,506	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	54,026,926	11,854,372	5,252,242	593,828	2,292,700	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,892,641	2,170,604	736,529	51,146	321,508	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,086,919	3,310,311	904,427	34,942	394,799	54.00
54.01	05401	AMBULATORY CARDIOVASCULAR SVC	5,322,782	1,167,904	425,343	42,422	185,670	54.01
54.02	05402	ULTRASOUND	1,376,895	302,113	70,388	0	30,726	54.02
54.03	05403	ECHOCARDIOLOGY	2,450,157	537,604	0	0	0	54.03
54.04	05404	ONCOLOGY	11,892,975	2,609,509	359,690	27,114	157,011	54.04
57.00	05700	CT SCAN	2,650,253	581,508	78,281	49,305	34,171	57.00
58.00	05800	MRI	2,585,542	567,309	305,015	20,424	133,145	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,863,731	1,944,844	988,484	54,199	431,491	59.00
59.01	05901	CARDIAC REHAB	896,576	196,723	0	0	0	59.01
60.00	06000	LABORATORY	34,728,790	7,620,052	620,901	0	271,035	60.00
65.00	06500	RESPIRATORY THERAPY	17,229,761	3,780,485	116,847	0	51,006	65.00
66.00	06600	PHYSICAL THERAPY	13,229,977	2,902,869	381,897	29,695	166,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,027,757	444,922	13,346	0	5,826	67.00
68.00	06800	SPEECH PATHOLOGY	1,339,928	294,002	45,132	0	19,701	68.00
69.00	06900	ELECTROCARDIOLOGY	2,461,293	540,047	27,840	3,793	12,152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,439,078	974,005	386,202	7,862	168,584	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	64,828,656	14,224,444	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,662,423	13,310,306	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,590,832	16,147,006	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,933,009	1,082,381	125,422	14,178	54,749	74.00
75.00	07500	ASC (NON-DI STI NCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	4,958,461	1,087,966	422,114	0	184,260	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	8,735,347	1,916,675	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	3,031,442	665,147	487,479	0	212,794	90.01
90.02	09002	COVID-19 VACCINE CLINIC	521,154	114,350	0	0	0	90.02
90.03	09003	BURN CLINIC	454,048	99,625	218,411	0	95,341	90.03
91.00	09100	EMERGENCY	47,258,544	10,369,281	1,373,717	315,862	599,653	91.00
91.01	09101	WOUND CARE 002	1,735,593	380,817	344,012	14,456	150,168	91.01
91.02	09102	WOUND CARE 001	745,796	163,640	19,839	0	8,660	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	650,933	142,825	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	716,373	157,184	60,809	0	26,544	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,076,605	236,224	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	3,557,052	780,474	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DI STI NCT)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
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To 06/30/2022

Worksheet B  
Part I  
Date/Time Prepared:  
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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	92,352	20,264	220,492	0	96,249	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	394,056	86,462	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8,139,550	1,785,948	0	0	0	105.00
106.00	10600	HEART ACQUISITION	5,768,535	1,265,709	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.)	14,240,362	3,124,563	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,070,723,644	188,481,642	38,150,714	3,234,357	16,420,931	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	974,299	213,777	105,080	0	45,869	190.00
191.00	19100	RESEARCH	522,253	114,591	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	64,083,326	14,060,907	297,733	0	129,966	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	906,243	198,844	94,353	0	41,187	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	2,221,756	487,489	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	22,522,515	4,941,800	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	3,786	831	0	0	0	193.08
193.09	19312	LIFELINE	3,351	735	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	464,148	0	1,108,165	0	483,735	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	6,887,279	1,511,179	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	7,727,817	1,695,607	81,653	0	35,643	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)	1,177,040,417	211,707,402	39,837,698	3,234,357	17,157,331	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part I Date/Time Prepared: 11/29/2022 11:09 am
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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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	9,478,287				10.00
11.00	01100	CAFETERIA	0	9,149,051			11.00
13.00	01300	NURSING ADMINISTRATION	0	299,448	23,853,136		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	180,969	2,835	6,840,254	14.00
15.00	01500	PHARMACY	0	297,981	0	10	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,607	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	134,287	25,699	1,062	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	406,623	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	130,766	0	12,631	188
23.00	02300	PARAMED ED PRGM- PHARMACY	0	26,443	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	16,434	0	161	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	14,529	0	0	0
23.03	02303	PARAMED ED PRGM - EMS	0	3,047	0	0	0
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	12,455	0	213	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,185,439	1,962,775	7,014,197	198,528	90,243
31.00	03100	INTENSIVE CARE UNIT	265,855	624,432	3,177,146	14,096	56,408
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	392,889	290,398	1,336,010	448	25,931
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	36,865	101,214	467,104	4,691	6,873
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	557,815	2,807,581	0	6,031
40.00	04000	SUBPROVIDER - I PF	705,164	161,674	539,681	7	0
43.00	04300	NURSERY	0	71,960	324,784	4,286	4,901
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	31,795	814,220	3,129,917	46,829	179,749
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	155,690	665,850	271	3,057
54.00	05400	RADIOLOGY-DIAGNOSTIC	772	217,500	110,459	68,525	27,398
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	102,130	416,329	17,581	8,771
54.02	05403	ULTRASOUND	0	22,167	0	0	65
54.03	05404	ECHOCARDIOLOGY	0	26,237	0	20,641	246
54.04	05401	ONCOLOGY	0	119,601	248,986	5,580	3,662
57.00	05700	CT SCAN	0	49,533	0	831	8,769
58.00	05800	MRI	0	29,329	0	11,350	2,766
59.00	05900	CARDIAC CATHETERIZATION	0	150,892	528,437	0	86,406
59.01	05901	CARDIAC REHAB	0	22,611	45,746	583	0
60.00	06000	LABORATORY	0	5	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	232,552	0	0	1,170,657
66.00	06600	PHYSICAL THERAPY	0	317,784	0	1,838	576
67.00	06700	OCCUPATIONAL THERAPY	0	49,396	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	29,048	0	52	0
69.00	06900	ELECTROCARDIOLOGY	0	41,657	0	20,262	851
70.00	07000	ELECTROENCEPHALOGRAPHY	0	54,405	0	9,700	1,954
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	3,168,971	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,023,961	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,733,980
74.00	07400	RENAL DIALYSIS	0	0	0	3,933	12,590
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	0	70,732	302,447	0	9,584
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	152,016	226,763	16	0
90.01	09001	PARTIAL HOSPITALIZATION	0	115,299	0	21	0
90.02	09002	COVID-19 VACCINE CLINIC	0	21,343	448	583	0
90.03	09003	BURN CLINIC	0	6,098	0	1,273	7
91.00	09100	EMERGENCY	41,079	687,136	1,817,762	25,005	24,861
91.01	09101	WOUND CARE 002	0	23,095	122,659	13,152	537
91.02	09102	WOUND CARE 001	0	15,604	107,141	0	1,658
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	0	0	0	833	480
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	42,156	91	1
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	66,038	2,530	706
91.08	04040	FAMILY PRACTICE	0	0	123	1,246	29

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
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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	
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	9,633	64,669	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	45,394	142,626	120	37	105.00
106.00	10600 HEART ACQUISITION	0	27,142	118,683	204	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	124,172	860	139,346	215,376	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,659,858	9,030,278	23,853,136	6,821,461	20,685,701	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	9,839	0	0	4,582	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	12,835	2,073,028	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	12,782	0	0	0	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	0	78,502	0	60	194	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	55	0	85	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	818,429	0	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	0	0	0	5,806	2,298	193.19
194.00	07950 RETAIL PHARMACY	0	17,595	0	7	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	9,478,287	9,149,051	23,853,136	6,840,254	22,765,803	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2022 11:09 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		
<b>GENERAL SERVICE COST CENTERS</b>						
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	875,245					16.00
17.00 01700 SOCIAL SERVICE	0	7,777,415				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	14,848,730			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	11,223,331		22.00
23.00 02300 PARAMED PRGM- PHARMACY	0	0	0	0	1,332,987	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	84,216	4,498,499	5,105,176	3,858,719	0	30.00
31.00 03100 INTENSIVE CARE UNIT	35,355	1,153,204	1,250,685	945,324	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSP	11,835	296,150	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	6,314	121,082	89,121	67,362	0	33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	45,586	1,038,923	124,444	94,060	0	34.01
40.00 04000 SUBPROVIDER - IPF	6,834	480,171	195,904	148,073	0	40.00
43.00 04300 NURSERY	3,784	189,386	70,917	53,602	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	146,147	0	2,270,416	1,716,082	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,521	0	803,721	607,488	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	17,909	0	194,545	147,046	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	8,854	0	0	0	0	54.01
54.02 05403 ULTRASOUND	5,692	0	78,524	59,352	0	54.02
54.03 05404 ECHOCARDIOLOGY	7,044	0	80,155	60,585	0	54.03
54.04 05401 ONCOLOGY	15,476	0	388,275	293,475	0	54.04
57.00 05700 CT SCAN	8,886	0	0	0	0	57.00
58.00 05800 MRI	2,704	0	16,031	12,117	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	50,006	0	207,044	156,493	0	59.00
59.01 05901 CARDIAC REHAB	503	0	31,790	24,028	0	59.01
60.00 06000 LABORATORY	87,756	0	189,654	143,349	0	60.00
65.00 06500 RESPIRATORY THERAPY	17,631	0	229,596	173,539	0	65.00
66.00 06600 PHYSICAL THERAPY	7,705	0	32,334	24,439	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,286	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,210	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	5,715	0	414,087	312,986	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,632	0	107,326	81,122	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	38,296	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	39,726	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	73,719	0	14,944	11,295	1,332,987	73.00
74.00 07400 RENAL DIALYSIS	4,231	0	174,982	132,259	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03330 ENDOSCOPY	11,568	0	341,812	258,357	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	2,061	0	424,141	320,584	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	2,540	0	0	0	0	90.01
90.02 09002 COVID-19 VACCINE CLINIC	77	0	0	0	0	90.02
90.03 09003 BURN CLINIC	31	0	0	0	0	90.03
91.00 09100 EMERGENCY	70,552	0	614,067	464,139	0	91.00
91.01 09101 WOUND CARE 002	3,284	0	63,580	48,057	0	91.01
91.02 09102 WOUND CARE 001	636	0	0	0	0	91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04 09104 ZIONSVILLE CLINIC	403	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	614	0	0	0	0	91.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2022 11:09 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	21.00	22.00	23.00		
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	856	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	600,209	453,665	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	2,547	0	16,031	12,117	0	0	105.00
106.00	10600	HEART ACQUISITION	1,361	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.)	24,142	0	360,289	272,322	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	875,245	7,777,415	14,489,800	10,952,036	1,332,987		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	0	111,401	84,202	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	159,766	120,758	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	0	87,763	66,335	0	0	193.19
194.00	07950	RETAIL PHARMACY	0	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments			0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	875,245	7,777,415	14,848,730	11,223,331	1,332,987		202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part I Date/Time Prepared: 11/29/2022 11:09 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	743,010				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		725,446			23.02
23.03	02303	PARAMED ED PRGM - EMS			288,530		23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY				608,400	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	406,829	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	183,519	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	22,737	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,624	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	25,985	0	0	0	34.01
40.00	04000	SUBPROVIDER - I PF	57,654	0	0	0	40.00
43.00	04300	NURSERY	25,985	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,248	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	812	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	369,169	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	117,338	0	608,400	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	54.04
57.00	05700	CT SCAN	0	183,187	0	0	57.00
58.00	05800	MRI	0	55,752	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	14,617	0	288,530	0	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	91.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

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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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	429,357	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	554,820	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	10,144,370	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	7,181,634	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	0	0	18,501,432	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	743,010	725,446	288,530	608,400	1,041,408,178	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	1,339,025	190.00
191.00	19100 RESEARCH	0	0	0	0	846,868	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	0	80,938,319	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	1,253,409	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	0	0	0	0	2,788,001	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	27,464,315	193.07
193.08	19308 OCCUPATIONAL HEALTH	0	0	0	0	4,757	193.08
193.09	19312 LIFELINE	0	0	0	0	4,086	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302 VACANT SPACE	0	0	0	0	2,056,048	193.14
193.16	19316 SETON BOARD	0	0	0	0	818,429	193.16
193.19	19319 SPORTS PERFORMANCE	0	0	0	0	8,560,660	193.19
194.00	07950 RETAIL PHARMACY	0	0	0	0	9,558,322	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)	743,010	725,446	288,530	608,400	1,177,040,417	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

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Part I  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-8,963,895	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,196,009	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-156,483	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-218,504	34.01
40.00	04000	SUBPROVIDER - IPF	-343,977	40.00
43.00	04300	NURSERY	-124,519	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	-3,986,498	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,411,209	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-341,591	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	54.01
54.02	05403	ULTRASOUND	-137,876	54.02
54.03	05404	ECHOCARDIOLOGY	-140,740	54.03
54.04	05401	ONCOLOGY	-681,750	54.04
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	-28,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	-363,537	59.00
59.01	05901	CARDIAC REHAB	-55,818	59.01
60.00	06000	LABORATORY	-333,003	60.00
65.00	06500	RESPIRATORY THERAPY	-403,135	65.00
66.00	06600	PHYSICAL THERAPY	-56,773	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-727,073	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-188,448	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-26,239	73.00
74.00	07400	RENAL DIALYSIS	-307,241	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03330	ENDOSCOPY	-600,169	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	-744,725	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	90.02
90.03	09003	BURN CLINIC	0	90.03
91.00	09100	EMERGENCY	-1,078,206	91.00
91.01	09101	WOUND CARE 002	-111,637	91.01
91.02	09102	WOUND CARE 001	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	91.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	1,382,959	91.07
91.08	04040	FAMILY PRACTICE	-1,053,874	4,338,924	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	429,357	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	554,820	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-28,148	10,116,222	105.00
106.00	10600	HEART ACQUISITION	0	7,181,634	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.)	-632,611	17,868,821	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-25,441,836	1,015,966,342	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	1,339,025	190.00
191.00	19100	RESEARCH	-195,603	651,265	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	-280,524	80,657,795	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	1,253,409	193.02
193.03	19306	FOUNDATION	0	0	193.03
193.04	19307	WELLNESS	0	2,788,001	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	27,464,315	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	4,757	193.08
193.09	19312	LIFELINE	0	4,086	193.09
193.10	19313	MARTEN HOUSE	0	0	193.10
193.14	19302	VACANT SPACE	0	2,056,048	193.14
193.16	19316	SETON BOARD	0	818,429	193.16
193.19	19319	SPORTS PERFORMANCE	-154,098	8,406,562	193.19
194.00	07950	RETAIL PHARMACY	0	9,558,322	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)	-26,072,061	1,150,968,356	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part II  
Date/Time Prepared:  
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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	2.00	2A		
<b>GENERAL SERVICE COST CENTERS</b>								
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	353,776	167,273	3,034	5,688	529,771	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,203,418	625,831	24,926	1,592,436	21,446,611	5.00
7.00	00700	OPERATION OF PLANT	27,148	3,378,337	19,167	379,440	3,804,092	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,500	0	0	5,500	8.00
9.00	00900	HOUSEKEEPING	0	208,821	3,478	2,091	214,390	9.00
10.00	01000	DIETARY	0	474,666	6,654	78,196	559,516	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,368	826,282	2,909	954,692	1,789,251	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,256,988	599,219	10,066	1,260,240	3,126,513	14.00
15.00	01500	PHARMACY	1,134,582	214,891	0	116,748	1,466,221	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	154,020	4,260	628	158,908	16.00
17.00	01700	SOCIAL SERVICE	0	32,262	681	26,563	59,506	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	210	188,160	0	62,989	251,359	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	17,821	0	0	17,821	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	39,459	0	0	39,459	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	21,397	0	0	21,397	23.02
23.03	02303	PARAMED ED PRGM - EMS	115,846	1,518	0	2,362	119,726	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	217,716	4,709,203	0	818,320	5,745,239	30.00
31.00	03100	INTENSIVE CARE UNIT	33,751	658,183	0	895,542	1,587,476	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	502,119	0	284,680	786,799	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	280,196	0	110,572	390,768	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	426,086	0	434,634	860,720	34.01
40.00	04000	SUBPROVIDER - I PF	0	60,796	158,545	16,307	235,648	40.00
43.00	04300	NURSERY	0	227,889	0	40,326	268,215	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,499,618	2,199,868	0	7,203,892	10,903,378	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,954	308,490	0	63,203	409,647	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	243,311	378,813	0	1,176,832	1,798,956	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	272,277	178,152	0	411,129	861,558	54.01
54.02	05403	ULTRASOUND	0	29,482	0	5,238	34,720	54.02
54.03	05404	ECHOCARDIOLOGY	101,005	0	0	374,337	475,342	54.03
54.04	05401	ONCOLOGY	1,638,525	150,654	0	1,775,884	3,565,063	54.04
57.00	05700	CT SCAN	0	32,787	0	199,231	232,018	57.00
58.00	05800	MRI	16,392	127,754	0	750,251	894,397	58.00
59.00	05900	CARDIAC CATHETERIZATION	293,131	414,020	0	943,183	1,650,334	59.00
59.01	05901	CARDIAC REHAB	115,015	0	0	11,375	126,390	59.01
60.00	06000	LABORATORY	0	260,060	0	126,764	386,824	60.00
65.00	06500	RESPIRATORY THERAPY	383,439	48,941	0	550,241	982,621	65.00
66.00	06600	PHYSICAL THERAPY	1,407,245	159,189	302	29,316	1,596,052	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,590	0	0	5,590	67.00
68.00	06800	SPEECH PATHOLOGY	101,169	18,903	0	12,469	132,541	68.00
69.00	06900	ELECTROCARDIOLOGY	101,005	11,660	0	160,888	273,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	367,830	12,156	58,989	121,243	560,218	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	52,532	0	21,230	73,762	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	176,800	0	779,997	956,797	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,699,532	0	0	0	1,699,532	90.00
90.01	09001	PARTIAL HOSPITALIZATION	23,563	77,025	50,137	268	150,993	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0	91,480	0	0	91,480	90.03
91.00	09100	EMERGENCY	109,271	575,373	0	826,200	1,510,844	91.00
91.01	09101	WOUND CARE 002	62,058	144,087	0	0	206,145	91.01
91.02	09102	WOUND CARE 001	0	8,310	0	22,056	30,366	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	233,247	0	0	29,105	262,352	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/29/2022 11:09 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		
		1.00	1.01	2.00		
	0				2A	
91.06 09106 OP ANTI COAGULATION CLINIC	41,830	25,470	0	0	67,300	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	118,422	0	0	0	118,422	91.07
91.08 04040 FAMILY PRACTICE	199,593	0	0	21,758	221,351	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	92,352	0	0	92,352	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	501	501	98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	452,162	0	0	0	452,162	105.00
106.00 10600 HEART ACQUISITION	218,014	0	0	0	218,014	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.)	931,943	0	0	295,223	1,227,166	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	33,016,354	19,399,877	343,148	22,994,268	75,753,647	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	28,537	44,012	0	0	72,549	190.00
191.00 19100 RESEARCH	84,994	0	0	0	84,994	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	2,327,158	124,703	0	82,670	2,534,531	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	39,519	0	15,057	54,576	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	3,351	3,351	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14 19302 VACANT SPACE	0	464,148	0	0	464,148	193.14
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.19 19319 SPORTS PERFORMANCE	1,186,085	0	0	107,395	1,293,480	193.19
194.00 07950 RETAIL PHARMACY	0	34,200	0	0	34,200	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	36,643,128	20,106,459	343,148	23,202,741	80,295,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/29/2022 11:09 am			
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	529,771					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,633	21,456,244				5.00
7.00	00700	OPERATION OF PLANT	0	726,471	4,530,563			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	58,742	1,493	65,735		8.00
9.00	00900	HOUSEKEEPING	0	303,402	59,095	0	576,887	9.00
10.00	01000	DIETARY	0	142,101	133,465	0	17,225	10.00
11.00	01100	CAFETERIA	0	166,840	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,660	377,380	226,358	0	29,213	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,343	82,274	169,634	42	21,893	14.00
15.00	01500	PHARMACY	15,654	396,238	58,348	44	7,530	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	90	5,568	44,753	0	5,776	16.00
17.00	01700	SOCIAL SERVICE	5,340	136,759	9,225	0	1,191	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	12,479	263,363	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	11,722	190,279	51,090	1	6,594	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,046	22,711	4,839	0	624	23.00
23.01	02301	PARAMED ED PRGM - CPE	456	10,779	10,714	0	1,383	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	594	11,626	5,810	0	750	23.02
23.03	02303	PARAMED ED PRGM - EMS	99	5,111	412	0	53	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	526	10,864	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	124,989	2,857,795	1,278,652	28,475	165,022	30.00
31.00	03100	INTENSIVE CARE UNIT	34,547	871,472	178,712	4,423	23,064	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	15,794	443,391	136,337	2,012	17,595	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,032	131,164	76,079	1,018	9,819	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	33,836	615,651	115,692	2,528	14,931	34.01
40.00	04000	SUBPROVIDER - IPF	8,008	153,949	125,688	1,359	16,221	40.00
43.00	04300	NURSERY	3,977	75,730	61,877	239	7,986	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	38,430	1,201,397	597,314	12,069	77,088	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,942	219,983	83,762	1,040	10,810	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,696	335,488	102,856	710	13,274	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	4,103	118,363	48,372	862	6,243	54.01
54.02	05403	ULTRASOUND	1,318	30,618	8,005	0	1,033	54.02
54.03	05404	ECHOCARDIOLOGY	1,282	54,484	0	0	0	54.03
54.04	05401	ONCOLOGY	4,954	264,464	40,906	551	5,279	54.04
57.00	05700	CT SCAN	2,231	58,934	8,903	1,002	1,149	57.00
58.00	05800	MRI	1,303	57,495	34,688	415	4,477	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,360	197,103	112,416	1,102	14,508	59.00
59.01	05901	CARDIAC REHAB	708	19,937	0	0	0	59.01
60.00	06000	LABORATORY	0	772,264	70,612	0	9,113	60.00
65.00	06500	RESPIRATORY THERAPY	12,059	383,138	13,289	0	1,715	65.00
66.00	06600	PHYSICAL THERAPY	11,246	294,195	43,431	604	5,605	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,003	45,091	1,518	0	196	67.00
68.00	06800	SPEECH PATHOLOGY	1,166	29,796	5,133	0	662	68.00
69.00	06900	ELECTROCARDIOLOGY	1,616	54,732	3,166	77	409	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,237	98,712	43,921	160	5,668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	1,441,595	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,348,950	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,636,439	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	109,695	14,264	288	1,841	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	3,128	110,261	48,005	0	6,195	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,603	194,248	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	3,318	67,410	55,439	0	7,155	90.01
90.02	09002	COVID-19 VACCINE CLINIC	549	11,589	0	0	0	90.02
90.03	09003	BURN CLINIC	172	10,097	24,839	0	3,206	90.03
91.00	09100	EMERGENCY	37,194	1,050,888	156,227	6,420	20,162	91.00
91.01	09101	WOUND CARE 002	812	38,594	39,123	294	5,049	91.01
91.02	09102	WOUND CARE 001	696	16,584	2,256	0	291	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	320	14,475	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	552	15,930	6,916	0	893	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	511	23,940	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	3,246	79,098	0	0	0	91.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500 AMBULANCE SERVICES	0	2,054	25,076	0	3,236	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	385	8,763	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,563	180,999	0	0	0	105.00
106.00	10600 HEART ACQUISITION	1,637	128,275	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.)	4,844	316,663	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	476,009	19,102,401	4,338,710	65,735	552,127	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	21,665	11,950	0	1,542	190.00
191.00	19100 RESEARCH	379	11,613	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	45,992	1,425,021	33,860	0	4,370	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	438	20,152	10,730	0	1,385	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	2,077	49,405	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	500,833	0	0	0	193.07
193.08	19308 OCCUPATIONAL HEALTH	2	84	0	0	0	193.08
193.09	19312 LIFELINE	0	75	0	0	0	193.09
193.10	19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302 VACANT SPACE	0	0	126,027	0	16,265	193.14
193.16	19316 SETON BOARD	0	0	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	4,122	153,152	0	0	0	193.19
194.00	07950 RETAIL PHARMACY	752	171,843	9,286	0	1,198	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)	529,771	21,456,244	4,530,563	65,735	576,887	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2021 To 06/30/2022		Worksheet B Part II Date/Time Prepared: 11/29/2022 11:09 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	852,307					10.00
11.00	01100	CAFETERIA	0	166,840				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,461	2,439,323			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,300	290	3,409,289		14.00
15.00	01500	PHARMACY	0	5,434	0	5	1,949,474	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	84	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,449	2,628	529	30	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	7,415	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	2,385	0	6,295	16	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	482	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	300	0	80	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	265	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	56	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	227	0	106	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	646,130	35,792	717,301	98,948	7,728	30.00
31.00	03100	INTENSIVE CARE UNIT	23,906	11,387	324,908	7,026	4,830	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	35,329	5,296	136,626	223	2,221	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,315	1,846	47,768	2,338	589	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	10,172	287,115	0	516	34.01
40.00	04000	SUBPROVIDER - I/PF	63,410	2,948	55,190	4	0	40.00
43.00	04300	NURSERY	0	1,312	33,214	2,136	420	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,859	14,848	320,078	23,340	15,392	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,839	68,093	135	262	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69	3,966	11,296	34,153	2,346	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	1,862	42,576	8,763	751	54.01
54.02	05403	ULTRASOUND	0	404	0	0	6	54.02
54.03	05404	ECHOCARDIOLOGY	0	478	0	10,288	21	54.03
54.04	05401	ONCOLOGY	0	2,181	25,462	2,781	314	54.04
57.00	05700	CT SCAN	0	903	0	414	751	57.00
58.00	05800	MRI	0	535	0	5,657	237	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,752	54,040	0	7,399	59.00
59.01	05901	CARDIAC REHAB	0	412	4,678	291	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,241	0	0	100,246	65.00
66.00	06600	PHYSICAL THERAPY	0	5,795	0	916	49	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	901	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	530	0	26	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	760	0	10,099	73	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	992	0	4,834	167	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	1,579,499	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,507,158	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,604,221	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,960	1,078	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	1,290	30,930	0	821	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	2,772	23,190	8	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	2,103	0	11	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	389	46	291	0	90.02
90.03	09003	BURN CLINIC	0	111	0	635	1	90.03
91.00	09100	EMERGENCY	3,694	12,530	185,892	12,463	2,129	91.00
91.01	09101	WOUND CARE 002	0	421	12,544	6,555	46	91.01
91.02	09102	WOUND CARE 001	0	285	10,957	0	142	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	415	41	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	0	4,311	45	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	6,753	1,261	60	91.07
91.08	04040	FAMILY PRACTICE	0	0	13	621	2	91.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
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	176	6,613	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	828	14,586	60	3	105.00
106.00	10600 HEART ACQUISITION	0	495	12,137	101	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	2,264	88	69,451	18,443	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	778,712	164,674	2,439,323	3,399,921	1,771,351	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	179	0	0	392	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	6,397	177,517	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	233	0	0	0	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	0	1,432	0	30	17	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	1	0	43	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	73,595	0	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	0	0	0	2,894	197	193.19
194.00	07950 RETAIL PHARMACY	0	321	0	4	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	852,307	166,840	2,439,323	3,409,289	1,949,474	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/29/2022 11:09 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	
<b>GENERAL SERVICE COST CENTERS</b>					
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	215,179				16.00
17.00 01700 SOCIAL SERVICE	0	217,657			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	283,257		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	0	0	0	519,741	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	20,701	125,894			30.00
31.00 03100 INTENSIVE CARE UNIT	8,691	32,273			31.00
32.00 03200 CORONARY CARE UNIT	0	0			32.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	2,909	8,288			32.01
33.00 03300 BURN INTENSIVE CARE UNIT	0	0			33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT	1,552	3,389			33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0			34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	11,206	29,075			34.01
40.00 04000 SUBPROVIDER - IPF	1,680	13,438			40.00
43.00 04300 NURSERY	930	5,300			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	35,961	0			50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,815	0			52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,402	0			54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	2,176	0			54.01
54.02 05403 ULTRASOUND	1,399	0			54.02
54.03 05404 ECHOCARDIOLOGY	1,731	0			54.03
54.04 05401 ONCOLOGY	3,804	0			54.04
57.00 05700 CT SCAN	2,184	0			57.00
58.00 05800 MRI	665	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	12,292	0			59.00
59.01 05901 CARDIAC REHAB	124	0			59.01
60.00 06000 LABORATORY	21,571	0			60.00
65.00 06500 RESPIRATORY THERAPY	4,334	0			65.00
66.00 06600 PHYSICAL THERAPY	1,894	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	562	0			67.00
68.00 06800 SPEECH PATHOLOGY	297	0			68.00
69.00 06900 ELECTROCARDIOLOGY	1,405	0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	893	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	9,413	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	9,765	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	18,121	0			73.00
74.00 07400 RENAL DIALYSIS	1,040	0			74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0			75.00
75.01 03330 ENDOSCOPY	2,844	0			75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	507	0			90.00
90.01 09001 PARTIAL HOSPITALIZATION	624	0			90.01
90.02 09002 COVID-19 VACCINE CLINIC	19	0			90.02
90.03 09003 BURN CLINIC	8	0			90.03
91.00 09100 EMERGENCY	17,342	0			91.00
91.01 09101 WOUND CARE 002	807	0			91.01
91.02 09102 WOUND CARE 001	156	0			91.02
91.03 09103 LAFAYETTE RD CLINIC	0	0			91.03
91.04 09104 ZIONSVILLE CLINIC	99	0			91.04
91.05 09105 BROWNSBURG CLINIC	0	0			91.05
91.06 09106 OP ANTI COAGULATION CLINIC	151	0			91.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

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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		
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	210	0				91.07
91.08 04040 FAMILY PRACTICE	0	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	626	0				105.00
106.00 10600 HEART ACQUISITION	335	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.)	5,934	0				115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	215,179	217,657	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 VENTUREJOINT 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 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	0				193.19
194.00 07950 RETAIL PHARMACY	0	0				194.00
200.00 Cross Foot Adjustments			283,257	519,741	47,523	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	215,179	217,657	283,257	519,741	47,523	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet B Part II Date/Time Prepared: 11/29/2022 11:09 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
<b>GENERAL SERVICE COST CENTERS</b>					
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	63,171			23.01
23.02	02302		40,442		23.02
23.03	02303			125,457	23.03
23.04	02304			11,723	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000				11,852,666
31.00	03100				3,112,715
32.00	03200				0
32.01	03201				1,592,820
33.00	03300				0
33.01	02080				675,677
34.00	03400				0
34.01	02060				1,981,442
40.00	04000				677,543
43.00	04300				461,336
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000				13,242,154
52.00	05200				808,328
54.00	05400				2,317,212
54.01	05402				1,095,629
54.02	05403				77,503
54.03	05404				543,626
54.04	05401				3,915,759
57.00	05700				308,489
58.00	05800				999,869
59.00	05900				2,060,306
59.01	05901				152,540
60.00	06000				1,260,384
65.00	06500				1,501,643
66.00	06600				1,959,787
67.00	06700				55,861
68.00	06800				170,151
69.00	06900				345,890
70.00	07000				717,802
71.00	07100				3,030,507
72.00	07200				2,865,873
73.00	07300				3,258,781
74.00	07400				203,928
75.00	07500				0
75.01	03330				1,160,271
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000				1,923,860
90.01	09001				287,053
90.02	09002				12,883
90.03	09003				130,549
91.00	09100				3,015,785
91.01	09101				310,390
91.02	09102				61,733
91.03	09103				0
91.04	09104				277,702
91.05	09105				0
91.06	09106				96,098
91.07	09107				151,157
91.08	04040				304,331

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

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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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500 AMBULANCE SERVICES					122,718	95.00
98.00	09853 GERIATRIC CLINIC					0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY					0	98.01
98.02	09852 DIABETES EDUCATION					16,438	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION					651,827	105.00
106.00	10600 HEART ACQUISITION					360,994	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.)					1,644,853	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	71,774,863	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN					107,706	190.00
191.00	19100 RESEARCH					97,557	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES					4,227,688	192.00
193.00	19300 NONPAID WORKERS					0	193.00
193.01	19304 MARKETING					0	193.01
193.02	19305 MISSION SERVICES					87,514	193.02
193.03	19306 FOUNDATION					0	193.03
193.04	19307 WELLNESS					52,961	193.04
193.05	19301 NETWORK DEVELOPMENT					0	193.05
193.06	19303 JOINT VENTUREJOINT VENTURE					0	193.06
193.07	19310 BILLING					500,833	193.07
193.08	19308 OCCUPATIONAL HEALTH					130	193.08
193.09	19312 LIFELINE					3,426	193.09
193.10	19313 MARTEN HOUSE					0	193.10
193.14	19302 VACANT SPACE					606,440	193.14
193.16	19316 SETON BOARD					73,595	193.16
193.19	19319 SPORTS PERFORMANCE					1,453,845	193.19
194.00	07950 RETAIL PHARMACY					217,604	194.00
200.00	Cross Foot Adjustments	63,171	40,442	125,457	11,723	1,091,314	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	63,171	40,442	125,457	11,723	80,295,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	11,852,666	30.00
31.00	03100	INTENSIVE CARE UNIT	3,112,715	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	1,592,820	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	675,677	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	1,981,442	34.01
40.00	04000	SUBPROVIDER - IPF	677,543	40.00
43.00	04300	NURSERY	461,336	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	13,242,154	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	808,328	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,317,212	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,095,629	54.01
54.02	05403	ULTRASOUND	77,503	54.02
54.03	05404	ECHOCARDIOLOGY	543,626	54.03
54.04	05401	ONCOLOGY	3,915,759	54.04
57.00	05700	CT SCAN	308,489	57.00
58.00	05800	MRI	999,869	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,060,306	59.00
59.01	05901	CARDIAC REHAB	152,540	59.01
60.00	06000	LABORATORY	1,260,384	60.00
65.00	06500	RESPIRATORY THERAPY	1,501,643	65.00
66.00	06600	PHYSICAL THERAPY	1,959,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,861	67.00
68.00	06800	SPEECH PATHOLOGY	170,151	68.00
69.00	06900	ELECTROCARDIOLOGY	345,890	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	717,802	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,030,507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,865,873	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,258,781	73.00
74.00	07400	RENAL DIALYSIS	203,928	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03330	ENDOSCOPY	1,160,271	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	1,923,860	90.00
90.01	09001	PARTIAL HOSPITALIZATION	287,053	90.01
90.02	09002	COVID-19 VACCINE CLINIC	12,883	90.02
90.03	09003	BURN CLINIC	130,549	90.03
91.00	09100	EMERGENCY	3,015,785	91.00
91.01	09101	WOUND CARE 002	310,390	91.01
91.02	09102	WOUND CARE 001	61,733	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	91.03
91.04	09104	ZIONSVILLE CLINIC	277,702	91.04
91.05	09105	BROWNSBURG CLINIC	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	96,098	91.06

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	151,157	91.07
91.08	04040	FAMILY PRACTICE	0	304,331	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	122,718	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	16,438	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	651,827	105.00
106.00	10600	HEART ACQUISITION	0	360,994	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	1,644,853	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	71,774,863	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	107,706	190.00
191.00	19100	RESEARCH	0	97,557	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	4,227,688	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	87,514	193.02
193.03	19306	FOUNDATION	0	0	193.03
193.04	19307	WELLNESS	0	52,961	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	500,833	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	130	193.08
193.09	19312	LIFELINE	0	3,426	193.09
193.10	19313	MARTEN HOUSE	0	0	193.10
193.14	19302	VACANT SPACE	0	606,440	193.14
193.16	19316	SETON BOARD	0	73,595	193.16
193.19	19319	SPORTS PERFORMANCE	0	1,453,845	193.19
194.00	07950	RETAIL PHARMACY	0	217,604	194.00
200.00		Cross Foot Adjustments	0	1,091,314	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	80,295,476	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B-1

Date/Time Prepared:  
11/29/2022 11:09 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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			23,272,578		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,132	512	5,705	438,596,268	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	41,649	4,207	1,597,229	7,974,560	-211,707,402
7.00	00700	OPERATION OF PLANT	224,828	3,235	380,582	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	366	0	0	0	0
9.00	00900	HOUSEKEEPING	13,897	587	2,097	30	0
10.00	01000	DIETARY	31,589	1,123	78,431	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	54,989	491	957,566	9,652,696	0
14.00	01400	CENTRAL SERVICES & SUPPLY	39,878	1,699	1,264,033	4,422,901	0
15.00	01500	PHARMACY	14,301	0	117,099	12,958,318	0
16.00	01600	MEDICAL RECORDS & LIBRARY	10,250	719	630	74,902	0
17.00	01700	SOCIAL SERVICE	2,147	115	26,643	4,420,738	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	10,330,381	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,522	0	63,179	9,703,845	0
23.00	02300	PARAMED ED PRGM - PHARMACY	1,186	0	0	866,271	0
23.01	02301	PARAMED ED PRGM - CPE	2,626	0	0	377,514	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,424	0	0	491,556	0
23.03	02303	PARAMED ED PRGM - EMS	101	0	2,369	81,972	0
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	0	0	435,737	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	313,397	0	820,783	103,508,772	0
31.00	03100	INTENSIVE CARE UNIT	43,802	0	898,238	28,598,707	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	33,416	0	285,537	13,074,122	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18,647	0	110,905	4,993,659	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,356	0	435,942	28,009,780	0
40.00	04000	SUBPROVIDER - IPF	4,046	26,759	16,356	6,629,095	0
43.00	04300	NURSERY	15,166	0	40,447	3,291,947	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	146,401	0	7,225,573	31,812,747	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,530	0	63,393	6,574,517	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,210	0	1,180,374	8,026,094	0
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	412,367	3,396,719	0
54.02	05403	ULTRASOUND	1,962	0	5,254	1,090,658	0
54.03	05404	ECHOCARDIOLOGY	0	0	375,464	1,061,493	0
54.04	05401	ONCOLOGY	10,026	0	1,781,229	4,101,177	0
57.00	05700	CT SCAN	2,182	0	199,831	1,846,769	0
58.00	05800	MRI	8,502	0	752,509	1,078,317	0
59.00	05900	CARDIAC CATHETERIZATION	27,553	0	946,022	6,920,553	0
59.01	05901	CARDIAC REHAB	0	0	11,409	585,922	0
60.00	06000	LABORATORY	17,307	0	127,146	140	0
65.00	06500	RESPIRATORY THERAPY	3,257	0	551,897	9,982,992	0
66.00	06600	PHYSICAL THERAPY	10,594	51	29,404	9,309,854	0
67.00	06700	OCCUPATIONAL THERAPY	372	0	0	1,658,265	0
68.00	06800	SPEECH PATHOLOGY	1,258	0	12,507	965,136	0
69.00	06900	ELECTROCARDIOLOGY	776	0	161,372	1,338,150	0
70.00	07000	ELECTROENCEPHALOGRAPHY	809	9,956	121,608	1,851,759	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	21,294	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	11,766	0	782,345	2,589,720	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	2,982,453	0
90.01	09001	PARTIAL HOSPITALIZATION	5,126	8,462	269	2,747,016	0
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	454,549	0
90.03	09003	BURN CLINIC	6,088	0	0	142,103	0
91.00	09100	EMERGENCY	38,291	0	828,687	30,789,766	0
91.01	09101	WOUND CARE 002	9,589	0	0	672,189	0
91.02	09102	WOUND CARE 001	553	0	22,122	576,387	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	0	0	29,193	265,115	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B-1

Date/Time Prepared:  
11/29/2022 11:09 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				
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	91.05	
91.06	09106	OP ANTI COAGULATION CLINIC	1,695	0	0	457,282	91.06	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	423,335	91.07	
91.08	04040	FAMILY PRACTICE	0	0	21,823	2,687,235	91.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)					92.00	
95.00	09500	AMBULANCE SERVICES	6,146	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	0	503	318,309	98.02	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	2,121,966	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	1,355,180	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	0	296,112	4,009,725	115.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,291,060	57,916	23,063,478	394,091,095	-211,707,402	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	2,929	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	313,878	191.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,299	0	82,919	38,072,901	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	2,630	0	15,102	362,833	193.02	
193.03	19306	FOUNDATION	0	0	0	0	193.03	
193.04	19307	WELLNESS	0	0	0	1,719,584	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	1,696	193.08	
193.09	19312	LIFELINE	0	0	3,361	0	193.09	
193.10	19313	MARTEN HOUSE	0	0	0	0	193.10	
193.14	19302	VACANT SPACE	30,889	0	0	0	-464,148	193.14
193.16	19316	SETON BOARD	0	0	0	0	193.16	
193.19	19319	SPORTS PERFORMANCE	0	0	107,718	3,411,927	193.19	
194.00	07950	RETAIL PHARMACY	2,276	0	0	622,354	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)	20,106,459	343,148	23,202,741	64,240,676	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	15.026317	5.924926	0.996999	0.146469	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)				529,771	204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001208	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 07/01/2021  
To 06/30/2022

Worksheet B-1

Date/Time Prepared:  
11/29/2022 11:09 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	964,868,867				5.00
7.00	00700	OPERATION OF PLANT	32,669,489	1,110,436			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,641,614	366	6,047,035		8.00
9.00	00900	HOUSEKEEPING	13,643,996	14,484	0	1,095,586	9.00
10.00	01000	DIETARY	6,390,302	32,712	0	32,712	454,314
11.00	01100	CAFETERIA	7,502,814	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	16,970,798	55,480	0	55,480	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,699,854	41,577	3,872	41,577	0
15.00	01500	PHARMACY	17,818,864	14,301	4,086	14,301	0
16.00	01600	MEDICAL RECORDS & LIBRARY	250,397	10,969	0	10,969	0
17.00	01700	SOCIAL SERVICE	6,150,068	2,261	0	2,261	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	11,843,462	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	8,556,848	12,522	100	12,522	0
23.00	02300	PARAMED ED PRGM - PHARMACY	1,021,327	1,186	0	1,186	0
23.01	02301	PARAMED ED PRGM - CPE	484,725	2,626	0	2,626	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	522,816	1,424	0	1,424	0
23.03	02303	PARAMED ED PRGM - EMS	229,846	101	0	101	0
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	488,539	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	128,494,888	313,397	2,619,719	313,397	344,413
31.00	03100	INTENSIVE CARE UNIT	39,190,166	43,802	406,884	43,802	12,743
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	19,939,329	33,416	185,042	33,416	18,832
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,898,451	18,647	93,598	18,647	1,767
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	27,685,875	28,356	232,517	28,356	0
40.00	04000	SUBPROVIDER - IPF	6,923,103	30,806	124,971	30,806	33,800
43.00	04300	NURSERY	3,405,567	15,166	21,968	15,166	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	54,026,926	146,401	1,110,234	146,401	1,524
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,892,641	20,530	95,624	20,530	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,086,919	25,210	65,328	25,210	37
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	5,322,782	11,856	79,314	11,856	0
54.02	05403	ULTRASOUND	1,376,895	1,962	0	1,962	0
54.03	05404	ECHOCARDIOLOGY	2,450,157	0	0	0	0
54.04	05401	ONCOLOGY	11,892,975	10,026	50,693	10,026	0
57.00	05700	CT SCAN	2,650,253	2,182	92,181	2,182	0
58.00	05800	MRI	2,585,542	8,502	38,185	8,502	0
59.00	05900	CARDIAC CATHETERIZATION	8,863,731	27,553	101,331	27,553	0
59.01	05901	CARDIAC REHAB	896,576	0	0	0	0
60.00	06000	LABORATORY	34,728,790	17,307	0	17,307	0
65.00	06500	RESPIRATORY THERAPY	17,229,761	3,257	0	3,257	0
66.00	06600	PHYSICAL THERAPY	13,229,977	10,645	55,519	10,645	0
67.00	06700	OCCUPATIONAL THERAPY	2,027,757	372	0	372	0
68.00	06800	SPEECH PATHOLOGY	1,339,928	1,258	0	1,258	0
69.00	06900	ELECTROCARDIOLOGY	2,461,293	776	7,091	776	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,439,078	10,765	14,699	10,765	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	64,828,656	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,662,423	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	73,590,832	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,933,009	3,496	26,508	3,496	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	4,958,461	11,766	0	11,766	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	8,735,347	0	0	0	0
90.01	09001	PARTIAL HOSPITALIZATION	3,031,442	13,588	0	13,588	0
90.02	09002	COVID-19 VACCINE CLINIC	521,154	0	0	0	0
90.03	09003	BURN CLINIC	454,048	6,088	0	6,088	0
91.00	09100	EMERGENCY	47,258,544	38,291	590,543	38,291	1,969
91.01	09101	WOUND CARE 002	1,735,593	9,589	27,028	9,589	0
91.02	09102	WOUND CARE 001	745,796	553	0	553	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONVILLE CLINIC	650,933	0	0	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTI COAGULATION CLINIC	716,373	1,695	0	1,695	0
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,076,605	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B-1

Date/Time Prepared:  
11/29/2022 11:09 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	
91.08	04040 FAMILY PRACTICE	3,557,052	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	92,352	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	394,056	0	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	8,139,550	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	5,768,535	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.)	14,240,362	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	859,016,242	1,063,413	6,047,035	1,048,563	415,085	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	974,299	2,929	0	2,929	0	190.00
191.00	19100 RESEARCH	522,253	0	0	0	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	64,083,326	8,299	0	8,299	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	906,243	2,630	0	2,630	0	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	2,221,756	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	22,522,515	0	0	0	0	193.07
193.08	19308 OCCUPATIONAL HEALTH	3,786	0	0	0	0	193.08
193.09	19312 LIFELINE	3,351	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	39,229	193.16
193.19	19319 SPORTS PERFORMANCE	6,887,279	0	0	0	0	193.19
194.00	07950 RETAIL PHARMACY	7,727,817	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)	211,707,402	39,837,698	3,234,357	17,157,331	9,478,287	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.219416	35.875726	0.534867	15.660415	20.862855	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	21,456,244	4,530,563	65,735	576,887	852,307	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.022237	4.079986	0.010871	0.526556	1.876031	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 07/01/2021  
To 06/30/2022

Worksheet B-1

Date/Time Prepared:  
11/29/2022 11:09 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	
<b>GENERAL SERVICE COST CENTERS</b>								
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	7,649,957					11.00
13.00	01300	NURSING ADMINISTRATION	250,383	2,717,684				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	151,317	323	137,219,761			14.00
15.00	01500	PHARMACY	249,156	0	197	58,101,588		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,852	0	0	0	4,902,983,610	16.00
17.00	01700	SOCIAL SERVICE	112,284	2,928	21,296	900	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	339,997	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	109,340	0	253,378	480	0	22.00
23.00	02300	PARAMED PRGM- PHARMACY	22,110	0	0	0	0	23.00
23.01	02301	PARAMED PRGM - CPE	13,741	0	3,220	0	0	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	12,148	0	0	0	0	23.02
23.03	02303	PARAMED PRGM - EMS	2,548	0	0	0	0	23.03
23.04	02304	PARAMED PRGM- SONOGRAPHY	10,414	0	4,268	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,641,170	799,156	3,982,596	230,314	470,477,814	30.00
31.00	03100	INTENSIVE CARE UNIT	522,117	361,985	282,774	143,960	197,516,411	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	242,816	152,217	8,984	66,179	66,118,526	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	84,630	53,219	94,097	17,542	35,272,112	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	466,416	319,879	0	15,392	254,672,992	34.01
40.00	04000	SUBPROVIDER - IPF	135,183	61,488	149	0	38,179,409	40.00
43.00	04300	NURSERY	60,169	37,004	85,988	12,507	21,139,822	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	680,808	356,604	939,412	458,744	829,800,399	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	130,180	75,863	5,438	7,803	86,708,536	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,862	12,585	1,374,647	69,923	100,048,945	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	85,396	47,434	352,688	22,385	49,462,506	54.01
54.02	05403	ULTRASOUND	18,535	0	0	166	31,798,903	54.02
54.03	05404	ECHOCARDIOLOGY	21,938	0	414,068	627	39,352,265	54.03
54.04	05401	ONCOLOGY	100,004	28,368	111,932	9,347	86,457,073	54.04
57.00	05700	CT SCAN	41,417	0	16,680	22,380	49,644,181	57.00
58.00	05800	MRI	24,523	0	227,694	7,059	15,108,932	58.00
59.00	05900	CARDIAC CATHETERIZATION	126,168	60,207	0	220,521	279,361,022	59.00
59.01	05901	CARDIAC REHAB	18,906	5,212	11,705	0	2,811,856	59.01
60.00	06000	LABORATORY	4	0	0	0	490,256,191	60.00
65.00	06500	RESPIRATORY THERAPY	194,448	0	0	2,987,680	98,496,881	65.00
66.00	06600	PHYSICAL THERAPY	265,714	0	36,870	1,469	43,046,481	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,302	0	0	0	12,772,153	67.00
68.00	06800	SPEECH PATHOLOGY	24,288	0	1,039	0	6,760,658	68.00
69.00	06900	ELECTROCARDIOLOGY	34,831	0	406,476	2,172	31,927,464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,491	0	194,583	4,988	20,288,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	63,571,668	0	213,942,091	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	60,662,423	0	221,933,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	47,811,812	411,840,346	73.00
74.00	07400	RENAL DIALYSIS	0	0	78,891	32,131	23,636,690	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	59,142	34,459	0	24,459	64,628,213	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	127,108	25,836	317	0	11,512,433	90.00
90.01	09001	PARTIAL HOSPITALIZATION	96,407	0	430	0	14,188,567	90.01
90.02	09002	COVID-19 VACCINE CLINIC	17,846	51	11,702	0	429,241	90.02
90.03	09003	BURN CLINIC	5,099	0	25,546	17	172,456	90.03
91.00	09100	EMERGENCY	574,547	207,105	501,621	63,448	394,144,398	91.00
91.01	09101	WOUND CARE 002	19,311	13,975	263,836	1,371	18,347,757	91.01
91.02	09102	WOUND CARE 001	13,047	12,207	0	4,231	3,552,468	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	16,705	1,224	2,253,382	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0	4,803	1,826	3	3,430,291	91.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B-1

Date/Time Prepared:  
11/29/2022 11:09 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	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	7,524	50,763	1,803	4,783,280	91.07
91.08	04040	FAMILY PRACTICE	0	14	24,989	73	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	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	8,055	7,368	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	37,956	16,250	2,402	95	14,228,813	105.00
106.00	10600	HEART ACQUISITION	22,695	13,522	4,085	0	7,605,527	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.)	103,826	98	2,795,359	549,671	134,873,852	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,550,645	2,717,684	136,842,742	52,792,876	4,902,983,610	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	8,227	0	0	11,695	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	257,482	5,290,658	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	10,688	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	65,639	0	1,213	495	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	46	0	1,713	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	116,466	5,864	0	193.19
194.00	07950	RETAIL PHARMACY	14,712	0	145	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)	9,149,051	23,853,136	6,840,254	22,765,803	875,245	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.195961	8.777009	0.049849	0.391828	0.000179	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	166,840	2,439,323	3,409,289	1,949,474	215,179	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.021809	0.897574	0.024845	0.033553	0.000044	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 07/01/2021  
To 06/30/2022

Worksheet B-1

Date/Time Prepared:  
11/29/2022 11:09 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	23.00	23.01		
<b>GENERAL SERVICE COST CENTERS</b>							
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	205,866					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	54,649				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		54,649			22.00
23.00 02300	PARAMED PRGM - PHARMACY	0			100		23.00
23.01 02301	PARAMED PRGM - CPE	0				915	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	119,074	18,789	18,789	0	501	30.00
31.00 03100	INTENSIVE CARE UNIT	30,525	4,603	4,603	0	226	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	7,839	0	0	0	28	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 02080	PEDIATRIC INTENSIVE CARE UNIT	3,205	328	328	0	2	33.01
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	27,500	458	458	0	32	34.01
40.00 04000	SUBPROVIDER - I/PF	12,710	721	721	0	71	40.00
43.00 04300	NURSERY	5,013	261	261	0	32	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	8,356	8,356	0	4	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	2,958	2,958	0	1	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	716	716	0	0	54.00
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 05403	ULTRASOUND	0	289	289	0	0	54.02
54.03 05404	ECHOCARDIOLOGY	0	295	295	0	0	54.03
54.04 05401	ONCOLOGY	0	1,429	1,429	0	0	54.04
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MRI	0	59	59	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	762	762	0	0	59.00
59.01 05901	CARDIAC REHAB	0	117	117	0	0	59.01
60.00 06000	LABORATORY	0	698	698	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	845	845	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	119	119	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	1,524	1,524	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	395	395	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	55	55	100	0	73.00
74.00 07400	RENAL DIALYSIS	0	644	644	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03330	ENDOSCOPY	0	1,258	1,258	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	1,561	1,561	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
90.03 09003	BURN CLINIC	0	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	2,260	2,260	0	18	91.00
91.01 09101	WOUND CARE 002	0	234	234	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B-1

Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description	INTERNS & RESIDENTS					PARAMED ED PRGM - CPE (ASSIGNED TIME)	
	SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)	PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)			
		17.00	21.00				
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	2,209	2,209	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	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	59	59	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	1,326	1,326	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	205,866	53,328	53,328	100		915	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	410	410	0	0	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	588	588	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 VENTURE JOINT 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 LIFE LINE	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	323	323	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)	7,777,415	14,848,730	11,223,331	1,332,987		743,010	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	37.779016	271.710919	205.371205	13,329.870000		812.032787	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	217,657	283,257	519,741	47,523		63,171	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.057275	5.183206	9.510531	475.230000		69.039344	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 07/01/2021  
To 06/30/2022

Worksheet B-1  
Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description		PARAMED PRGM - RADIOLOGY (CHARGES)	PARAMED PRGM - EMS (ASSIGNED TIME)	PARAMED PRGM - SONOGRAPHY (ASSIGNED TIME)	
		23.02	23.03	23.04	
<b>GENERAL SERVICE COST CENTERS</b>					
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	196,600,961			23.02
23.03	02303		100		23.03
23.04	02304			100	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0	0	0	50.00
52.00	05200	0	0	0	52.00
54.00	05400	100,048,945	0	0	54.00
54.01	05402	0	0	0	54.01
54.02	05403	31,798,903	0	100	54.02
54.03	05404	0	0	0	54.03
54.04	05401	0	0	0	54.04
57.00	05700	49,644,181	0	0	57.00
58.00	05800	15,108,932	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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	0	0	90.03
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet B-1

Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description			PARAMED ED PRGM - RADIOLOGY (CHARGES)	PARAMED ED PRGM - EMS (ASSIGNED TIME)	PARAMED ED PRGM - SONOGRAPHY (ASSIGNED TIME)	
			23.02	23.03	23.04	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	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	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)	196,600,961	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 VENTUREJOINT 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)	725,446	288,530	608,400	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003690	2,885.300000	6,084.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	40,442	125,457	11,723	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000206	1,254.570000	117.230000	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: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/29/2022 11:09 am
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		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	195,681,654		195,681,654	1,949,539	197,631,193	30.00
31.00	03100 INTENSIVE CARE UNIT	55,774,145		55,774,145	0	55,774,145	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL	28,511,839		28,511,839	0	28,511,839	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT	8,949,490		8,949,490	0	8,949,490	33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	39,828,245		39,828,245	0	39,828,245	34.01
40.00	04000 SUBPROVIDER - IPF	12,047,794		12,047,794	0	12,047,794	40.00
43.00	04300 NURSERY	5,571,236		5,571,236	0	5,571,236	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	78,371,973		78,371,973	0	78,371,973	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	14,013,629		14,013,629	0	14,013,629	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,543,130		20,543,130	0	20,543,130	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	7,697,786		7,697,786	0	7,697,786	54.01
54.02	05403 ULTRASOUND	2,533,784		2,533,784	0	2,533,784	54.02
54.03	05404 ECHOCARDIOLOGY	3,041,929		3,041,929	0	3,041,929	54.03
54.04	05401 ONCOLOGY	15,439,604		15,439,604	0	15,439,604	54.04
57.00	05700 CT SCAN	3,644,724		3,644,724	0	3,644,724	57.00
58.00	05800 MRI	3,713,336		3,713,336	0	3,713,336	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,098,490		13,098,490	0	13,098,490	59.00
59.01	05901 CARDIAC REHAB	1,162,742		1,162,742	0	1,162,742	59.01
60.00	06000 LABORATORY	43,328,539		43,328,539	0	43,328,539	60.00
65.00	06500 RESPIRATORY THERAPY	22,598,939	0	22,598,939	0	22,598,939	65.00
66.00	06600 PHYSICAL THERAPY	17,039,046	0	17,039,046	0	17,039,046	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,543,533	0	2,543,533	0	2,543,533	67.00
68.00	06800 SPEECH PATHOLOGY	1,729,073	0	1,729,073	0	1,729,073	68.00
69.00	06900 ELECTROCARDIOLOGY	3,113,610		3,113,610	0	3,113,610	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6,045,422		6,045,422	2,015,322	8,060,744	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	82,260,367		82,260,367	0	82,260,367	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	77,036,416		77,036,416	0	77,036,416	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	109,878,524		109,878,524	0	109,878,524	73.00
74.00	07400 RENAL DIALYSIS	6,230,493		6,230,493	0	6,230,493	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03330 ENDOSCOPY	7,047,132		7,047,132	0	7,047,132	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	11,032,878		11,032,878	0	11,032,878	90.00
90.01	09001 PARTIAL HOSPITALIZATION	4,514,722		4,514,722	0	4,514,722	90.01
90.02	09002 COVID-19 VACCINE CLINIC	657,955		657,955	0	657,955	90.02
90.03	09003 BURN CLINIC	874,834		874,834	0	874,834	90.03
91.00	09100 EMERGENCY	62,886,599		62,886,599	0	62,886,599	91.00
91.01	09101 WOUND CARE 002	2,787,773		2,787,773	0	2,787,773	91.01
91.02	09102 WOUND CARE 001	1,062,974		1,062,974	0	1,062,974	91.02
91.03	09103 LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	795,474		795,474	0	795,474	91.04
91.05	09105 BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	1,003,772		1,003,772	0	1,003,772	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	1,382,959		1,382,959	0	1,382,959	91.07
91.08	04040 FAMILY PRACTICE	4,338,924		4,338,924	0	4,338,924	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	24,939,187		24,939,187	0	24,939,187	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	429,357		429,357	0	429,357	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	554,820		554,820	0	554,820	98.02
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	10,116,222		10,116,222		10,116,222	105.00
106.00	10600 HEART ACQUISITION	7,181,634		7,181,634		7,181,634	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.)	17,868,821		17,868,821		17,868,821	115.00
200.00	Subtotal (see instructions)	1,040,905,529	0	1,040,905,529	3,964,861	1,044,870,390	200.00
201.00	Less Observation Beds	24,939,187		24,939,187		24,939,187	201.00
202.00	Total (see instructions)	1,015,966,342	0	1,015,966,342	3,964,861	1,019,931,203	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2022 11:09 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					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	412,358,198		412,358,198		30.00
31.00	03100	INTENSIVE CARE UNIT	197,516,411		197,516,411		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	66,118,526		66,118,526		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	35,272,112		35,272,112		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	254,672,992		254,672,992		34.01
40.00	04000	SUBPROVIDER - I/PF	38,179,409		38,179,409		40.00
43.00	04300	NURSERY	21,139,822		21,139,822		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	433,724,479	396,075,920	829,800,399	0.094447	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,257,314	3,451,222	86,708,536	0.161618	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,945,057	76,103,888	100,048,945	0.205331	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	13,478,657	35,983,849	49,462,506	0.155629	54.01
54.02	05403	ULTRASOUND	17,827,583	13,971,320	31,798,903	0.079681	54.02
54.03	05404	ECHOCARDIOLOGY	818,573	38,533,692	39,352,265	0.077300	54.03
54.04	05401	ONCOLOGY	5,604,860	80,852,213	86,457,073	0.178581	54.04
57.00	05700	CT SCAN	25,732,228	23,911,953	49,644,181	0.073417	57.00
58.00	05800	MRI	5,882,124	9,226,808	15,108,932	0.245771	58.00
59.00	05900	CARDIAC CATHETERIZATION	117,892,272	161,468,750	279,361,022	0.046887	59.00
59.01	05901	CARDIAC REHAB	3,414	2,808,442	2,811,856	0.413514	59.01
60.00	06000	LABORATORY	335,405,446	154,850,745	490,256,191	0.088379	60.00
65.00	06500	RESPIRATORY THERAPY	94,206,592	4,290,289	98,496,881	0.229438	65.00
66.00	06600	PHYSICAL THERAPY	22,460,452	20,586,029	43,046,481	0.395829	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,201,003	571,150	12,772,153	0.199147	67.00
68.00	06800	SPEECH PATHOLOGY	4,628,505	2,132,153	6,760,658	0.255755	68.00
69.00	06900	ELECTROCARDIOLOGY	21,286,382	10,641,082	31,927,464	0.097521	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,138,595	15,150,150	20,288,745	0.297969	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	122,941,001	91,001,090	213,942,091	0.384498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	136,815,457	85,118,071	221,933,528	0.347115	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,777,753	97,062,593	411,840,346	0.266799	73.00
74.00	07400	RENAL DIALYSIS	20,424,987	3,211,703	23,636,690	0.263594	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03330	ENDOSCOPY	17,675,596	46,952,617	64,628,213	0.109041	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	12,772	11,499,661	11,512,433	0.958345	90.00
90.01	09001	PARTIAL HOSPITALIZATION	26,680	14,161,887	14,188,567	0.318194	90.01
90.02	09002	COVID-19 VACCINE CLINIC	1,136	428,105	429,241	1.532834	90.02
90.03	09003	BURN CLINIC	0	172,456	172,456	5.072795	90.03
91.00	09100	EMERGENCY	109,226,341	284,918,057	394,144,398	0.159552	91.00
91.01	09101	WOUND CARE 002	341,880	18,005,877	18,347,757	0.151941	91.01
91.02	09102	WOUND CARE 001	3,206,495	345,973	3,552,468	0.299221	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	16,071	2,237,311	2,253,382	0.353013	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	8,418	3,421,873	3,430,291	0.292620	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	16,175	4,767,105	4,783,280	0.289124	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	19,742,363	38,377,253	58,119,616	0.429101	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	11,253,085	2,975,728	14,228,813		105.00
106.00	10600	HEART ACQUISITION	6,912,078	693,449	7,605,527		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	134,873,852	134,873,852		115.00
200.00		Subtotal (see instructions)	3,012,149,294	1,890,834,316	4,902,983,610		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	3,012,149,294	1,890,834,316	4,902,983,610		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/29/2022 11:09 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
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	0.094447		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.161618		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205331		54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.155629		54.01
54.02	05403 ULTRASOUND	0.079681		54.02
54.03	05404 ECHOCARDIOLOGY	0.077300		54.03
54.04	05401 ONCOLOGY	0.178581		54.04
57.00	05700 CT SCAN	0.073417		57.00
58.00	05800 MRI	0.245771		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046887		59.00
59.01	05901 CARDIAC REHAB	0.413514		59.01
60.00	06000 LABORATORY	0.088379		60.00
65.00	06500 RESPIRATORY THERAPY	0.229438		65.00
66.00	06600 PHYSICAL THERAPY	0.395829		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.199147		67.00
68.00	06800 SPEECH PATHOLOGY	0.255755		68.00
69.00	06900 ELECTROCARDIOLOGY	0.097521		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.397301		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.384498		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.347115		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266799		73.00
74.00	07400 RENAL DIALYSIS	0.263594		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03330 ENDOSCOPY	0.109041		75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.958345		90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.318194		90.01
90.02	09002 COVID-19 VACCINE CLINIC	1.532834		90.02
90.03	09003 BURN CLINIC	5.072795		90.03
91.00	09100 EMERGENCY	0.159552		91.00
91.01	09101 WOUND CARE 002	0.151941		91.01
91.02	09102 WOUND CARE 001	0.299221		91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000		91.03
91.04	09104 ZIONSVILLE CLINIC	0.353013		91.04
91.05	09105 BROWNSBURG CLINIC	0.000000		91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.292620		91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.289124		91.07
91.08	04040 FAMILY PRACTICE	0.000000		91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.429101		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: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/29/2022 11:09 am
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Total Costs
				Total Costs	RCE	Total Costs	Cost	
					Disallowance			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	204,645,549		204,645,549	1,949,539	206,595,088	30.00
31.00	03100	INTENSIVE CARE UNIT	57,970,154		57,970,154	0	57,970,154	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	28,511,839		28,511,839	0	28,511,839	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	9,105,973		9,105,973	0	9,105,973	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	40,046,749		40,046,749	0	40,046,749	34.01
40.00	04000	SUBPROVIDER - IPF	12,391,771		12,391,771	0	12,391,771	40.00
43.00	04300	NURSERY	5,695,755		5,695,755	0	5,695,755	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	82,358,471		82,358,471	0	82,358,471	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,424,838		15,424,838	0	15,424,838	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,884,721		20,884,721	0	20,884,721	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	7,697,786		7,697,786	0	7,697,786	54.01
54.02	05403	ULTRASOUND	2,671,660		2,671,660	0	2,671,660	54.02
54.03	05404	ECHOCARDIOLOGY	3,182,669		3,182,669	0	3,182,669	54.03
54.04	05401	ONCOLOGY	16,121,354		16,121,354	0	16,121,354	54.04
57.00	05700	CT SCAN	3,644,724		3,644,724	0	3,644,724	57.00
58.00	05800	MRI	3,741,484		3,741,484	0	3,741,484	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,462,027		13,462,027	0	13,462,027	59.00
59.01	05901	CARDIAC REHAB	1,218,560		1,218,560	0	1,218,560	59.01
60.00	06000	LABORATORY	43,661,542		43,661,542	0	43,661,542	60.00
65.00	06500	RESPIRATORY THERAPY	23,002,074	0	23,002,074	0	23,002,074	65.00
66.00	06600	PHYSICAL THERAPY	17,095,819	0	17,095,819	0	17,095,819	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,543,533	0	2,543,533	0	2,543,533	67.00
68.00	06800	SPEECH PATHOLOGY	1,729,073	0	1,729,073	0	1,729,073	68.00
69.00	06900	ELECTROCARDIOLOGY	3,840,683		3,840,683	0	3,840,683	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,233,870		6,233,870	2,015,322	8,249,192	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	82,260,367		82,260,367	0	82,260,367	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,036,416		77,036,416	0	77,036,416	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,904,763		109,904,763	0	109,904,763	73.00
74.00	07400	RENAL DIALYSIS	6,537,734		6,537,734	0	6,537,734	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03330	ENDOSCOPY	7,647,301		7,647,301	0	7,647,301	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	11,777,603		11,777,603	0	11,777,603	90.00
90.01	09001	PARTIAL HOSPITALIZATION	4,514,722		4,514,722	0	4,514,722	90.01
90.02	09002	COVID-19 VACCINE CLINIC	657,955		657,955	0	657,955	90.02
90.03	09003	BURN CLINIC	874,834		874,834	0	874,834	90.03
91.00	09100	EMERGENCY	63,964,805		63,964,805	0	63,964,805	91.00
91.01	09101	WOUND CARE 002	2,899,410		2,899,410	0	2,899,410	91.01
91.02	09102	WOUND CARE 001	1,062,974		1,062,974	0	1,062,974	91.02
91.03	09103	LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	795,474		795,474	0	795,474	91.04
91.05	09105	BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	1,003,772		1,003,772	0	1,003,772	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,382,959		1,382,959	0	1,382,959	91.07
91.08	04040	FAMILY PRACTICE	5,392,798		5,392,798	0	5,392,798	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	24,939,187		24,939,187	0	24,939,187	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	429,357		429,357	0	429,357	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	554,820		554,820	0	554,820	98.02
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	10,144,370		10,144,370	0	10,144,370	105.00
106.00	10600	HEART ACQUISITION	7,181,634		7,181,634	0	7,181,634	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.)	18,501,432		18,501,432	0	18,501,432	115.00
200.00		Subtotal (see instructions)	1,066,347,365	0	1,066,347,365	3,964,861	1,070,312,226	200.00
201.00		Less Observation Beds	24,939,187		24,939,187	0	24,939,187	201.00
202.00		Total (see instructions)	1,041,408,178	0	1,041,408,178	3,964,861	1,045,373,039	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/29/2022 11:09 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					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	412,358,198		412,358,198	30.00
31.00	03100	INTENSIVE CARE UNIT	197,516,411		197,516,411	31.00
32.00	03200	CORONARY CARE UNIT	0		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	66,118,526		66,118,526	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	35,272,112		35,272,112	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	254,672,992		254,672,992	34.01
40.00	04000	SUBPROVIDER - I/PF	38,179,409		38,179,409	40.00
43.00	04300	NURSERY	21,139,822		21,139,822	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	433,724,479	396,075,920	829,800,399	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,257,314	3,451,222	86,708,536	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,945,057	76,103,888	100,048,945	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	13,478,657	35,983,849	49,462,506	54.01
54.02	05403	ULTRASOUND	17,827,583	13,971,320	31,798,903	54.02
54.03	05404	ECHOCARDIOLOGY	818,573	38,533,692	39,352,265	54.03
54.04	05401	ONCOLOGY	5,604,860	80,852,213	86,457,073	54.04
57.00	05700	CT SCAN	25,732,228	23,911,953	49,644,181	57.00
58.00	05800	MRI	5,882,124	9,226,808	15,108,932	58.00
59.00	05900	CARDIAC CATHETERIZATION	117,892,272	161,468,750	279,361,022	59.00
59.01	05901	CARDIAC REHAB	3,414	2,808,442	2,811,856	59.01
60.00	06000	LABORATORY	335,405,446	154,850,745	490,256,191	60.00
65.00	06500	RESPIRATORY THERAPY	94,206,592	4,290,289	98,496,881	65.00
66.00	06600	PHYSICAL THERAPY	22,460,452	20,586,029	43,046,481	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,201,003	571,150	12,772,153	67.00
68.00	06800	SPEECH PATHOLOGY	4,628,505	2,132,153	6,760,658	68.00
69.00	06900	ELECTROCARDIOLOGY	21,286,382	10,641,082	31,927,464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,138,595	15,150,150	20,288,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	122,941,001	91,001,090	213,942,091	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	136,815,457	85,118,071	221,933,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	314,777,753	97,062,593	411,840,346	73.00
74.00	07400	RENAL DIALYSIS	20,424,987	3,211,703	23,636,690	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03330	ENDOSCOPY	17,675,596	46,952,617	64,628,213	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	12,772	11,499,661	11,512,433	90.00
90.01	09001	PARTIAL HOSPITALIZATION	26,680	14,161,887	14,188,567	90.01
90.02	09002	COVID-19 VACCINE CLINIC	1,136	428,105	429,241	90.02
90.03	09003	BURN CLINIC	0	172,456	172,456	90.03
91.00	09100	EMERGENCY	109,226,341	284,918,057	394,144,398	91.00
91.01	09101	WOUND CARE 002	341,880	18,005,877	18,347,757	91.01
91.02	09102	WOUND CARE 001	3,206,495	345,973	3,552,468	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	16,071	2,237,311	2,253,382	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	8,418	3,421,873	3,430,291	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	16,175	4,767,105	4,783,280	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	19,742,363	38,377,253	58,119,616	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	11,253,085	2,975,728	14,228,813	105.00
106.00	10600	HEART ACQUISITION	6,912,078	693,449	7,605,527	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	134,873,852	134,873,852	115.00
200.00		Subtotal (see instructions)	3,012,149,294	1,890,834,316	4,902,983,610	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	3,012,149,294	1,890,834,316	4,902,983,610	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet C Part I Date/Time Prepared: 11/29/2022 11:09 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
90.03	09003	BURN CLINIC	0.000000	90.03
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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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
<b>SPECIAL PURPOSE COST CENTERS</b>				
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 07/01/2021 To 06/30/2022	Worksheet D Part I Date/Time Prepared: 11/29/2022 11:09 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	11,852,666	0	11,852,666	136,270	86.98	30.00
31.00	INTENSIVE CARE UNIT	3,112,715		3,112,715	30,525	101.97	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,592,820		1,592,820	7,839	203.19	32.01
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	675,677		675,677	3,205	210.82	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,981,442		1,981,442	27,500	72.05	34.01
40.00	SUBPROVIDER - IPF	677,543	0	677,543	12,710	53.31	40.00
43.00	NURSERY	461,336		461,336	5,013	92.03	43.00
200.00	Total (lines 30 through 199)	20,354,199		20,354,199	223,062		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	32,144	2,795,885	30.00
31.00	INTENSIVE CARE UNIT	7,647	779,765	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,643	333,841	32.01
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	2	422	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	1,596	85,083	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	43,032	3,994,996	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part II Date/Time Prepared: 11/29/2022 11:09 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)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	13,242,154	829,800,399	0.015958	109,891,911	1,753,655	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	808,328	86,708,536	0.009322	329,256	3,069	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,317,212	100,048,945	0.023161	5,455,528	126,355	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	1,095,629	49,462,506	0.022151	4,238,041	93,877	54.01
54.02	05403 ULTRASOUND	77,503	31,798,903	0.002437	4,672,472	11,387	54.02
54.03	05404 ECHOCARDIOLOGY	543,626	39,352,265	0.013814	24,813	343	54.03
54.04	05401 ONCOLOGY	3,915,759	86,457,073	0.045291	1,823,609	82,593	54.04
57.00	05700 CT SCAN	308,489	49,644,181	0.006214	7,670,184	47,663	57.00
58.00	05800 MRI	999,869	15,108,932	0.066177	1,342,350	88,833	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,060,306	279,361,022	0.007375	32,594,885	240,387	59.00
59.01	05901 CARDIAC REHAB	152,540	2,811,856	0.054249	1,634	89	59.01
60.00	06000 LABORATORY	1,260,384	490,256,191	0.002571	77,553,910	199,391	60.00
65.00	06500 RESPIRATORY THERAPY	1,501,643	98,496,881	0.015246	15,667,227	238,863	65.00
66.00	06600 PHYSICAL THERAPY	1,959,787	43,046,481	0.045527	6,095,635	277,516	66.00
67.00	06700 OCCUPATIONAL THERAPY	55,861	12,772,153	0.004374	3,228,396	14,121	67.00
68.00	06800 SPEECH PATHOLOGY	170,151	6,760,658	0.025168	1,301,982	32,768	68.00
69.00	06900 ELECTROCARDIOLOGY	345,890	31,927,464	0.010834	5,829,074	63,152	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	717,802	20,288,745	0.035379	1,287,642	45,555	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	3,030,507	213,942,091	0.014165	31,149,615	441,234	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,865,873	221,933,528	0.012913	44,207,060	570,846	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,258,781	411,840,346	0.007913	52,758,186	417,476	73.00
74.00	07400 RENAL DIALYSIS	203,928	23,636,690	0.008628	6,054,821	52,241	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03330 ENDOSCOPY	1,160,271	64,628,213	0.017953	5,153,277	92,517	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	1,923,860	11,512,433	0.167112	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	287,053	14,188,567	0.020231	2,978	60	90.01
90.02	09002 COVID-19 VACCINE CLINIC	12,883	429,241	0.030013	0	0	90.02
90.03	09003 BURN CLINIC	130,549	172,456	0.756999	0	0	90.03
91.00	09100 EMERGENCY	3,015,785	394,144,398	0.007651	26,115,832	199,812	91.00
91.01	09101 WOUND CARE 002	310,390	18,347,757	0.016917	38,856	657	91.01
91.02	09102 WOUND CARE 001	61,733	3,552,468	0.017377	1,046,868	18,191	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104 ZIONVILLE CLINIC	277,702	2,253,382	0.123238	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	96,098	3,430,291	0.028015	843	24	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	151,157	4,783,280	0.031601	0	0	91.07
91.08	04040 FAMILY PRACTICE	304,331	0	0.000000	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	1,495,703	58,119,616	0.025735	5,494,455	141,400	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	16,438	0	0.000000	0	0	98.02
200.00	Total (lines 50 through 199)	50,135,975	3,721,017,948		451,031,340	5,254,075	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/29/2022 11:09 am
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Cost Center Description		Nursing Program Post-Stepdown Adjustments	Nursing Program	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	406,829	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	183,519	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	22,737	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	1,624	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	25,985	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	57,654	0	40.00
43.00	04300	NURSERY	0	0	0	25,985	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	724,333	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	406,829	136,270	2.99	32,144	30.00
31.00	03100	INTENSIVE CARE UNIT		183,519	30,525	6.01	7,647	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		22,737	7,839	2.90	1,643	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		1,624	3,205	0.51	2	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		25,985	27,500	0.94	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	57,654	12,710	4.54	1,596	40.00
43.00	04300	NURSERY		25,985	5,013	5.18	0	43.00
200.00		Total (lines 30 through 199)		724,333	223,062		43,032	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	96,111					30.00
31.00	03100	INTENSIVE CARE UNIT	45,958					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	4,765					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1					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	7,246					40.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	154,081					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	3,248	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	812	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	369,169	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02 05403 ULTRASOUND	0	0	0	0	725,738	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	183,187	57.00
58.00 05800 MRI	0	0	0	0	55,752	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	1,332,987	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
90.03 09003 BURN CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	303,147	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	51,350	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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	3,025,390	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	3,248	3,248	829,800,399	0.000004		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	812	812	86,708,536	0.000009		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	369,169	369,169	100,048,945	0.003690		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	49,462,506	0.000000		54.01
54.02 05403 ULTRASOUND	0	725,738	725,738	31,798,903	0.022823		54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	39,352,265	0.000000		54.03
54.04 05401 ONCOLOGY	0	0	0	86,457,073	0.000000		54.04
57.00 05700 CT SCAN	0	183,187	183,187	49,644,181	0.003690		57.00
58.00 05800 MRI	0	55,752	55,752	15,108,932	0.003690		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	279,361,022	0.000000		59.00
59.01 05901 CARDIAC REHAB	0	0	0	2,811,856	0.000000		59.01
60.00 06000 LABORATORY	0	0	0	490,256,191	0.000000		60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	98,496,881	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	43,046,481	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,772,153	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,760,658	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	31,927,464	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	20,288,745	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	213,942,091	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	221,933,528	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,332,987	1,332,987	411,840,346	0.003237		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	23,636,690	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	64,628,213	0.000000		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	11,512,433	0.000000		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	14,188,567	0.000000		90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0	0	429,241	0.000000		90.02
90.03 09003 BURN CLINIC	0	0	0	172,456	0.000000		90.03
91.00 09100 EMERGENCY	0	303,147	303,147	394,144,398	0.000769		91.00
91.01 09101 WOUND CARE 002	0	0	0	18,347,757	0.000000		91.01
91.02 09102 WOUND CARE 001	0	0	0	3,552,468	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	2,253,382	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	3,430,291	0.000000		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,783,280	0.000000		91.07
91.08 04040 FAMILY PRACTICE	0	0	0	0	0.000000		91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	51,350	51,350	58,119,616	0.000884		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	3,025,390	3,025,390	3,721,017,948			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000004	109,891,911	440	80,110,709	320	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000009	329,256	3	18,502	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003690	5,455,528	20,131	12,385,471	45,702	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	4,238,041	0	14,041,225	0	54.01
54.02	05403 ULTRASOUND	0.022823	4,672,472	106,640	3,224,256	73,587	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	24,813	0	13,244,182	0	54.03
54.04	05401 ONCOLOGY	0.000000	1,823,609	0	24,209,880	0	54.04
57.00	05700 CT SCAN	0.003690	7,670,184	28,303	4,996,181	18,436	57.00
58.00	05800 MRI	0.003690	1,342,350	4,953	1,652,967	6,099	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	32,594,885	0	54,753,891	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	1,634	0	1,001,118	0	59.01
60.00	06000 LABORATORY	0.000000	77,553,910	0	22,503,137	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	15,667,227	0	1,004,711	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	6,095,635	0	104,297	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,228,396	0	37,928	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,301,982	0	415,726	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,829,074	0	2,642,913	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,287,642	0	239,837	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	31,149,615	0	23,760,061	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	44,207,060	0	23,474,255	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003237	52,758,186	170,778	27,190,270	88,015	73.00
74.00	07400 RENAL DIALYSIS	0.000000	6,054,821	0	476,091	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330 ENDOSCOPY	0.000000	5,153,277	0	9,808,991	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	336,639	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	2,978	0	23,041	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 BURN CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000769	26,115,832	20,083	25,284,677	19,444	91.00
91.01	09101 WOUND CARE 002	0.000000	38,856	0	8,077,925	0	91.01
91.02	09102 WOUND CARE 001	0.000000	1,046,868	0	339,701	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	92,661	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	843	0	1,202,398	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	1,358,447	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000884	5,494,455	4,857	6,554,754	5,794	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)		451,031,340	356,188	364,566,842	257,397	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 11:09 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.094447	80,110,709	0	0	7,566,216	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.161618	18,502	0	0	2,990	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205331	12,385,471	89	0	2,543,121	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.155629	14,041,225	0	0	2,185,222	54.01
54.02	05403 ULTRASOUND	0.079681	3,224,256	0	0	256,912	54.02
54.03	05404 ECHOCARDIOLOGY	0.077300	13,244,182	0	0	1,023,775	54.03
54.04	05401 ONCOLOGY	0.178581	24,209,880	0	0	4,323,425	54.04
57.00	05700 CT SCAN	0.073417	4,996,181	0	0	366,805	57.00
58.00	05800 MRI	0.245771	1,652,967	0	0	406,251	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046887	54,753,891	0	0	2,567,246	59.00
59.01	05901 CARDIAC REHAB	0.413514	1,001,118	0	0	413,976	59.01
60.00	06000 LABORATORY	0.088379	22,503,137	0	0	1,988,805	60.00
65.00	06500 RESPIRATORY THERAPY	0.229438	1,004,711	0	0	230,519	65.00
66.00	06600 PHYSICAL THERAPY	0.395829	104,297	0	0	41,284	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.199147	37,928	0	0	7,553	67.00
68.00	06800 SPEECH PATHOLOGY	0.255755	415,726	0	0	106,324	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097521	2,642,913	0	0	257,740	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.297969	239,837	0	0	71,464	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.384498	23,760,061	0	0	9,135,696	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.347115	23,474,255	0	0	8,148,266	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266799	27,190,270	217	62,645	7,254,337	73.00
74.00	07400 RENAL DIALYSIS	0.263594	476,091	0	0	125,495	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330 ENDOSCOPY	0.109041	9,808,991	0	0	1,069,582	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.958345	336,639	0	0	322,616	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.318194	23,041	0	0	7,332	90.01
90.02	09002 COVID-19 VACCINE CLINIC	1.532834	0	0	0	0	90.02
90.03	09003 BURN CLINIC	5.072795	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.159552	25,284,677	0	149	4,034,221	91.00
91.01	09101 WOUND CARE 002	0.151941	8,077,925	0	0	1,227,368	91.01
91.02	09102 WOUND CARE 001	0.299221	339,701	0	0	101,646	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.353013	92,661	0	0	32,711	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.292620	1,202,398	0	0	351,846	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.289124	1,358,447	0	0	392,760	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.429101	6,554,754	0	0	2,812,651	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)		364,566,842	306	62,794	59,376,155	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		364,566,842	306	62,794	59,376,155	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 11:09 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.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	18	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	58	16,714	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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
90.03	09003 BURN CLINIC	0	0	90.03
91.00	09100 EMERGENCY	0	24	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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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)	76	16,738	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	76	16,738	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part II Date/Time Prepared: 11/29/2022 11:09 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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,242,154	829,800,399	0.015958	799,662	12,761	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	808,328	86,708,536	0.009322	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,317,212	100,048,945	0.023161	11,557	268	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,095,629	49,462,506	0.022151	20,902	463	54.01
54.02	05403	ULTRASOUND	77,503	31,798,903	0.002437	1,483	4	54.02
54.03	05404	ECHOCARDIOLOGY	543,626	39,352,265	0.013814	0	0	54.03
54.04	05401	ONCOLOGY	3,915,759	86,457,073	0.045291	0	0	54.04
57.00	05700	CT SCAN	308,489	49,644,181	0.006214	23,800	148	57.00
58.00	05800	MRI	999,869	15,108,932	0.066177	1,900	126	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,060,306	279,361,022	0.007375	0	0	59.00
59.01	05901	CARDIAC REHAB	152,540	2,811,856	0.054249	0	0	59.01
60.00	06000	LABORATORY	1,260,384	490,256,191	0.002571	340,811	876	60.00
65.00	06500	RESPIRATORY THERAPY	1,501,643	98,496,881	0.015246	2,864	44	65.00
66.00	06600	PHYSICAL THERAPY	1,959,787	43,046,481	0.045527	24,850	1,131	66.00
67.00	06700	OCCUPATIONAL THERAPY	55,861	12,772,153	0.004374	4,878	21	67.00
68.00	06800	SPEECH PATHOLOGY	170,151	6,760,658	0.025168	7,180	181	68.00
69.00	06900	ELECTROCARDIOLOGY	345,890	31,927,464	0.010834	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	717,802	20,288,745	0.035379	5,616	199	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	3,030,507	213,942,091	0.014165	52,588	745	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,865,873	221,933,528	0.012913	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,258,781	411,840,346	0.007913	248,416	1,966	73.00
74.00	07400	RENAL DIALYSIS	203,928	23,636,690	0.008628	17,784	153	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03330	ENDOSCOPY	1,160,271	64,628,213	0.017953	5,116	92	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,923,860	11,512,433	0.167112	12,772	2,134	90.00
90.01	09001	PARTIAL HOSPITALIZATION	287,053	14,188,567	0.020231	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	12,883	429,241	0.030013	0	0	90.02
90.03	09003	BURN CLINIC	130,549	172,456	0.756999	0	0	90.03
91.00	09100	EMERGENCY	3,015,785	394,144,398	0.007651	204,001	1,561	91.00
91.01	09101	WOUND CARE 002	310,390	18,347,757	0.016917	0	0	91.01
91.02	09102	WOUND CARE 001	61,733	3,552,468	0.017377	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	277,702	2,253,382	0.123238	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	96,098	3,430,291	0.028015	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	151,157	4,783,280	0.031601	0	0	91.07
91.08	04040	FAMILY PRACTICE	304,331	0	0.000000	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	58,119,616	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	16,438	0	0.000000	0	0	98.02
200.00		Total (lines 50 through 199)	48,640,272	3,721,017,948		1,786,180	22,873	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 am
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	3,248	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	812	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	369,169	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	725,738	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	183,187	57.00
58.00	05800 MRI	0	0	0	0	55,752	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	1,332,987	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
90.03	09003 BURN CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	303,147	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 ZIONVILLE 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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	2,974,040	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	3,248	3,248	829,800,399	0.000004	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	812	812	86,708,536	0.000009	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	369,169	369,169	100,048,945	0.003690	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	49,462,506	0.000000	54.01
54.02	05403	ULTRASOUND	0	725,738	725,738	31,798,903	0.022823	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	39,352,265	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	86,457,073	0.000000	54.04
57.00	05700	CT SCAN	0	183,187	183,187	49,644,181	0.003690	57.00
58.00	05800	MRI	0	55,752	55,752	15,108,932	0.003690	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	279,361,022	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	2,811,856	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	490,256,191	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	98,496,881	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	43,046,481	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,772,153	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,760,658	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,927,464	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20,288,745	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	213,942,091	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	221,933,528	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,332,987	1,332,987	411,840,346	0.003237	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	23,636,690	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	64,628,213	0.000000	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	11,512,433	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,188,567	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	429,241	0.000000	90.02
90.03	09003	BURN CLINIC	0	0	0	172,456	0.000000	90.03
91.00	09100	EMERGENCY	0	303,147	303,147	394,144,398	0.000769	91.00
91.01	09101	WOUND CARE 002	0	0	0	18,347,757	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,552,468	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	2,253,382	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	3,430,291	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,783,280	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	58,119,616	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	2,974,040	2,974,040	3,721,017,948		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000004	799,662	3	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000009	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003690	11,557	43	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	20,902	0	394	0	54.01
54.02	05403 ULTRASOUND	0.022823	1,483	34	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	0.003690	23,800	88	0	0	57.00
58.00	05800 MRI	0.003690	1,900	7	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	340,811	0	288	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,864	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	24,850	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	4,878	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	7,180	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	5,616	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	52,588	0	65	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	0.003237	248,416	804	1,818	6	73.00
74.00	07400 RENAL DIALYSIS	0.000000	17,784	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	5,116	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	12,772	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	0	0	1,635	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 BURN CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000769	204,001	157	3,570	3	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)		1,786,180	1,136	7,770	9	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 11:09 am			
			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 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.094447	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.161618	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205331	0	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.155629	394	0	0	61 54.01
54.02	05403	ULTRASOUND	0.079681	0	0	0	0 54.02
54.03	05404	ECHOCARDIOLOGY	0.077300	0	0	0	0 54.03
54.04	05401	ONCOLOGY	0.178581	0	0	0	0 54.04
57.00	05700	CT SCAN	0.073417	0	0	0	0 57.00
58.00	05800	MRI	0.245771	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046887	0	0	0	0 59.00
59.01	05901	CARDIAC REHAB	0.413514	0	0	0	0 59.01
60.00	06000	LABORATORY	0.088379	288	0	0	25 60.00
65.00	06500	RESPIRATORY THERAPY	0.229438	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.395829	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199147	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.255755	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.097521	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297969	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.384498	65	0	0	25 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.347115	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266799	1,818	0	1,159	485 73.00
74.00	07400	RENAL DIALYSIS	0.263594	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	0.109041	0	0	0	0 75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.958345	0	0	0	0 90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.318194	1,635	0	0	520 90.01
90.02	09002	COVID-19 VACCINE CLINIC	1.532834	0	0	0	0 90.02
90.03	09003	BURN CLINIC	5.072795	0	0	0	0 90.03
91.00	09100	EMERGENCY	0.159552	3,570	0	0	570 91.00
91.01	09101	WOUND CARE 002	0.151941	0	0	0	0 91.01
91.02	09102	WOUND CARE 001	0.299221	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	0.353013	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	0.292620	0	0	0	0 91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.289124	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)	0.429101	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)		7,770	0	1,159	1,686 200.00
201.00		Less BPB Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00		Net Charges (line 200 - line 201)		7,770	0	1,159	1,686 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 11:09 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	
<b>ANCILLARY SERVICE COST CENTERS</b>			
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	309	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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
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
90.03 09003 BURN CLINIC	0	0	90.03
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
<b>OTHER REIMBURSABLE COST CENTERS</b>			
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	309	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	309	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part III Date/Time Prepared: 11/29/2022 11:09 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	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	406,829	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	183,519	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	22,737	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	1,624	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	25,985	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	57,654	0	40.00	
43.00	04300	NURSERY	0	0	0	25,985	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	724,333	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	406,829	136,270	2.99	5,247	30.00	
31.00	03100	INTENSIVE CARE UNIT		183,519	30,525	6.01	1,639	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		22,737	7,839	2.90	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		1,624	3,205	0.51	477	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT		25,985	27,500	0.94	2,994	34.01	
40.00	04000	SUBPROVIDER - IPF	0	57,654	12,710	4.54	749	40.00	
43.00	04300	NURSERY		25,985	5,013	5.18	3,013	43.00	
200.00		Total (lines 30 through 199)		724,333	223,062		14,119	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	15,689						30.00
31.00	03100	INTENSIVE CARE UNIT	9,850						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	243						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	2,814						34.01
40.00	04000	SUBPROVIDER - IPF	3,400						40.00
43.00	04300	NURSERY	15,607						43.00
200.00		Total (lines 30 through 199)	47,603						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 am
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Cost Center Description	Title XIX					Hospital		
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	Cost		
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	3,248	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	812	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	369,169	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	0	0	725,738	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	183,187	57.00
58.00	05800	MRI	0	0	0	0	55,752	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	1,332,987	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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
90.03	09003	BURN CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	303,147	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	51,350	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	3,025,390	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet D  
Part IV  
Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description		All Other Medical Education Cost	Title XIX		Hospital	Cost		
			Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	3,248	3,248	829,800,399	0.000004	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	812	812	86,708,536	0.000009	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	369,169	369,169	100,048,945	0.003690	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	49,462,506	0.000000	54.01
54.02	05403	ULTRASOUND	0	725,738	725,738	31,798,903	0.022823	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	39,352,265	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	86,457,073	0.000000	54.04
57.00	05700	CT SCAN	0	183,187	183,187	49,644,181	0.003690	57.00
58.00	05800	MRI	0	55,752	55,752	15,108,932	0.003690	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	279,361,022	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	2,811,856	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	490,256,191	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	98,496,881	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	43,046,481	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,772,153	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,760,658	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,927,464	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20,288,745	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	213,942,091	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	221,933,528	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,332,987	1,332,987	411,840,346	0.003237	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	23,636,690	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	64,628,213	0.000000	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	11,512,433	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,188,567	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	429,241	0.000000	90.02
90.03	09003	BURN CLINIC	0	0	0	172,456	0.000000	90.03
91.00	09100	EMERGENCY	0	303,147	303,147	394,144,398	0.000769	91.00
91.01	09101	WOUND CARE 002	0	0	0	18,347,757	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,552,468	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	2,253,382	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	3,430,291	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,783,280	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	51,350	51,350	58,119,616	0.000884	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	3,025,390	3,025,390	3,721,017,948		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000004	13,783,007	55	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000009	2,397,121	22	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003690	1,220,116	4,502	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	536,104	0	0	0	54.01
54.02	05403 ULTRASOUND	0.022823	863,733	19,713	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	101,630	0	0	0	54.03
54.04	05401 ONCOLOGY	0.000000	277,378	0	0	0	54.04
57.00	05700 CT SCAN	0.003690	1,121,102	4,137	0	0	57.00
58.00	05800 MRI	0.003690	295,863	1,092	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,796,805	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	420	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	15,648,669	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,699,682	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,200,359	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	548,781	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	222,359	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	798,498	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	335,550	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	3,297,939	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,213,433	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003237	11,180,553	36,191	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	877,022	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	609,908	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
90.03	09003 BURN CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000769	7,624,602	5,863	0	0	91.00
91.01	09101 WOUND CARE 002	0.000000	23,016	0	0	0	91.01
91.02	09102 WOUND CARE 001	0.000000	169,440	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)	0.000884	1,456,202	1,287	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)		78,299,292	72,862	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0084		Period: From 07/01/2021 To 06/30/2022		Worksheet D Part V Date/Time Prepared: 11/29/2022 11:09 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.099251	0	10,020,580	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.177893	0	142,788	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208745	0	1,321,408	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.155629	0	245,865	0	0	54.01
54.02	05403	ULTRASOUND	0.084017	0	320,916	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.080876	0	143,702	0	0	54.03
54.04	05401	ONCOLOGY	0.186467	0	367,445	0	0	54.04
57.00	05700	CT SCAN	0.073417	0	521,368	0	0	57.00
58.00	05800	MRI	0.247634	0	195,386	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.048189	0	981,096	0	0	59.00
59.01	05901	CARDIAC REHAB	0.433365	0	6,646	0	0	59.01
60.00	06000	LABORATORY	0.089059	0	3,470,176	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.233531	0	125,953	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.397148	0	742,677	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199147	0	9,397	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.255755	0	93,558	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.120294	0	110,754	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307258	0	503,856	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.384498	0	1,087,021	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.347115	0	3,006,077	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266863	0	1,502,515	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.276593	0	162,010	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.118328	0	442,777	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1.023033	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.318194	0	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	1.532834	0	4,544	0	0	90.02
90.03	09003	BURN CLINIC	5.072795	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.162288	0	9,039,144	0	0	91.00
91.01	09101	WOUND CARE 002	0.158025	0	414,756	0	0	91.01
91.02	09102	WOUND CARE 001	0.299221	0	6,272	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.353013	0	10,690	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.292620	0	10,802	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.289124	0	31,039	0	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.429101	0	1,282,098	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	36,323,316	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	36,323,316	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part V Date/Time Prepared: 11/29/2022 11:09 am	
		Title XIX	Hospital	Cost	
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			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	994,553	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,401	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	275,837	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	38,264	0	54.01
54.02	05403	ULTRASOUND	26,962	0	54.02
54.03	05404	ECHOCARDIOLOGY	11,622	0	54.03
54.04	05401	ONCOLOGY	68,516	0	54.04
57.00	05700	CT SCAN	38,277	0	57.00
58.00	05800	MRI	48,384	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,278	0	59.00
59.01	05901	CARDIAC REHAB	2,880	0	59.01
60.00	06000	LABORATORY	309,050	0	60.00
65.00	06500	RESPIRATORY THERAPY	29,414	0	65.00
66.00	06600	PHYSICAL THERAPY	294,953	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,871	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,928	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,323	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	154,814	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	417,957	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,043,454	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	400,966	0	73.00
74.00	07400	RENAL DIALYSIS	44,811	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03330	ENDOSCOPY	52,393	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	6,965	0	90.02
90.03	09003	BURN CLINIC	0	0	90.03
91.00	09100	EMERGENCY	1,466,945	0	91.00
91.01	09101	WOUND CARE 002	65,542	0	91.01
91.02	09102	WOUND CARE 001	1,877	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	3,774	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	3,161	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	8,974	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	550,150	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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)	6,472,296	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	6,472,296	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 am
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	Title XIX	Subprovider - IPF	Cost
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Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	3,248	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	812	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	369,169	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	725,738	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	183,187	57.00
58.00	05800 MRI	0	0	0	0	55,752	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	1,332,987	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
90.03	09003 BURN CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	303,147	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 ZIONVILLE 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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	2,974,040	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	3,248	3,248	829,800,399	0.000004	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	812	812	86,708,536	0.000009	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	369,169	369,169	100,048,945	0.003690	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	49,462,506	0.000000	54.01
54.02	05403	ULTRASOUND	0	725,738	725,738	31,798,903	0.022823	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	39,352,265	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	86,457,073	0.000000	54.04
57.00	05700	CT SCAN	0	183,187	183,187	49,644,181	0.003690	57.00
58.00	05800	MRI	0	55,752	55,752	15,108,932	0.003690	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	279,361,022	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	2,811,856	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	490,256,191	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	98,496,881	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	43,046,481	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,772,153	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,760,658	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,927,464	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	20,288,745	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	213,942,091	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	221,933,528	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,332,987	1,332,987	411,840,346	0.003237	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	23,636,690	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	64,628,213	0.000000	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	11,512,433	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,188,567	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	429,241	0.000000	90.02
90.03	09003	BURN CLINIC	0	0	0	172,456	0.000000	90.03
91.00	09100	EMERGENCY	0	303,147	303,147	394,144,398	0.000769	91.00
91.01	09101	WOUND CARE 002	0	0	0	18,347,757	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,552,468	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	2,253,382	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	3,430,291	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,783,280	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	58,119,616	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	2,974,040	2,974,040	3,721,017,948		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D Part IV Date/Time Prepared: 11/29/2022 11:09 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000004	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000009	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003690	286	1	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	811	0	0	0	54.01
54.02	05403 ULTRASOUND	0.022823	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	0.003690	0	0	0	0	57.00
58.00	05800 MRI	0.003690	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	74,165	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,081	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	1,605	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	0.003237	48,587	157	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.000000	21,890	0	0	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 BURN CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000769	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
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)		148,425	158	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 11:09 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		136,270	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		136,270	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)		119,074	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)		32,144	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
<b>SWING BED ADJUSTMENT</b>				
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)		197,631,193	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)		197,631,193	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		197,631,193	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,450.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		46,618,122	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)		46,618,122	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1	
		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)	
		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	55,774,145	30,525	1,827.16	7,647	13,972,293	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	28,511,839	7,839	3,637.18	1,643	5,975,887	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	8,949,490	3,205	2,792.35	2	5,585	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	39,828,245	27,500	1,448.30	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)					80,651,887	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					147,223,774	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)					4,056,748	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,610,263	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,667,011	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					137,556,763	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)					17,196	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,450.29	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					24,939,187	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 11:09 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	11,852,666	197,631,193	0.059974	24,939,187	1,495,703	90.00
91.00	Nursing Program cost	0	197,631,193	0.000000	24,939,187	0	91.00
92.00	Allied health cost	406,829	197,631,193	0.002059	24,939,187	51,350	92.00
93.00	All other Medical Education	0	197,631,193	0.000000	24,939,187	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 11:09 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,710	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,710	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)		12,710	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)		1,596	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
<b>SWING BED ADJUSTMENT</b>				
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)		12,047,794	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)		12,047,794	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		12,047,794	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		947.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,512,848	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)		1,512,848	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1
				Component CCN: 15-S084		Date/Time Prepared: 11/29/2022 11:09 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
<b>Intensive Care Type Inpatient Hospital Units</b>						
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
<b>Cost Center Description</b>					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					265,668	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,778,516	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					92,329	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,009	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					116,338	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,662,178	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>						
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
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 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 11:09 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	677,543	12,047,794	0.056238	0	0	90.00
91.00	Nursing Program cost	0	12,047,794	0.000000	0	0	91.00
92.00	Allied health cost	57,654	12,047,794	0.004785	0	0	92.00
93.00	All other Medical Education	0	12,047,794	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 11:09 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			136,270 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			136,270 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)			119,074 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)			5,247 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)			5,013 15.00
16.00	Nursery days (title V or XIX only)			3,013 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			204,645,549 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)			204,645,549 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			204,645,549 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,501.77 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,879,787 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)			7,879,787 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 11:09 am	
Title XIX			Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	5,695,755	5,013	1,136.20	3,013	3,423,371	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	57,970,154	30,525	1,899.10	1,639	3,112,625	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	28,511,839	7,839	3,637.18	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	9,105,973	3,205	2,841.18	477	1,355,243	45.01
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	40,046,749	27,500	1,456.25	2,994	4,360,013	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)					14,002,514	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,133,553	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)					17,196	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,501.77	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					25,824,437	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 11:09 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	11,852,666	204,645,549	0.057918	25,824,437	1,495,700	90.00
91.00	Nursing Program cost	0	204,645,549	0.000000	25,824,437	0	91.00
92.00	Allied health cost	406,829	204,645,549	0.001988	25,824,437	51,339	92.00
93.00	All other Medical Education	0	204,645,549	0.000000	25,824,437	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1 Date/Time Prepared: 11/29/2022 11:09 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			12,710 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			12,710 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)			12,710 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)			749 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)			5,013 15.00
16.00	Nursery days (title V or XIX only)			3,013 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			12,391,771 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)			12,391,771 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			12,391,771 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			974.96 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			730,245 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)			730,245 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-1
				Component CCN: 15-S084		Date/Time Prepared: 11/29/2022 11:09 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
<b>Intensive Care Type Inpatient Hospital Units</b>						
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
<b>Cost Center Description</b>					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					27,768	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					758,013	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>						
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
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 07/01/2021 To 06/30/2022		Worksheet D-1 Date/Time Prepared: 11/29/2022 11:09 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	677,543	12,391,771	0.054677	0	0	90.00
91.00	Nursing Program cost	0	12,391,771	0.000000	0	0	91.00
92.00	Allied health cost	57,654	12,391,771	0.004653	0	0	92.00
93.00	All other Medical Education	0	12,391,771	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/29/2022 11:09 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		106,014,565	30.00
31.00	03100	INTENSIVE CARE UNIT		46,253,700	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		13,116,596	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		144,418	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.094447	109,891,911	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.161618	329,256	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205331	5,455,528	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.155629	4,238,041	54.01
54.02	05403	ULTRASOUND	0.079681	4,672,472	54.02
54.03	05404	ECHOCARDIOLOGY	0.077300	24,813	54.03
54.04	05401	ONCOLOGY	0.178581	1,823,609	54.04
57.00	05700	CT SCAN	0.073417	7,670,184	57.00
58.00	05800	MRI	0.245771	1,342,350	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046887	32,594,885	59.00
59.01	05901	CARDIAC REHAB	0.413514	1,634	59.01
60.00	06000	LABORATORY	0.088379	77,553,910	60.00
65.00	06500	RESPIRATORY THERAPY	0.229438	15,667,227	65.00
66.00	06600	PHYSICAL THERAPY	0.395829	6,095,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199147	3,228,396	67.00
68.00	06800	SPEECH PATHOLOGY	0.255755	1,301,982	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097521	5,829,074	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.397301	1,287,642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.384498	31,149,615	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.347115	44,207,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266799	52,758,186	73.00
74.00	07400	RENAL DIALYSIS	0.263594	6,054,821	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330	ENDOSCOPY	0.109041	5,153,277	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.958345	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.318194	2,978	90.01
90.02	09002	COVID-19 VACCINE CLINIC	1.532834	0	90.02
90.03	09003	BURN CLINIC	5.072795	0	90.03
91.00	09100	EMERGENCY	0.159552	26,115,832	91.00
91.01	09101	WOUND CARE 002	0.151941	38,856	91.01
91.02	09102	WOUND CARE 001	0.299221	1,046,868	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.353013	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.292620	843	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.289124	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.429101	5,494,455	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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)		451,031,340	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)		451,031,340	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/29/2022 11:09 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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		5,073,040	40.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.094447	799,662	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.161618	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205331	11,557	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.155629	20,902	54.01
54.02	05403 ULTRASOUND	0.079681	1,483	54.02
54.03	05404 ECHOCARDIOLOGY	0.077300	0	54.03
54.04	05401 ONCOLOGY	0.178581	0	54.04
57.00	05700 CT SCAN	0.073417	23,800	57.00
58.00	05800 MRI	0.245771	1,900	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046887	0	59.00
59.01	05901 CARDIAC REHAB	0.413514	0	59.01
60.00	06000 LABORATORY	0.088379	340,811	60.00
65.00	06500 RESPIRATORY THERAPY	0.229438	2,864	65.00
66.00	06600 PHYSICAL THERAPY	0.395829	24,850	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.199147	4,878	67.00
68.00	06800 SPEECH PATHOLOGY	0.255755	7,180	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097521	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.397301	5,616	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.384498	52,588	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.347115	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266799	248,416	73.00
74.00	07400 RENAL DIALYSIS	0.263594	17,784	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330 ENDOSCOPY	0.109041	5,116	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.958345	12,772	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.318194	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	1.532834	0	90.02
90.03	09003 BURN CLINIC	5.072795	0	90.03
91.00	09100 EMERGENCY	0.159552	204,001	91.00
91.01	09101 WOUND CARE 002	0.151941	0	91.01
91.02	09102 WOUND CARE 001	0.299221	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.353013	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.292620	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.289124	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.429101	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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)		1,786,180	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)		1,786,180	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 11/29/2022 11:09 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		16,904,289	30.00
31.00	03100	INTENSIVE CARE UNIT		8,122,393	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		1,768,095	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		5,161,969	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		33,896,021	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		3,222,789	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.099251	13,783,007	1,367,977 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.177893	2,397,121	426,431 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.208745	1,220,116	254,693 54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.155629	536,104	83,433 54.01
54.02	05403	ULTRASOUND	0.084017	863,733	72,568 54.02
54.03	05404	ECHOCARDIOLOGY	0.080876	101,630	8,219 54.03
54.04	05401	ONCOLOGY	0.186467	277,378	51,722 54.04
57.00	05700	CT SCAN	0.073417	1,121,102	82,308 57.00
58.00	05800	MRI	0.247634	295,863	73,266 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.048189	3,796,805	182,964 59.00
59.01	05901	CARDIAC REHAB	0.433365	420	182 59.01
60.00	06000	LABORATORY	0.089059	15,648,669	1,393,655 60.00
65.00	06500	RESPIRATORY THERAPY	0.233531	6,699,682	1,564,583 65.00
66.00	06600	PHYSICAL THERAPY	0.397148	1,200,359	476,720 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199147	548,781	109,288 67.00
68.00	06800	SPEECH PATHOLOGY	0.255755	222,359	56,869 68.00
69.00	06900	ELECTROCARDIOLOGY	0.120294	798,498	96,055 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307258	335,550	103,100 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.384498	3,297,939	1,268,051 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.347115	3,213,433	1,115,431 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.266863	11,180,553	2,983,676 73.00
74.00	07400	RENAL DIALYSIS	0.276593	877,022	242,578 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	03330	ENDOSCOPY	0.118328	609,908	72,169 75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.023033	0	0 90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.318194	0	0 90.01
90.02	09002	COVID-19 VACCINE CLINIC	1.532834	0	0 90.02
90.03	09003	BURN CLINIC	5.072795	0	0 90.03
91.00	09100	EMERGENCY	0.162288	7,624,602	1,237,381 91.00
91.01	09101	WOUND CARE 002	0.158025	23,016	3,637 91.01
91.02	09102	WOUND CARE 001	0.299221	169,440	50,700 91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0 91.03
91.04	09104	ZIONSVILLE CLINIC	0.353013	0	0 91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0 91.05
91.06	09106	OP ANTI COAGULATION CLINIC	0.292620	0	0 91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.289124	0	0 91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0 91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.429101	1,456,202	624,858 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
98.00	09853	GERIATRIC CLINIC	0.000000	0	0 98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0 98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0 98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		78,299,292	14,002,514 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		78,299,292	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2021 To 06/30/2022	Worksheet D-3 Date/Time Prepared: 11/29/2022 11:09 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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		2,072,251	40.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.099251	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.177893	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.208745	286	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.155629	811	54.01
54.02	05403 ULTRASOUND	0.084017	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.080876	0	54.03
54.04	05401 ONCOLOGY	0.186467	0	54.04
57.00	05700 CT SCAN	0.073417	0	57.00
58.00	05800 MRI	0.247634	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.048189	0	59.00
59.01	05901 CARDIAC REHAB	0.433365	0	59.01
60.00	06000 LABORATORY	0.089059	74,165	60.00
65.00	06500 RESPIRATORY THERAPY	0.233531	0	65.00
66.00	06600 PHYSICAL THERAPY	0.397148	1,081	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.199147	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.255755	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.120294	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.307258	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.384498	1,605	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.347115	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.266863	48,587	73.00
74.00	07400 RENAL DIALYSIS	0.276593	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330 ENDOSCOPY	0.118328	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	1.023033	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.318194	21,890	90.01
90.02	09002 COVID-19 VACCINE CLINIC	1.532834	0	90.02
90.03	09003 BURN CLINIC	5.072795	0	90.03
91.00	09100 EMERGENCY	0.162288	0	91.00
91.01	09101 WOUND CARE 002	0.158025	0	91.01
91.02	09102 WOUND CARE 001	0.299221	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.353013	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106 OP ANTI COAGULATION CLINIC	0.292620	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.289124	0	91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.429101	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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)		148,425	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)		148,425	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 07/01/2021 To 06/30/2022		Worksheet D-4 Date/Time Prepared: 11/29/2022 11:09 am	
Cost Center Description		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	1,450.29	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,827.16	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	217,591	3,637.18	22	80,018	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	2,792.35	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	1,448.30	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)		217,591		22	80,018	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	0.094447		1,219,139	115,144	8.00
9.00	RECOVERY ROOM	51.00	0.000000		0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.161618		0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.000000		0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.205331		96,544	19,823	12.00
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.155629		0	0	12.01
12.02	ULTRASOUND	54.02	0.079681		961	77	12.02
12.03	ECHOCARDIOLOGY	54.03	0.077300		0	0	12.03
12.04	ONCOLOGY	54.04	0.178581		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	0.073417		155,728	11,433	15.00
16.00	MRI	58.00	0.245771		0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.046887		27,112	1,271	17.00
17.01	CARDIAC REHAB	59.01	0.413514		0	0	17.01
18.00	LABORATORY	60.00	0.088379		1,836,521	162,310	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	0.229438		89,607	20,559	23.00
24.00	PHYSICAL THERAPY	66.00	0.395829		0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.199147		0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.255755		0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.097521		39,749	3,876	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.297969		854	254	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.384498		109,446	42,082	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.347115		1,846	641	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.266799		199,904	53,334	31.00
32.00	RENAL DIALYSIS	74.00	0.263594		0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000		0	0	33.00
33.01	ENDOSCOPY	75.01	0.109041		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	0.958345		20,702	19,840	37.00
37.01	PARTIAL HOSPITALIZATION	90.01	0.318194		0	0	37.01
37.02	COVID-19 VACCINE CLINIC	90.02	1.532834		0	0	37.02
37.03	BURN CLINIC	90.03	5.072795		0	0	37.03
38.00	EMERGENCY	91.00	0.159552		0	0	38.00
38.01	WOUND CARE 002	91.01	0.151941		0	0	38.01
38.02	WOUND CARE 001	91.02	0.299221		0	0	38.02
38.03	LAFAYETTE RD CLINIC	91.03	0.000000		0	0	38.03
38.04	ZIONSVILLE CLINIC	91.04	0.353013		0	0	38.04
38.05	BROWNSBURG CLINIC	91.05	0.000000		0	0	38.05
38.06	OP ANTI COAGULATION CLINIC	91.06	0.292620		0	0	38.06
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.289124		0	0	38.07
38.08	FAMILY PRACTICE	91.08	0.000000		0	0	38.08
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.429101		2,660	1,141	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				3,800,773	451,785	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.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM  
 Provider CCN: 15-0084 Period: From 07/01/2021 To 06/30/2022 Worksheet D-4  
 Component CCN: Date/Time Prepared: 11/29/2022 11:09 am

Cost Center Description	Kidney		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 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 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 TRANSP	4.01	0.00	22	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)			22	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	
			0	1.00	

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	20,702	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
51.03	BURN CLINIC	23.03	0	0.000000	0 51.03
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 ANTI COAGULATION 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	2,660	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)		23,362		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	531,803		4,018,364	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)	10,116,222		14,228,813	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)	10,648,025		18,247,177	61.00
62.00	Total Usable Organs (see instructions)		140		62.00
63.00	Medicare Usable Organs (see instructions)		114		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.814286		64.00
65.00	Medicare Cost/Charges (see instructions)	8,670,538		14,858,421	65.00
66.00	Revenue for Organs Sold	307,037		0	66.00
67.00	Subtotal (line 65 minus line 66)	8,363,501		14,858,421	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,363,501	0	14,858,421	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.  
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet D-4

Component CCN:

Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description	Kidney		Hospital		PPS
	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
<b>PART IV - STATISTICS</b>					
70.00 Organs Excised in Provider (1)	9	56			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	75			73.00
74.00 Total (sum of lines 70 through 73)	9	131			74.00
75.00 Organs Transplanted	9	75	0		75.00
76.00 Organs Sold to Other Hospitals	0	0	0		76.00
77.00 Organs Sold to OPOs	0	56	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)	9	131			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

Period: From 07/01/2021 To 06/30/2022

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/29/2022 11:09 am

Cost Center Description		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)	PPS
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,450.29	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,827.16	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	23,696	3,637.18	2	7,274	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	2,792.35	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	1,448.30	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)		23,696		2	7,274	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	0.094447		103,421	9,768	8.00
9.00	RECOVERY ROOM	51.00	0.000000		0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.161618		0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.000000		0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.205331		3,435	705	12.00
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.155629		0	0	12.01
12.02	ULTRASOUND	54.02	0.079681		347	28	12.02
12.03	ECHOCARDIOLOGY	54.03	0.077300		0	0	12.03
12.04	ONCOLOGY	54.04	0.178581		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	0.073417		1,477	108	15.00
16.00	MRI	58.00	0.245771		0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.046887		4,607	216	17.00
17.01	CARDIAC REHAB	59.01	0.413514		0	0	17.01
18.00	LABORATORY	60.00	0.088379		48,257	4,265	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	0.229438		10,098	2,317	23.00
24.00	PHYSICAL THERAPY	66.00	0.395829		0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.199147		0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.255755		0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.097521		9,148	892	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.297969		0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.384498		5,563	2,139	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.347115		0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.266799		20,390	5,440	31.00
32.00	RENAL DIALYSIS	74.00	0.263594		0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000		0	0	33.00
33.01	ENDOSCOPY	75.01	0.109041		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	0.958345		0	0	37.00
37.01	PARTIAL HOSPITALIZATION	90.01	0.318194		0	0	37.01
37.02	COVID-19 VACCINE CLINIC	90.02	1.532834		0	0	37.02
37.03	BURN CLINIC	90.03	5.072795		0	0	37.03
38.00	EMERGENCY	91.00	0.159552		0	0	38.00
38.01	WOUND CARE 002	91.01	0.151941		0	0	38.01
38.02	WOUND CARE 001	91.02	0.299221		0	0	38.02
38.03	LAFAYETTE RD CLINIC	91.03	0.000000		0	0	38.03
38.04	ZIONSVILLE CLINIC	91.04	0.353013		0	0	38.04
38.05	BROWNSBURG CLINIC	91.05	0.000000		0	0	38.05
38.06	OP ANTI COAGULATION CLINIC	91.06	0.292620		0	0	38.06
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.289124		0	0	38.07
38.08	FAMILY PRACTICE	91.08	0.000000		0	0	38.08
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.429101		0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				206,743	25,878	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.

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 07/01/2021 To 06/30/2022  
 Worksheet D-4  
 Date/Time Prepared: 11/29/2022 11:09 am

		Heart		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	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	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 TRANSP	4.01	0.00	2		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)			2		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	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	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
51.03	BURN CLINIC	23.03	0	0.000000		0	51.03
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 ANTI COAGULATION 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		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	33,152		230,439			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)	7,181,634		7,605,527			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)	7,214,786		7,835,966			61.00
62.00	Total Usable Organs (see instructions)		49				62.00
63.00	Medicare Usable Organs (see instructions)		14				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.285714				64.00
65.00	Medicare Cost/Charges (see instructions)	2,061,365		2,238,845			65.00
66.00	Revenue for Organs Sold	25,551		0			66.00
67.00	Subtotal (line 65 minus line 66)	2,035,814		2,238,845			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,035,814	0	2,238,845	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 07/01/2021  
To 06/30/2022

Worksheet D-4

Date/Time Prepared:  
11/29/2022 11:09 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	9			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	40			73.00
74.00 Total (sum of lines 70 through 73)	0	49			74.00
75.00 Organs Transplanted	0	40	0		75.00
76.00 Organs Sold to Other Hospitals	0	0	0		76.00
77.00 Organs Sold to OPOs	0	9	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	49			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 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/29/2022 11:09 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		22,786,330	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		67,616,377	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)		1,292,493	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		5,035,689	2.04
3.00	Managed Care Simulated Payments		67,983,045	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		755.33	4.00
<b>Indirect Medical Education Adjustment</b>				
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		151.67	10.00
11.00	FTE count for residents in dental and podiatric programs.		11.00	11.00
12.00	Current year allowable FTE (see instructions)		121.11	12.00
13.00	Total allowable FTE count for the prior year.		120.07	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.		118.78	14.00
15.00	Sum of lines 12 through 14 divided by 3.		119.99	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		119.99	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.158858	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.170789	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.158858	21.00
22.00	IME payment adjustment (see instructions)		7,509,391	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		5,647,080	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
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)		41.56	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)		0.000026	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000007	27.00
28.00	IME add-on adjustment amount (see instructions)		633	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		476	28.01
29.00	Total IME payment (sum of lines 22 and 28)		7,510,024	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		5,647,556	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.13	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.34	31.00
32.00	Sum of lines 30 and 31		37.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.13	33.00
34.00	Disproportionate share adjustment (see instructions)		4,549,516	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/29/2022 11:09 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
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)	13,429,655	11,435,210	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,385,012	8,552,908	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	11,937,920		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (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)	120,728,349		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		126,375,905	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		8,516,636	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).		3,867,736	52.00
53.00	Nursing and Allied Health Managed Care payment		158,383	53.00
54.00	Special add-on payments for new technologies		1,010,820	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)		10,399,315	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).		146,835	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		356,188	58.00
59.00	Total (sum of amounts on lines 49 through 58)		150,831,818	59.00
60.00	Primary payer payments		41,525	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		150,790,293	61.00
62.00	Deductibles billed to program beneficiaries		7,223,220	62.00
63.00	Coinsurance billed to program beneficiaries		628,319	63.00
64.00	Allowable bad debts (see instructions)		764,650	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		497,023	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		312,826	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		143,435,777	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		371,670	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)		-161,498	70.93
70.94	HRR adjustment amount (see instructions)		-102,631	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Date/Time Prepared: 11/29/2022 11:09 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)		143,543,318	71.00
71.01	Sequestration adjustment (see instructions)		358,858	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		138,011,968	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)		5,172,492	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		1,900,603	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
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
<b>HRR Adjustment for HSP Bonus Payment</b>				
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
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
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
<b>Cost Reimbursement</b>				
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
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 07/01/2021  
To 06/30/2022

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/29/2022 11:09 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	22,786,330	0	22,786,330		22,786,330	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	67,616,377	0		67,616,377	67,616,377	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	1,292,493	0	1,292,493		1,292,493	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	5,035,689	0		5,035,689	5,035,689	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	67,983,045	0	17,057,648	50,925,397	67,983,045	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.158858	0.158858	0.158858	0.158858		5.00
6.00	IME payment adjustment (see instructions)	22.00	7,509,391	0	1,892,769	5,616,622	7,509,391	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,647,080	0	1,416,911	4,230,169	5,647,080	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
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	633	0	160	473	633	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	476	0	119	357	476	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	7,510,024	0	1,892,929	5,617,095	7,510,024	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,647,556	0	1,417,030	4,230,526	5,647,556	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2013	0.2013	0.2013	0.2013		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,549,516	0	1,146,722	3,402,794	4,549,516	11.00
11.01	Uncompensated care payments	36.00	11,937,920	0	3,385,012	8,552,908	11,937,920	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	120,728,349	0	30,503,486	90,224,863	120,728,349	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	126,375,905	0	31,920,516	94,455,389	126,375,905	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,516,636	0	2,147,629	6,369,007	8,516,636	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/29/2022 11:09 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	1,010,820	0	255,756	755,064	1,010,820	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	34,323,901	101,579,460	135,903,361	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	6,915,889	0	1,765,607	5,150,282	6,915,889	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	594,485	0	125,127	469,358	594,485	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	0.0666	0.0666	0.0666	0.0666		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	460,598	0	117,589	343,009	460,598	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0789	0.0789	0.0789	0.0789		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	545,664	0	139,306	406,358	545,664	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,516,636	0	2,147,629	6,369,007	8,516,636	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 07/01/2021 To 06/30/2022		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2022 11:09 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. 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	22,786,330	22,786,330		22,786,330	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	67,616,377		67,616,377	67,616,377	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	1,292,493	1,292,493		1,292,493	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	5,035,689		5,035,689	5,035,689	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	67,983,045	17,057,648	50,925,397	67,983,045	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.158858	0.158858	0.158858		5.00
6.00	IME payment adjustment (see instructions)	22.00	7,509,391	1,892,769	5,616,622	7,509,391	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,647,080	1,416,911	4,230,169	5,647,080	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
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	633	160	473	633	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	476	119	357	476	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	7,510,024	1,892,929	5,617,095	7,510,024	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,647,556	1,417,030	4,230,526	5,647,556	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2013	0.2013	0.2013		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,549,516	1,146,722	3,402,794	4,549,516	11.00
11.01	Uncompensated care payments	36.00	11,937,920	3,385,012	8,552,908	11,937,920	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	120,728,349	30,503,486	90,224,863	120,728,349	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	126,375,905	31,920,516	94,455,389	126,375,905	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,516,636	2,147,629	6,369,007	8,516,636	16.00
17.00	Special add-on payments for new technologies	54.00	1,010,820	255,756	755,064	1,010,820	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			34,323,901	101,579,460	135,903,361	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2022 11:09 am
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		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	6,915,889	1,765,607	5,150,282	6,915,889	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	594,485	125,127	469,358	594,485	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	0.0666	0.0666	0.0666		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	460,598	117,589	343,009	460,598	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0789	0.0789	0.0789		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	545,664	139,306	406,358	545,664	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	8,516,636	2,147,629	6,369,007	8,516,636	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	-161,498	-161,498	0	-161,498	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	-102,631	-6,912	-95,719	-102,631	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	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 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 11:09 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		16,814	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		59,118,758	2.00
3.00	OPPS payments		52,838,100	3.00
4.00	Outlier payment (see instructions)		604,433	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		257,397	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16,814	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		63,100	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)		63,100	14.00
<b>Customary charges</b>				
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)		63,100	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		46,286	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)		16,814	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)		53,699,930	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		8,448,864	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)		45,267,880	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,441,157	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)		46,709,037	30.00
31.00	Primary payer payments		15,862	31.00
32.00	Subtotal (line 30 minus line 31)		46,693,175	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		629,941	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		409,462	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		391,686	36.00
37.00	Subtotal (see instructions)		47,102,637	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-787	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	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)		47,103,424	40.00
40.01	Sequestration adjustment (see instructions)		117,759	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		47,031,881	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)		-46,216	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		56,828	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 11:09 am
Title XVIII		Hospital	PPS
			1.00
200.00 MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 11:09 am
		Component CCN: 15-S084	Title XVIII	Subprovider - IPF
				PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		309	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,677	2.00
3.00	OPPS payments		1,192	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		9	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		309	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		1,159	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)		1,159	14.00
<b>Customary charges</b>				
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)		1,159	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		850	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)		309	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)		1,201	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		62	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)		1,448	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)		1,448	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,448	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		1,448	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	39.50
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)		1,448	40.00
40.01	Sequestration adjustment (see instructions)		4	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		1,358	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)		86	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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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 07/01/2021 To 06/30/2022	Worksheet E Part B Date/Time Prepared: 11/29/2022 11:09 am
	Title XVIII	Subprovider - IPF	PPS
	1.00	MEDI CARE PART B ANCILLARY COSTS	
200.00	Part B Combined Billed Days		200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0084		Period: From 07/01/2021 To 06/30/2022		Worksheet E-1 Part I Date/Time Prepared: 11/29/2022 11:09 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		138,011,968		47,031,881	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		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)		138,011,968		47,031,881	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		5,172,492		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		46,216	6.02	
7.00	Total Medicare program liability (see instructions)		143,184,460		46,985,665	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 07/01/2021 To 06/30/2022	Worksheet E-1 Part I Date/Time Prepared: 11/29/2022 11:09 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				
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		1,358,862		1,358
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		1,358,862		1,358
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		54,993		86
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,413,855		1,444
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet E-1 Part II Date/Time Prepared: 11/29/2022 11:09 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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 07/01/2021 To 06/30/2022	Worksheet E-3 Part II Date/Time Prepared: 11/29/2022 11:09 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,513,510 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			43,341 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)			34.821918 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)			1,556,851 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)			1,556,851 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,556,851 18.00
19.00	Deductibles			148,528 19.00
20.00	Subtotal (line 18 minus line 19)			1,408,323 20.00
21.00	Coinsurance			45,262 21.00
22.00	Subtotal (line 20 minus line 21)			1,363,061 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			70,700 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			45,955 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			35,337 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,409,016 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			8,382 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
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,417,398 31.00
31.01	Sequestration adjustment (see instructions)			3,543 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,358,862 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)			54,993 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 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
<b>FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE</b>				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2022 11:09 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	34,133,553			1.00
2.00	Medical and other services		6,472,296		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	34,133,553	6,472,296		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)	34,133,553	6,472,296		7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	69,075,556			8.00
9.00	Ancillary service charges	78,299,292	36,323,316		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)	147,374,848	36,323,316		12.00
<b>CUSTOMARY CHARGES</b>					
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)	147,374,848	36,323,316		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	113,241,295	29,851,020		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)	34,133,553	6,472,296		21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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)	34,133,553	6,472,296		29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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)	34,133,553	6,472,296		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)	34,133,553	6,472,296		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	34,133,553	6,472,296		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)	34,133,553	6,472,296		40.00
41.00	Interim payments	34,133,553	6,472,296		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 07/01/2021 To 06/30/2022	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2022 11:09 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	758,013		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)	758,013	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)	758,013	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	2,072,251		8.00
9.00	Ancillary service charges	148,425	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)	2,220,676	0	12.00
<b>CUSTOMARY CHARGES</b>				
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)	2,220,676	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,462,663	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)	758,013	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
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)	758,013	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)	758,013	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)	758,013	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	758,013	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)	758,013	0	40.00
41.00	Interim payments	758,013	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 07/01/2021 To 06/30/2022		Worksheet E-4	
		Title XVIII		Hospital		Date/Time Prepared: 11/29/2022 11:09 am	
						PPS	
						1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>							
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)					153.18	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.	112.35	35.90	148.25			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.	85.76	27.40	113.16			9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		11.00				10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		11.00				10.01
11.00	Total weighted FTE count	85.76	38.40				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	88.03	36.38				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	87.28	36.47				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	87.02	37.08				14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00				15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00				15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00				16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00				16.01
17.00	Adjusted rolling average FTE count	87.02	37.08				17.00
18.00	Per resident amount	96,283.46	96,283.46				18.00
19.00	Approved amount for resident costs	8,378,587	3,570,191	11,948,778			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)			36.26			21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			12.48			22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			113,274.69			23.00
24.00	Multiply line 22 time line 23			1,413,668			24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			13,362,446			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		
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	43,032	18,233	20,347			26.00
27.00	Total Inpatient Days (see instructions)	202,251	202,251	202,251			27.00
28.00	Ratio of inpatient days to total inpatient days	0.212765	0.090150	0.100603			28.00
29.00	Program direct GME amount	2,843,061	1,204,625	1,344,302	5,391,988		29.00
29.01	Percent reduction for MA DGME		3.26	3.26			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		39,271	43,824	83,095		30.00
31.00	Net Program direct GME amount				5,308,893		31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet E-4 Date/Time Prepared: 11/29/2022 11:09 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)</b>					
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)			23,636,690	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>					
<b>Part A Reasonable Cost</b>					
37.00	Reasonable cost (see instructions)			149,002,290	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			10,399,315	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			41,525	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			159,360,080	41.00
<b>Part B Reasonable Cost</b>					
42.00	Reasonable cost (see instructions)			59,394,964	42.00
43.00	Primary payer payments (see instructions)			15,862	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			59,379,102	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			218,739,182	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.728539	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.271461	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>					
48.00	Total program GME payment (line 31)			5,308,893	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			3,867,736	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,441,157	50.00
		Y/N	Primary Care	Other	Total
		0	1.00	2.00	3.00
<b>E-4 Calculation - In accordance with the FY 2023 IPPS Final Rule.</b>					
109.00	Enter in column 0, "Y" or "N" to calculate line 9 in accordance the Federal Fiscal Year 2023 Final Rule for cost reporting periods beginning prior to 10/1/2021. (see instructions)	N	0.00	0.00	0.00
If line 109 column 0 is Y, you MUST open up the PY and Penultimate cost reports and answer line 109 column 0 "Y" and calculate, then input amounts from line 11 columns 1 & 2 to the CY lines 12 & 13 columns 1 & 2 respectively.					
122.00	Override of line 22 for cost reporting periods beginning prior to 10/1/2021. (see instructions)		0.00		122.00

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 07/01/2021  
To 06/30/2022

Worksheet G

Date/Time Prepared:  
11/29/2022 11:09 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	8,463,638	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	586,699,007	0	0	0	4.00
5.00	Other receivable	30,729,215	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-334,880,145	0	0	0	6.00
7.00	Inventory	28,520,756	0	0	0	7.00
8.00	Prepaid expenses	291,157	0	0	0	8.00
9.00	Other current assets	5,618,307	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)	325,441,935	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	17,200,644	0	0	0	12.00
13.00	Land improvements	21,384,235	0	0	0	13.00
14.00	Accumulated depreciation	-10,176,030	0	0	0	14.00
15.00	Buildings	626,127,924	0	0	0	15.00
16.00	Accumulated depreciation	-368,306,370	0	0	0	16.00
17.00	Leasehold improvements	14,748,005	0	0	0	17.00
18.00	Accumulated depreciation	-12,174,425	0	0	0	18.00
19.00	Fixed equipment	27,882,092	0	0	0	19.00
20.00	Accumulated depreciation	-26,973,673	0	0	0	20.00
21.00	Automobiles and trucks	3,273,594	0	0	0	21.00
22.00	Accumulated depreciation	-2,830,807	0	0	0	22.00
23.00	Major movable equipment	375,129,224	0	0	0	23.00
24.00	Accumulated depreciation	-295,593,396	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)	369,691,017	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	72,741,238	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	95,376,939	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	168,118,177	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	863,251,129	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	27,929,682	0	0	0	37.00
38.00	Salaries, wages, and fees payable	51,515,478	0	0	0	38.00
39.00	Payroll taxes payable	1,306,277	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	285,107,550	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	365,858,987	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	193,372,750	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	193,372,750	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	559,231,737	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	304,019,392	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)	304,019,392	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	863,251,129	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet G-1

Date/Time Prepared:  
11/29/2022 11:09 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		219,434,699		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		160,107,796			2.00
3.00	Total (sum of line 1 and line 2)		379,542,495		0	3.00
4.00	Transfer rstr contrib	14,318,056		0		4.00
5.00	Temp Restricted	83,581		0		5.00
6.00	PRIOR PERIOD ADJUSTMENT	233		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)		14,401,870		0	10.00
11.00	Subtotal (line 3 plus line 10)		393,944,365		0	11.00
12.00	Transfer to Affiliate	76,092,359		0		12.00
13.00	Dis of Cap Nonctrl Int	13,832,614		0		13.00
14.00		0		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)		89,924,973		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		304,019,392		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 rstr contrib		0			4.00
5.00	Temp Restricted		0			5.00
6.00	PRIOR PERIOD ADJUSTMENT		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			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 07/01/2021  
To 06/30/2022

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/29/2022 11:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	462,174,795		462,174,795	1.00
2.00	SUBPROVIDER - IPF	41,654,712		41,654,712	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)	503,829,507		503,829,507	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	197,516,411		197,516,411	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPL	63,897,963		63,897,963	12.01
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	PEDIATRIC INTENSIVE CARE UNIT	39,896,511		39,896,511	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	284,358,662		284,358,662	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	585,669,547		585,669,547	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,089,499,054		1,089,499,054	17.00
18.00	Ancillary services	1,836,741,267	1,356,897,599	3,193,638,866	18.00
19.00	Outpatient services	132,893,228	413,014,394	545,907,622	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.)	0	139,409,373	139,409,373	25.00
26.00	HOSPICE				26.00
27.00	Other Patient Service Revenue	0	283,096	283,096	27.00
27.01	Kidney Acquisition	11,265,246	7,361,076	18,626,322	27.01
27.02	Heart Acquisition	7,239,949	1,333,543	8,573,492	27.02
27.03	Physician Private Offices	0	76,294,571	76,294,571	27.03
27.04	Billing	25,692	70,681,073	70,706,765	27.04
27.06	Sports Performance	0	4,547,290	4,547,290	27.06
27.07	Wellness	0	498,250	498,250	27.07
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,077,664,436	2,070,320,265	5,147,984,701	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,374,749,584		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)		1,374,749,584		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0084

Period:  
From 07/01/2021  
To 06/30/2022

Worksheet G-3

Date/Time Prepared:  
11/29/2022 11:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	5,147,984,701	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,682,099,843	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,465,884,858	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,374,749,584	4.00
5.00	Net income from service to patients (line 3 minus line 4)	91,135,274	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	704,873	6.00
7.00	Income from investments	154,607	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	2,979,246	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	8,424,398	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	-13,291	20.00
21.00	Rental of vending machines	73,309	21.00
22.00	Rental of hospital space	1,057,873	22.00
23.00	Governmental appropriations	59,500	23.00
24.00	Other	64,424,252	24.00
24.50	COVID-19 PHE Funding	4,908,869	24.50
25.00	Total other income (sum of lines 6-24)	82,773,636	25.00
26.00	Total (line 5 plus line 25)	173,908,910	26.00
27.00	Non Controlling Interest Loss	13,801,114	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	13,801,114	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	160,107,796	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0084	Period: From 07/01/2021 To 06/30/2022	Worksheet L Parts I-III Date/Time Prepared: 11/29/2022 11:09 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		6,915,889	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		594,485	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)		525.22	3.00
4.00	Number of interns & residents (see instructions)		120.01	4.00
5.00	Indirect medical education percentage (see instructions)		6.66	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)		460,598	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.13	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.34	8.00
9.00	Sum of lines 7 and 8		37.47	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.89	10.00
11.00	Disproportionate share adjustment (see instructions)		545,664	11.00
12.00	Total prospective capital payments (see instructions)		8,516,636	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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