

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 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/27/2023 5:09 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 11/27/2023 Time: 5:09 pm
 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, "L" for low, or "N" for no.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (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 07/01/2022 and ending 06/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2			
1	<i>Bethany Morrow</i>		Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification to 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	11/27/2023 05:09:11 PM			4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	4,280,128	105,506	0	0 1.00
2.00	SUBPROVIDER - IPF	0	40,475	11	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	4,320,603	105,517	0	0 200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/27/2023 5:09 pm
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		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2001 WEST 86TH STREET	PO Box:		Zip Code: 46260-		County: MARION			1.00	
2.00	City: INDIANAPOLIS	State: IN							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		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	O	3.00
4.00	Subprovider - IPF	ASCENSION ST. VINCENT STRESS CENTER	155084	26900	4	07/07/1992	N	P	O	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)					07/01/2022	06/30/2023		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 UCPS, including supplemental UCPS, 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 a final UCP 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)				N	N	N			22.03
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
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)									22.04
22.04	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084			Period: From 07/01/2022 To 06/30/2023		Worksheet S-2 Part I Date/Time Prepared: 11/27/2023 5:09 pm		
		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.	11,612	5,831	90	348	44,241	202	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic 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	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, 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. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete worksheet E-4.					Y			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

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			V	XVIII	XIX	
			1.00	2.00	3.00	
59.00 Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.			N			59.00

		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)		23.04	1	60.04

		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

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				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which 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
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00
				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 MEDICINE/FAMILY	2755	0.96	7.02	0.120301	65.03
65.04		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)				6.25	67.38	0.084884	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	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	1.85	22.57	0.075758	67.00
67.01		INTERNAL MEDICINE - GENERAL	1400	0.70	49.41	0.013969	67.01
67.02		INTERNAL MEDICINE/FAMILY MEDICINE -	1505	0.01	0.08	0.111111	67.02
67.03		PEDIATRICS - GENERAL	2000	0.46	16.67	0.026853	67.03
						1.00	
Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)							
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?					Y	68.00
						1.00	2.00 3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N N 0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N N 0	76.00
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N	87.00
				Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments		
				1.00	2.00		
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.						0 88.00

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		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00			0 89.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	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
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical 1.00	Occupational 2.00	Speech 3.00 Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/27/2023 5:09 pm
		1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	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:	7,594,895	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
DO NOT USE THIS LINE				
119.00				119.00
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
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified 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 program, 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 program, 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 program, 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 program, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/27/2023 5:09 pm
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			1.00	2.00			
131.00	If this is a Medicare-certified intestinal transplant program, 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 program, 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 a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H046		140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ASCENSION ST. VINCENT	Contractor's Name: WPS	Contractor's Number: 08001			141.00	
142.00	Street: 250 WEST 96TH SREET, STE 215	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN	Zip Code:	46260		143.00	
					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.		Y			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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
Multicampus							
165.00	Is this hospital part of a Multicampus 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
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y			167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.00	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part I Date/Time Prepared: 11/27/2023 5:09 pm
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, 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 07/01/2022 To 06/30/2023		Worksheet S-2 Part II Date/Time Prepared: 11/27/2023 5:09 pm	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost 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 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					
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 coinsurance amounts 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	10/06/2023	Y	10/06/2023		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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-2 Part II Date/Time Prepared: 11/27/2023 5:09 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR DIRECTOR NET REVENUE MGMT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

Component	Worksheet A	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P	
	Line No.				Visits / Trips	
	1.00	2.00	3.00	4.00	Title V	5.00
PART I - STATISTICAL DATA						
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	505	184,181	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)		505	184,181	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	104	37,960	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	8	2,920	0.00	0	10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT	33.01	15	5,445	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	92	33,580	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)		756	275,766	0.00	0	14.00
15.00 CAH visits					0	15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF	40.00	62	22,630		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)		818				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
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	29,025	5,823	109,956		1.00
2.00	HMO and other (see instructions)	35,047	48,515			2.00
3.00	HMO IPF Subprovider	1,422	4,728			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)	29,025	5,823	109,956		7.00
8.00	INTENSIVE CARE UNIT	6,464	937	23,618		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
9.01	CARDIOTHORACIC VASCULAR TRANSPL	1,587	248	6,360		9.01
10.00	BURN INTENSIVE CARE UNIT	168	89	1,501		10.00
10.01	PEDIATRIC INTENSIVE CARE UNIT	6	229	2,564		10.01
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
11.01	NEONATAL INTENSIVE CARE UNIT	0	3,516	25,641		11.01
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		2,765	4,560		13.00
14.00	Total (see instructions)	37,250	13,607	174,200	164.14	3,793.59
15.00	CAH visits	0	0	0		15.00
15.10	REH hours and visits					15.10
16.00	SUBPROVIDER - IPF	1,494	675	13,198	0.00	66.83
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	50.92
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			282		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
27.00	Total (sum of lines 14-26)				164.14	3,911.34
28.00	Observation Bed Days		1,169	15,917		28.00
29.00	Ambulance Trips	332				29.00
30.00	Employee discount days (see instruction)			1,922		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	202	1,290		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			1,334		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2023 5:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
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	6,066	1,265	27,408	1.00
2.00	HMO and other (see instructions)			4,601	5,759		2.00
3.00	HMO IPF Subprovider				845		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	6,066	1,265	27,408	14.00
15.00	CAH visits						15.00
15.10	REH hours and visits						15.10
16.00	SUBPROVIDER - IPF	0.00	0	141	159	2,259	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
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2023 5:09 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col.3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	402,921,214	0	402,921,214	8,135,579.00	49.53
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		958,759	0	958,759	8,937.00	107.28
4.01	Physicians - Part A - Teaching		5,703,275	0	5,703,275	46,746.00	122.01
5.00	Physician and Non-Physician-Part B		45,440,534	0	45,440,534	378,812.00	119.96
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	10,902,592	10,902,592	357,234.00	30.52
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		2,367,196	0	2,367,196	11,069.00	213.86
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		71,093,439	-2,704,866	68,388,573	1,306,046.00	52.36
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		14,813,140	0	14,813,140	155,588.00	95.21
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		5,068,279	0	5,068,279	16,171.00	313.42
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		72,970,371	0	72,970,371	1,385,303.00	52.67
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		718,193	0	718,193	5,116.00	140.38
WAGE-RELATED COSTS							
17.00	wage-related costs (core) (see instructions)		61,349,602	0	61,349,602		
18.00	wage-related costs (other) (see instructions)						
19.00	Excluded areas		14,286,468	0	14,286,468		
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		149,400	0	149,400		
22.01	Physician Part A - Teaching		853,900	0	853,900		
23.00	Physician Part B		6,837,966	0	6,837,966		
24.00	wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,086,587	0	3,086,587		
25.50	Home office wage-related (core)		23,875,693	0	23,875,693		
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 07/01/2022 To 06/30/2023	Worksheet S-3 Part II Date/Time Prepared: 11/27/2023 5:09 pm
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	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col.3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	5,408,200	0	5,408,200	9,268.00	583.53	26.00
27.00	Administrative & General	10,330,133	-3,136,042	7,194,091	121,372.00	59.27	27.00
28.00	Administrative & General under contract (see inst.)	6,724,154	0	6,724,154	39,927.00	168.41	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	30,886	0	30,886	1,367.00	22.59	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	11,753,937	0	11,753,937	397,767.00	29.55	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	3,375,026	0	3,375,026	106,038.00	31.83	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	10,505,685	0	10,505,685	282,865.00	37.14	38.00
39.00	Central Services and Supply	4,402,595	0	4,402,595	159,839.00	27.54	39.00
40.00	Pharmacy	14,546,725	-552,995	13,993,730	257,082.00	54.43	40.00
41.00	Medical Records & Medical Records Library	73,046	0	73,046	3,808.00	19.18	41.00
42.00	Social Service	5,330,241	0	5,330,241	128,499.00	41.48	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 07/01/2022
To 06/30/2023

Worksheet S-3
Part III
Date/Time Prepared:
11/27/2023 5:09 pm

	Worksheet A Line Number	Amount Reported	ReClassificati 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	371,263,326	-10,902,592	360,360,734	7,885,450.00	45.70	1.00
2.00	Excluded area salaries (see instructions)	71,093,439	-2,704,866	68,388,573	1,306,046.00	52.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	300,169,887	-8,197,726	291,972,161	6,579,404.00	44.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	92,851,790	0	92,851,790	1,557,062.00	59.63	4.00
5.00	Subtotal wage-related costs (see inst.)	85,374,695	0	85,374,695	0.00	29.24	5.00
6.00	Total (sum of lines 3 thru 5)	478,396,372	-8,197,726	470,198,646	8,136,466.00	57.79	6.00
7.00	Total overhead cost (see instructions)	72,480,628	-3,689,037	68,791,591	1,507,832.00	45.62	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	15,512,387	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	1,855,014	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	26,829,999	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	11,139,976	9.00
10.00	Dental, Hearing and Vision Plan	900,214	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	306,860	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)	2,707,598	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,949	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	26,646,398	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	206,995	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	31,378	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	422,155	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	86,563,923	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part V Date/Time Prepared: 11/27/2023 5:09 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00

PART V - Contract Labor and Benefit Cost					
Hospital and Hospital-Based Component Identification:					
1.00	Total facility's contract labor and benefit cost		14,813,140	86,563,923	1.00
2.00	Hospital		14,813,140	61,349,602	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	25,214,321	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-10 Date/Time Prepared: 11/27/2023 5:09 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.200888	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		199,720,186	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		1,222,829,504	6.00	
7.00	Medicaid cost (line 1 times line 6)		245,651,773	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)		45,931,587	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		45,931,587	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	78,312,111	4,815,893	83,128,004	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	15,731,963	4,815,893	20,547,856	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)	15,731,963	4,815,893	20,547,856	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)		52,505,168		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		891,014		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,370,791		27.01
28.00	Non-Medicare bad debt expense (see instructions)		51,134,377		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		10,752,060		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		31,299,916		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		77,231,503		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet A Date/Time Prepared: 11/27/2023 5:09 pm		
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		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		26,585,042	26,585,042	283,053	26,868,095	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS		629,447	629,447	0	629,447	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		21,343,857	21,343,857	0	21,343,857	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,408,200	62,321,178	67,729,378	-283,053	67,446,325	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,330,133	310,769,652	321,099,785	-6,183,059	314,916,726	5.00
7.00	00700	OPERATION OF PLANT	30,886	33,466,531	33,497,417	0	33,497,417	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,683,069	2,683,069	0	2,683,069	8.00
9.00	00900	HOUSEKEEPING	0	13,059,821	13,059,821	0	13,059,821	9.00
10.00	01000	DIETARY	0	15,448,927	15,448,927	-10,842,149	4,606,778	10.00
11.00	01100	CAFETERIA	0	0	0	10,695,079	10,695,079	11.00
13.00	01300	NURSING ADMINISTRATION	10,505,685	4,353,879	14,859,564	0	14,859,564	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,402,595	5,851,705	10,254,300	-1,847,753	8,406,547	14.00
15.00	01500	PHARMACY	14,546,725	61,895,126	76,441,851	-58,806,542	17,635,309	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	73,046	1,171	74,217	0	74,217	16.00
17.00	01700	SOCIAL SERVICE	5,330,241	925,054	6,255,295	0	6,255,295	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	10,902,592	10,902,592	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	23,140,821	8,557,080	31,697,901	-18,965,074	12,732,827	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	483,852	64,065	547,917	483,031	1,030,948	23.00
23.01	02301	PARAMED ED PRGM - CPE	463,876	45,394	509,270	-251,599	257,671	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	202,512	-26,475	176,037	234,345	410,382	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	259,984	52,060	312,044	222,346	534,390	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	88,724,750	27,059,641	115,784,391	-1,107,538	114,676,853	30.00
31.00	03100	INTENSIVE CARE UNIT	17,830,166	7,362,033	25,192,199	-1,219,227	23,972,972	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	6,262,622	1,707,170	7,969,792	7,180,001	15,149,793	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,915,304	583,028	2,498,332	-153,301	2,345,031	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,458,580	1,218,085	5,676,665	-216,111	5,460,554	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	24,596,640	4,908,466	29,505,106	-1,365,568	28,139,538	34.01
40.00	04000	SUBPROVIDER - IPF	6,567,501	788,889	7,356,390	0	7,356,390	40.00
43.00	04300	NURSERY	1,344,711	187,825	1,532,536	1,916,536	3,449,072	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,275,828	46,990,672	76,266,500	-26,751,710	49,514,790	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,232,361	1,619,518	7,851,879	-551,345	7,300,534	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,417,387	6,486,673	13,904,060	-835,773	13,068,287	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	3,381,770	1,353,749	4,735,519	31,970	4,767,489	54.01
54.02	05403	ULTRASOUND	1,390,310	268,151	1,658,461	-375,525	1,282,936	54.02
54.03	05404	ECHOCARDIOLOGY	866,328	609,282	1,475,610	127,556	1,603,166	54.03
54.04	05401	ONCOLOGY	4,226,283	4,529,350	8,755,633	-507,338	8,248,295	54.04
57.00	05700	CT SCAN	1,925,533	793,943	2,719,476	-526,706	2,192,770	57.00
58.00	05800	MRI	1,118,077	404,509	1,522,586	-267,086	1,255,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,706,009	19,412,254	25,118,263	-18,306,344	6,811,919	59.00
59.01	05901	CARDIAC REHAB	589,968	232,195	822,163	71,421	893,584	59.01
60.00	06000	LABORATORY	0	32,143,981	32,143,981	-13,346	32,130,635	60.00
65.00	06500	RESPIRATORY THERAPY	8,006,908	4,744,602	12,751,510	-1,742,701	11,008,809	65.00
66.00	06600	PHYSICAL THERAPY	3,271,251	9,487,417	12,758,668	-3,164,384	9,594,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,169,879	2,220,767	3,390,646	1,363,379	4,754,025	67.00
68.00	06800	SPEECH PATHOLOGY	461,386	1,188,028	1,649,414	1,374,311	3,023,725	68.00
69.00	06900	ELECTROCARDIOLOGY	1,217,332	1,126,075	2,343,407	-292,131	2,051,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,965,951	13,737,604	15,703,555	0	15,703,555	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	64,758,894	64,758,894	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	67,038,981	67,038,981	0	67,038,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	57,807,788	57,807,788	73.00
74.00	07400	RENAL DIALYSIS	0	4,734,300	4,734,300	-149	4,734,151	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	2,686,233	4,053,813	6,740,046	-3,063,639	3,676,407	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,521	-72,423	-61,902	8,062,076	8,000,174	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,979,611	-256,737	2,722,874	0	2,722,874	90.01
90.02	09002	COVID-19 VACCINE CLINIC	21,701	1,953	23,654	0	23,654	90.02
90.03	09003	BURN CLINIC	221,457	157,216	378,673	-26,387	352,286	90.03
91.00	09100	EMERGENCY	22,284,804	23,295,400	45,580,204	-1,637,452	43,942,752	91.00
91.01	09101	WOUND CARE 002	868,851	1,083,115	1,951,966	-29,860	1,922,106	91.01
91.02	09102	WOUND CARE 001	520,003	114,828	634,831	-67,515	567,316	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	268,023	285,449	553,472	0	553,472	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	490,629	131,573	622,202	-278	621,924	91.06

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A
Date/Time Prepared:
11/27/2023 5:09 pm

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	380,614	653,084	1,033,698	0	1,033,698	91.07
91.08	04040	FAMILY PRACTICE	3,971,662	3,748,214	7,719,876	-5,961	7,713,915	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,387,084	1,414,574	7,801,658	-76,149	7,725,509	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	296,141	21,499	317,640	0	317,640	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,661,663	7,016,796	10,678,459	-2,802,100	7,876,359	105.00
106.00	10600	HEART ACQUISITION	3,373,538	4,720,605	8,094,143	-3,229,525	4,864,618	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.)	4,184,452	9,803,626	13,988,078	0	13,988,078	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	357,708,378	887,136,356	1,244,844,734	0	1,244,844,734	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	916,320	916,320	0	916,320	190.00
191.00	19100	RESEARCH	379,664	2,359	382,023	0	382,023	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	38,165,887	13,377,354	51,543,241	0	51,543,241	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	422,431	465,207	887,638	0	887,638	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	1,896,951	172,346	2,069,297	0	2,069,297	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	26,488,388	26,488,388	0	26,488,388	193.07
193.08	19308	OCCUPATIONAL HEALTH	619	298	917	0	917	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	3,628,095	1,674,160	5,302,255	0	5,302,255	193.19
194.00	07950	RETAIL PHARMACY	719,189	6,035,521	6,754,710	0	6,754,710	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	402,921,214	936,268,309	1,339,189,523	0	1,339,189,523	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A
Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-5,592,880	21,275,215	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	-210,289	419,158	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-69,838	21,274,019	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,818,061	74,264,386	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-80,528,144	234,388,582	5.00
7.00	00700	OPERATION OF PLANT	-555,711	32,941,706	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,683,069	8.00
9.00	00900	HOUSEKEEPING	0	13,059,821	9.00
10.00	01000	DIETARY	-132,174	4,474,604	10.00
11.00	01100	CAFETERIA	-2,101,097	8,593,982	11.00
13.00	01300	NURSING ADMINISTRATION	-869,340	13,990,224	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-7,433,781	972,766	14.00
15.00	01500	PHARMACY	0	17,635,309	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-227	73,990	16.00
17.00	01700	SOCIAL SERVICE	-206,597	6,048,698	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	10,902,592	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-4,927,034	7,805,793	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	-97,000	933,948	23.00
23.01	02301	PARAMED ED PRGM - CPE	-6,450	251,221	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	-38,484	371,898	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	-92,717	441,673	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-28,981,024	85,695,829	30.00
31.00	03100	INTENSIVE CARE UNIT	-6,046	23,966,926	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	-1,015,957	14,133,836	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,345,031	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-2,090,646	3,369,908	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-10,202,554	17,936,984	34.01
40.00	04000	SUBPROVIDER - IPF	-2,681,874	4,674,516	40.00
43.00	04300	NURSERY	-1,335,456	2,113,616	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,019,917	43,494,873	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-25,978	7,274,556	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,922,055	11,146,232	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	-53,257	4,714,232	54.01
54.02	05403	ULTRASOUND	0	1,282,936	54.02
54.03	05404	ECHOCARDIOLOGY	0	1,603,166	54.03
54.04	05401	ONCOLOGY	-107,460	8,140,835	54.04
57.00	05700	CT SCAN	0	2,192,770	57.00
58.00	05800	MRI	-542	1,254,958	58.00
59.00	05900	CARDIAC CATHETERIZATION	-6,000	6,805,919	59.00
59.01	05901	CARDIAC REHAB	0	893,584	59.01
60.00	06000	LABORATORY	0	32,130,635	60.00
65.00	06500	RESPIRATORY THERAPY	1,159	11,009,968	65.00
66.00	06600	PHYSICAL THERAPY	-375,568	9,218,716	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,754,025	67.00
68.00	06800	SPEECH PATHOLOGY	-293	3,023,432	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,051,276	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-11,899,257	3,804,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	64,758,894	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	67,038,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,167	57,806,621	73.00
74.00	07400	RENAL DIALYSIS	0	4,734,151	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03330	ENDOSCOPY	0	3,676,407	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	8,000,174	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	2,722,874	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	23,654	90.02
90.03	09003	BURN CLINIC	123,011	475,297	90.03
91.00	09100	EMERGENCY	-15,379,530	28,563,222	91.00
91.01	09101	WOUND CARE 002	-1,825	1,920,281	91.01
91.02	09102	WOUND CARE 001	0	567,316	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	553,472	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	-5,531	616,393	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	1,033,698	91.07
91.08	04040	FAMILY PRACTICE	-4,312,398	3,401,517	91.08

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A
Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	6.00	7.00	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	7,725,509	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	317,640	98.02
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	-462,860	7,413,499	105.00
106.00	10600 HEART ACQUISITION	-119,950	4,744,668	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.)	-162,300	13,825,778	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-183,088,977	1,061,755,757	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	916,320	190.00
191.00	19100 RESEARCH	0	382,023	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	51,543,241	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	887,638	193.02
193.03	19306 FOUNDATION	0	0	193.03
193.04	19307 WELLNESS	0	2,069,297	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	26,488,388	193.07
193.08	19308 OCCUPATIONAL HEALTH	0	917	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	5,302,255	193.19
194.00	07950 RETAIL PHARMACY	0	6,754,710	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-183,088,977	1,156,100,546	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - Pharmacy						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	56,644,392	1.00	
	TOTALS		0	56,644,392		
B - Drugs Directly Assigned						
1.00	DRUGS CHARGED TO PATIENTS	73.00		1,163,396	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					25.00	
26.00					26.00	
27.00			0	1,163,396	27.00	
C - Med Ed Director						
1.00	I&R SERVICES-OTHER PRGM	22.00	4,946		1.00	
	COSTS A		4,946	0		
D - Nursery						
1.00	NURSERY	43.00	1,677,976	238,560	1.00	
			1,677,976	238,560		
E - Building Rent						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		283,053	1.00	
			0	283,053		
F - Rental Beds						
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00		1,552,334	1.00	
			0	1,552,334		
G - Sonography						
1.00	PARAMED ED PRGM- SONOGRAPHY	23.04	222,346		1.00	
			222,346	0		
H - Resident Salaries						
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	10,902,592		1.00	
			10,902,592	0		
I - Radiology Paramed						
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	234,345		1.00	
			234,345	0		
J - Pharmacy Paramed						
1.00	PARAMED ED PRGM- PHARMACY	23.00	655,467		1.00	
			655,467	0		
K - Pharmacy Year 2						
1.00	PHARMACY	15.00	152,274	20,162	1.00	
			152,274	20,162		
L - CPE Paramed						
1.00	PARAMED ED PRGM - CPE	23.01	3,741		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	232,564	22,776	2.00	
			236,305	22,776		
M - Organ Acquisition						
1.00	KIDNEY ACQUISITION	105.00	49,802	0	1.00	
2.00	KIDNEY ACQUISITION	105.00	0	77,250	2.00	
3.00	KIDNEY ACQUISITION	105.00	0	33,088	3.00	
4.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	748,283	1,326,141	4.00	
5.00	KIDNEY ACQUISITION	105.00	126,041	0	5.00	
6.00	HEART ACQUISITION	106.00	0	69,820	6.00	

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-6
Date/Time Prepared:
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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	35,381	7.00
8.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	2,096,543	1,817,756	8.00
9.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	1,013,857	0	9.00
	TOTALS		4,034,526	3,359,436	
N - Dietary					
1.00	CAFETERIA	11.00	0	10,695,079	1.00
				10,695,079	
O - Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	63,206,560	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
	TOTALS		0	63,206,560	
P - Therapy					
1.00	OCCUPATIONAL THERAPY	67.00	489,154	902,175	1.00
2.00	SPEECH PATHOLOGY	68.00	531,535	980,339	2.00
			1,020,689	1,882,514	
Q - Cardiac Admin					
1.00	ADULTS & PEDIATRICS	30.00	428,789	382,463	1.00
2.00	INTENSIVE CARE UNIT	31.00	296,312	264,298	2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	367,130	327,465	3.00
4.00	OPERATING ROOM	50.00	484,911	432,521	4.00
5.00	AMBULATORY CARDIOVASCULAR SVC	54.01	131,415	117,217	5.00
6.00	ECHOCARDIOLOGY	54.03	67,420	60,136	6.00
7.00	CARDIAC CATHETERIZATION	59.00	1,070,074	954,463	7.00
8.00	CARDIAC REHAB	59.01	37,883	33,790	8.00
9.00	ELECTROCARDIOLOGY	69.00	107,977	96,311	9.00
10.00	HEART ACQUISITION	106.00	372,954	332,660	10.00
			3,364,865	3,001,324	
R - Clinic					
1.00	CLINIC	90.00	3,114,641	4,743,791	1.00
2.00	CLINIC	90.00	0	208,996	2.00
	TOTALS		3,114,641	4,952,787	
500.00	Grand Total: Increases		25,620,972	147,022,373	500.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

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		
A - Pharmacy							
1.00	PHARMACY	15.00	0	56,644,392	0	1.00	
	TOTALS		0	56,644,392			
B - Drugs Directly Assigned							
1.00	ADULTS & PEDIATRICS	30.00		2,254		1.00	
2.00	INTENSIVE CARE UNIT	31.00		368		2.00	
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01		11		3.00	
4.00	PEDIATRIC INTENSIVE CARE UNIT	33.01		36		4.00	
5.00	NEONATAL INTENSIVE CARE UNIT	34.01		162		5.00	
6.00	OPERATING ROOM	50.00		347,538		6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00		12,200		7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00		36,258		8.00	
9.00	AMBULATORY CARDIOVASCULAR SVC	54.01		87,515		9.00	
10.00	ULTRASOUND	54.02		3		10.00	
11.00	ONCOLOGY	54.04		9,198		11.00	
12.00	MRI	58.00		1,421		12.00	
13.00	CARDIAC CATHETERIZATION	59.00		1,684		13.00	
14.00	CARDIAC REHAB	59.01		252		14.00	
15.00	LABORATORY	60.00		13,346		15.00	
16.00	RESPIRATORY THERAPY	65.00		4,463		16.00	
17.00	SPEECH PATHOLOGY	68.00		37		17.00	
18.00	ELECTROCARDIOLOGY	69.00		496,419		18.00	
19.00	RENAL DIALYSIS	74.00		149		19.00	
20.00	ENDOSCOPY	75.01		1,409		20.00	
21.00	CLINIC	90.00		5,352		21.00	
22.00	BURN CLINIC	90.03		26,387		22.00	
23.00	EMERGENCY	91.00		9,632		23.00	
24.00	WOUND CARE 002	91.01		29,860		24.00	
25.00	OP ANTICOAGULATION CLINIC	91.06		278		25.00	
26.00	FAMILY PRACTICE	91.08		1,015		26.00	
27.00	AMBULANCE SERVICES	95.00		76,149		27.00	
			0	1,163,396			
C - Med Ed Director							
1.00	FAMILY PRACTICE	91.08	4,946			1.00	
			4,946	0			
D - Nursery							
1.00	ADULTS & PEDIATRICS	30.00	1,677,976	238,560		1.00	
			1,677,976	238,560			
E - Building Rent							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		283,053	10	1.00	
			0	283,053			
F - Rental Beds							
1.00	CENTRAL SERVICES & SUPPLY	14.00		1,552,334		1.00	
			0	1,552,334			
G - Sonography							
1.00	ULTRASOUND	54.02	222,346			1.00	
			222,346	0			
H - Resident Salaries							
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	10,902,592			1.00	
			10,902,592	0			
I - Radiology Paramed							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	234,345			1.00	
			234,345	0			
J - Pharmacy Paramed							
1.00	PHARMACY	15.00	655,467			1.00	
			655,467	0			
K - Pharmacy Year 2							
1.00	PARAMED ED PRGM- PHARMACY	23.00	152,274	20,162		1.00	
			152,274	20,162			
L - CPE Paramed							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,741			1.00	
2.00	PARAMED ED PRGM - CPE	23.01	232,564	22,776		2.00	
			236,305	22,776			
M - Organ Acquisition							
1.00	PHARMACY	15.00	49,802	0	0	1.00	
2.00	DIETARY	10.00	0	77,250	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	33,088	0	3.00	
4.00	KIDNEY ACQUISITION	105.00	748,283	1,326,141	0	4.00	
5.00	HEART ACQUISITION	106.00	126,041	0	0	5.00	
6.00	DIETARY	10.00	0	69,820	0	6.00	

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

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			
7.00	ADMINISTRATIVE & GENERAL	5.00	0	35,381	0	7.00	
8.00	HEART ACQUISITION	106.00	2,096,543	1,817,756	0	8.00	
9.00	KIDNEY ACQUISITION	105.00	1,013,857	0	0	9.00	
	TOTALS		4,034,526	3,359,436			
N - Dietary							
1.00	DIETARY	10.00	0	10,695,079		1.00	
			0	10,695,079			
O - Medical Supplies							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	295,419	0	1.00	
2.00	PHARMACY	15.00	0	1,629,317	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	1,779,469	0	3.00	
4.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	0	517,163	0	4.00	
5.00	BURN INTENSIVE CARE UNIT	33.00	0	153,301	0	5.00	
6.00	PEDIATRIC INTENSIVE CARE UNIT	33.01	0	216,075	0	6.00	
7.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,365,406	0	7.00	
8.00	OPERATING ROOM	50.00	0	27,321,604	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	539,145	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	565,170	0	10.00	
11.00	AMBULATORY CARDIOVASCULAR SVC	54.01	0	129,147	0	11.00	
12.00	ULTRASOUND	54.02	0	153,176	0	12.00	
13.00	ONCOLOGY	54.04	0	498,140	0	13.00	
14.00	CT SCAN	57.00	0	526,706	0	14.00	
15.00	MRI	58.00	0	265,665	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	20,329,197	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	1,738,238	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	261,181	0	18.00	
19.00	OCCUPATIONAL THERAPY	67.00	0	27,950	0	19.00	
20.00	SPEECH PATHOLOGY	68.00	0	137,526	0	20.00	
21.00	ENDOSCOPY	75.01	0	3,062,230	0	21.00	
22.00	EMERGENCY	91.00	0	1,627,820	0	22.00	
23.00	WOUND CARE 001	91.02	0	67,515	0	23.00	
	TOTALS		0	63,206,560			
P - Therapy							
1.00	PHYSICAL THERAPY	66.00	1,020,689	1,882,514		1.00	
2.00						2.00	
			1,020,689	1,882,514			
Q - Cardiac Admin							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,364,865	3,001,324		1.00	
2.00						2.00	
3.00						3.00	
4.00						4.00	
5.00						5.00	
6.00						6.00	
7.00						7.00	
8.00						8.00	
9.00						9.00	
10.00						10.00	
			3,364,865	3,001,324			
R - Clinic							
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	3,114,641	4,743,791	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	208,996	0	2.00	
	TOTALS		3,114,641	4,952,787			
500.00	Grand Total: Decreases		25,620,972	147,022,373		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

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		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,200,644	0	0	0	0	1.00
2.00	Land Improvements	21,384,234	1,664,847	0	1,664,847	0	2.00
3.00	Buildings and Fixtures	626,127,924	56,940,432	0	56,940,432	0	3.00
4.00	Building Improvements	14,748,005	0	0	0	917,642	4.00
5.00	Fixed Equipment	27,882,092	8,164	0	8,164	0	5.00
6.00	Movable Equipment	378,402,819	0	0	0	42,361,257	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,085,745,718	58,613,443	0	58,613,443	43,278,899	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,085,745,718	58,613,443	0	58,613,443	43,278,899	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,200,644	0				1.00
2.00	Land Improvements	23,049,081	0				2.00
3.00	Buildings and Fixtures	683,068,356	0				3.00
4.00	Building Improvements	13,830,363	0				4.00
5.00	Fixed Equipment	27,890,256	0				5.00
6.00	Movable Equipment	336,041,562	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,101,080,262	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,101,080,262	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part II
Date/Time Prepared:
11/27/2023 5:09 pm

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	21,839,049	0	4,745,485	508	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	419,158	0	210,289	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	21,343,857	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	43,602,064	0	4,955,774	508	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	26,585,042				1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	629,447				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	21,343,857				2.00
3.00	Total (sum of lines 1-2)	0	48,558,346				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-7
Part III
Date/Time Prepared:
11/27/2023 5:09 pm

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	751,962,614	0	751,962,614	0.682931	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	13,076,086	0	13,076,086	0.011876	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	336,041,562	0	336,041,562	0.305193	0	2.00
3.00	Total (sum of lines 1-2)	1,101,080,262	0	1,101,080,262	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 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	20,991,654	283,053	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	419,158	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	21,274,019	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	42,684,831	283,053	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 cols. 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	508	0	0	21,275,215	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	0	419,158	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	21,274,019	2.00
3.00	Total (sum of lines 1-2)	0	508	0	0	42,968,392	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

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			Ref.
				Cost Center	Line #	Wkst. A-7	
				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,913,481	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG-STRESS (chapter 2)		0	NEW CAP REL COSTS-BLDG-STRESS	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-623,967	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-42,063	OPERATION OF PLANT	7.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-8,331	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-172,364	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-85,703,463			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	10,372,355			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG-STRESS		0	NEW CAP REL COSTS-BLDG-STRESS	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8

Date/Time Prepared:
11/27/2023 5:09 pm

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.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00		
33.00	Misc Revenue	B	-847,395	SPEECH PATHOLOGY		68.00			
33.01	Misc Revenue	B	-234,280	CAP REL COSTS-BLDG & FIXT		1.00	9 33.00		
33.02	Misc Revenue	B	-128,598	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01		
33.03	Misc Revenue	B	-332,953	ADMINISTRATIVE & GENERAL		5.00	0 33.02		
33.04	Misc Revenue	B	-132,174	OPERATION OF PLANT		7.00	0 33.03		
33.05	Misc Revenue	B	-2,101,097	DIETARY		10.00	0 33.04		
33.06	Misc Revenue	B	-236,595	CAFETERIA		11.00	0 33.05		
33.09	Misc Revenue	B	-227	NURSING ADMINISTRATION		13.00	0 33.06		
33.10	Misc Revenue	B	-223,641	MEDICAL RECORDS & LIBRARY		16.00	0 33.09		
33.11	Misc Revenue	B	-97,000	I&R SERVICES-OTHER PRGM COSTS A		22.00	0 33.10		
33.12	Misc Revenue	B	-6,450	PARAMED ED PRGM- PHARMACY		23.00	0 33.11		
33.13	Misc Revenue	B	-38,883	PARAMED ED PRGM - CPE		23.01	0 33.12		
33.15	Misc Revenue	B	-92,059	PARAMED ED PRGM - RADIOLOGY		23.02	0 33.13		
33.16	Misc Revenue	B	-3,900	PARAMED ED PRGM- SONOGRAPHY		23.04	0 33.15		
33.17	Misc Revenue	B	-12,500	NEONATAL INTENSIVE CARE UNIT		34.01	0 33.16		
33.18	Misc Revenue	B	-12,423	OPERATING ROOM		50.00	0 33.17		
33.19	Misc Revenue	B	-18,605	DELIVERY ROOM & LABOR ROOM		52.00	0 33.18		
33.22	Misc Revenue	B	-375,568	RADIOLOGY-DIAGNOSTIC		54.00	0 33.19		
33.23	Misc Revenue	B	-293	PHYSICAL THERAPY		66.00	0 33.22		
33.25	Misc Revenue	B	-1,167	SPEECH PATHOLOGY		68.00	0 33.23		
33.27	Misc Revenue	B	-8,265	DRUGS CHARGED TO PATIENTS		73.00	0 33.25		
33.30	Misc Revenue	B	-400	EMERGENCY		91.00	0 33.27		
33.31	Misc Revenue	B	-162,300	FAMILY PRACTICE		91.08	0 33.30		
33.32	Misc Revenue	B	-162,300	AMBULATORY SURGICAL CENTER (D.P.)		115.00	0 33.31		
33.32	Non-reimbursable items	A	-5,227,455	ADMINISTRATIVE & GENERAL		5.00	0 33.32		
33.33	Lobbying dues	A	-15,782	ADMINISTRATIVE & GENERAL		5.00	0 33.33		
33.34	Provider tax	A	-57,054,921	ADMINISTRATIVE & GENERAL		5.00	0 33.34		
33.35	Physician loss funding	A	-24,369,484	ADMINISTRATIVE & GENERAL		5.00	0 33.35		
33.36	Midlevels	A	-5,044	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.36		
33.37	Midlevels	A	-267,850	ADMINISTRATIVE & GENERAL		5.00	0 33.37		
33.38	Midlevels	A	-106,787	NURSING ADMINISTRATION		13.00	0 33.38		
33.39	Midlevels	A	-369,994	CENTRAL SERVICES & SUPPLY		14.00	0 33.39		
33.40	Midlevels	A	-113,108	SOCIAL SERVICE		17.00	0 33.40		
33.41	Midlevels	A	-449,738	I&R SERVICES-OTHER PRGM COSTS A		22.00	0 33.41		
33.42	Midlevels	A	-2,495,405	ADULTS & PEDIATRICS		30.00	0 33.42		
33.43	Midlevels	A	-6,046	INTENSIVE CARE UNIT		31.00	0 33.43		
33.44	Midlevels	A	-2,101	CARDIOTHORACIC VASCULAR TRANSPL		32.01	0 33.44		
33.45	Midlevels	A	-576,441	PEDIATRIC INTENSIVE CARE UNIT		33.01	0 33.45		
33.46	Midlevels	A	-2,267,931	NEONATAL INTENSIVE CARE UNIT		34.01	0 33.46		
33.47	Midlevels	A	-979,304	SUBPROVIDER - IPF		40.00	0 33.47		
33.48	Midlevels	A	-761,796	OPERATING ROOM		50.00	0 33.48		
33.49	Midlevels	A	-13,555	DELIVERY ROOM & LABOR ROOM		52.00	0 33.49		
33.52	Midlevels	A	-1,433,376	EMERGENCY		91.00	0 33.52		
33.53	Midlevels	A	-241,482	FAMILY PRACTICE		91.08	0 33.53		
33.54	Renal Transplant salaries	A	-127,026	CARDIOTHORACIC VASCULAR TRANSPL		32.01	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	123,011	BURN CLINIC		90.03	0 33.56		
33.57	SURGERY TECH START-UP	A	-99,437	ADMINISTRATIVE & GENERAL		5.00	0 33.57		
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-183,088,977				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 07/01/2022
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:
11/27/2023 5:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Capital	14,548,678	0
2.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest	575,618	0
3.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Other	165,526,487	168,477,526
3.01	5.00	ADMINISTRATIVE & GENERAL	SVH Chargebacks	5,193,811	5,193,811
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	17.00	SOCIAL SERVICE	SVH Chargebacks	50	50
3.05	22.00	I&R SERVICES-OTHER PRGM COST	SVH Chargebacks	-122,225	-122,225
3.06	23.02	PARAMED ED PRGM - RADIOLOGY	SVH Chargebacks	-56,052	-56,052
3.07	23.04	PARAMED ED PRGM- SONOGRAPHY	SVH Chargebacks	1,639	1,639
3.08	30.00	ADULTS & PEDIATRICS	SVH Chargebacks	-112,213	-112,213
3.09	34.01	NEONATAL INTENSIVE CARE UNIT	SVH CHARGEBACKS	50	50
3.10	40.00	SUBPROVIDER - IPF	SVH CHARGEBACKS	-598,950	-598,950
3.11	50.00	OPERATING ROOM	SVH CHARGEBACKS	50,500	50,500
3.12	52.00	DELIVERY ROOM & LABOR ROOM	SVH CHARGEBACKS	666	666
3.13	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACKS	526,679	526,679
3.14	54.01	AMBULATORY CARDIOVASCULAR SV	SVH CHARGEBACKS	-216,714	-216,714
3.15	54.03	ECHOCARDIOLOGY	SVH CHARGEBACKS	-1,560	-1,560
3.16	54.04	ONCOLOGY	SVH CHARGEBACKS	-22,897	-22,897
3.17	59.00	CARDIAC CATHETERIZATION	SVH CHARGEBACKS	146,250	146,250
3.18	65.00	RESPIRATORY THERAPY	SVH CHARGEBACKS	-54,241	-54,241
3.19	70.00	ELECTROENCEPHALOGRAPHY	SVH CHARGEBACKS	-4,200	-4,200
3.20	75.01	ENDOSCOPY	SVH CHARGEBACKS	1,180,135	1,180,135
3.21	90.01	PARTIAL HOSPITALIZATION	SVH CHARGEBACKS	-589,003	-589,003
3.22	91.00	EMERGENCY	SVH CHARGEBACKS	3,500	3,500
3.23	91.06	OP ANTICOAGULATION CLINIC	SVH CHARGEBACKS	-44,375	-44,375
3.24	95.00	AMBULANCE SERVICES	SVH CHARGEBACKS	12,900	12,900
3.25	105.00	KIDNEY ACQUISITION	SVH CHARGEBACKS	6,150	6,150
3.26	106.00	HEART ACQUISITION	SVH CHARGEBACKS	1,240,208	1,240,208
3.27	192.00	PHYSICIANS PRIVATE OFFICES	SVH CHARGEBACKS	108,950	108,950
3.28	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	5,923,384	5,755,388
3.29	1.01	NEW CAP REL COSTS-BLDG-STRES	INTEREST EXPENSE	0	210,289
3.30	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	48,349	0
3.31	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	55,862,074	48,804,689
3.32	14.00	CENTRAL SERVICES & SUPPLY	TRG ADMIN FEES - SUPPLIES	-7,063,787	0
3.33	13.00	NURSING ADMINISTRATION	TRG ADMIN FEES - CONTRACTED	-525,957	0
3.34	5.00	ADMINISTRATIVE & GENERAL	TRG ADMIN FEES - OTHER	-1,274,599	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.			240,141,286	229,768,931

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

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

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

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

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

6.00	B	0.00	Ascension St. Vincent	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00

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

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:
11/27/2023 5:09 pm

	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 07/01/2022
To 06/30/2023

Worksheet A-8-1

Date/Time Prepared:
11/27/2023 5:09 pm

	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	14,548,678	0	1.00
2.00	575,618	0	2.00
3.00	-2,951,039	0	3.00
3.01	0	0	3.01
3.02	0	0	3.02
3.03	0	0	3.03
3.04	0	0	3.04
3.05	0	0	3.05
3.06	0	0	3.06
3.07	0	0	3.07
3.08	0	0	3.08
3.09	0	0	3.09
3.10	0	0	3.10
3.11	0	0	3.11
3.12	0	0	3.12
3.13	0	0	3.13
3.14	0	0	3.14
3.15	0	0	3.15
3.16	0	0	3.16
3.17	0	0	3.17
3.18	0	0	3.18
3.19	0	0	3.19
3.20	0	0	3.20
3.21	0	0	3.21
3.22	0	0	3.22
3.23	0	0	3.23
3.24	0	0	3.24
3.25	0	0	3.25
3.26	0	0	3.26
3.27	0	0	3.27
3.28	167,996	11	3.28
3.29	-210,289	11	3.29
3.30	48,349	0	3.30
3.31	7,057,385	0	3.31
3.32	-7,063,787	0	3.32
3.33	-525,957	0	3.33
3.34	-1,274,599	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	10,372,355		5.00

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet A-8-1 Date/Time Prepared: 11/27/2023 5:09 pm
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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 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/27/2023 5:09 pm

	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	3,687,657	3,687,657	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	1	1	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	93,489	93,489	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	8,716,779	2,295,311	6,421,468	179,000	51,862	4.00
5.00	23.02	PARAMED ED PRGM - RADIOLOGY	-399	-399	0	0	0	5.00
6.00	23.04	PARAMED ED PRGM- SONOGRAPHY	658	658	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	26,918,004	24,510,019	2,407,985	246,400	3,650	7.00
8.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	886,830	886,830	0	0	0	8.00
9.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	1,514,205	1,514,205	0	0	0	9.00
10.00	34.01	NEONATAL INTENSIVE CARE UNIT	7,930,723	7,930,723	0	0	0	10.00
11.00	40.00	SUBPROVIDER - IPF	1,702,570	1,702,570	0	0	0	11.00
12.00	43.00	NURSERY	1,335,456	1,335,456	0	0	0	12.00
13.00	50.00	OPERATING ROOM	5,245,621	5,245,621	0	0	0	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	1,903,450	1,903,450	0	0	0	14.00
15.00	54.01	AMBULATORY CARDIOVASCULAR SVC	53,257	53,257	0	0	0	15.00
16.00	54.04	ONCOLOGY	107,460	107,460	0	0	0	16.00
17.00	58.00	MRI	542	542	0	0	0	17.00
18.00	59.00	CARDIAC CATHETERIZATION	6,000	6,000	0	0	0	18.00
19.00	65.00	RESPIRATORY THERAPY	-1,159	-1,159	0	0	0	19.00
20.00	70.00	ELECTROENCEPHALOGRAPHY	11,899,257	11,899,257	0	0	0	20.00
21.00	91.00	EMERGENCY	13,937,889	13,937,889	0	0	0	21.00
22.00	91.01	WOUND CARE 002	1,825	1,825	0	0	0	22.00
23.00	91.06	OP ANTICOAGULATION CLINIC	5,531	5,531	0	0	0	23.00
24.00	91.08	FAMILY PRACTICE	4,070,516	4,070,516	0	0	0	24.00
25.00	105.00	KIDNEY ACQUISITION	818,363	0	818,363	246,400	3,001	25.00
26.00	106.00	HEART ACQUISITION	119,950	119,950	0	0	0	26.00
200.00			90,954,475	81,306,659	9,647,816		58,513	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/27/2023 5:09 pm

	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	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	4,463,124	223,156	0	0	0	4.00
5.00	23.02	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	5.00
6.00	23.04	PARAMED ED PRGM- SONOGRAPHY	0	0	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	432,385	21,619	0	0	0	7.00
8.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	0	0	8.00
9.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	9.00
10.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	11.00
12.00	43.00	NURSERY	0	0	0	0	0	12.00
13.00	50.00	OPERATING ROOM	0	0	0	0	0	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	14.00
15.00	54.01	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	15.00
16.00	54.04	ONCOLOGY	0	0	0	0	0	16.00
17.00	58.00	MRI	0	0	0	0	0	17.00
18.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	18.00
19.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	19.00
20.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	0	0	0	0	0	21.00
22.00	91.01	WOUND CARE 002	0	0	0	0	0	22.00
23.00	91.06	OP ANTICOAGULATION CLINIC	0	0	0	0	0	23.00
24.00	91.08	FAMILY PRACTICE	0	0	0	0	0	24.00
25.00	105.00	KIDNEY ACQUISITION	355,503	17,775	0	0	0	25.00
26.00	106.00	HEART ACQUISITION	0	0	0	0	0	26.00
200.00			5,251,012	262,550	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet A-8-2

Date/Time Prepared:
11/27/2023 5:09 pm

	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	3,687,657	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	1	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	93,489	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	4,463,124	1,958,344	4,253,655	4.00
5.00	23.02	PARAMED ED PRGM - RADIOLOGY	0	0	0	-399	5.00
6.00	23.04	PARAMED ED PRGM- SONOGRAPHY	0	0	0	658	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	432,385	1,975,600	26,485,619	7.00
8.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	886,830	8.00
9.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,514,205	9.00
10.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	7,930,723	10.00
11.00	40.00	SUBPROVIDER - IPF	0	0	0	1,702,570	11.00
12.00	43.00	NURSERY	0	0	0	1,335,456	12.00
13.00	50.00	OPERATING ROOM	0	0	0	5,245,621	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,903,450	14.00
15.00	54.01	AMBULATORY CARDIOVASCULAR SVC	0	0	0	53,257	15.00
16.00	54.04	ONCOLOGY	0	0	0	107,460	16.00
17.00	58.00	MRI	0	0	0	542	17.00
18.00	59.00	CARDIAC CATHETERIZATION	0	0	0	6,000	18.00
19.00	65.00	RESPIRATORY THERAPY	0	0	0	-1,159	19.00
20.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	11,899,257	20.00
21.00	91.00	EMERGENCY	0	0	0	13,937,889	21.00
22.00	91.01	WOUND CARE 002	0	0	0	1,825	22.00
23.00	91.06	OP ANTICOAGULATION CLINIC	0	0	0	5,531	23.00
24.00	91.08	FAMILY PRACTICE	0	0	0	4,070,516	24.00
25.00	105.00	KIDNEY ACQUISITION	0	355,503	462,860	462,860	25.00
26.00	106.00	HEART ACQUISITION	0	0	0	119,950	26.00
200.00			0	5,251,012	4,396,804	85,703,463	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	21,275,215	21,275,215			1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS	419,158	0	419,158		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	21,274,019			21,274,019	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	74,264,386	176,996	3,706	2,015	74,447,103
5.00 00500	ADMINISTRATIVE & GENERAL	234,388,582	676,297	30,448	1,591,183	1,347,324
7.00 00700	OPERATION OF PLANT	32,941,706	3,574,714	23,413	318,027	5,784
8.00 00800	LAUNDRY & LINEN SERVICE	2,683,069	5,819	0	0	0
9.00 00900	HOUSEKEEPING	13,059,821	220,959	4,248	697	0
10.00 01000	DIETARY	4,474,604	502,258	8,128	75,391	0
11.00 01100	CAFETERIA	8,593,982	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	13,990,224	874,313	3,554	520,354	1,967,526
14.00 01400	CENTRAL SERVICES & SUPPLY	972,766	634,051	12,296	1,133,764	824,527
15.00 01500	PHARMACY	17,635,309	227,383	0	132,041	2,620,774
16.00 01600	MEDICAL RECORDS & LIBRARY	73,990	162,973	5,204	554	13,680
17.00 01700	SOCIAL SERVICE	6,048,698	34,137	832	16,819	998,258
21.00 02100	I&R SERVICES-SALARY & FRINGES A	10,902,592	0	0	0	2,041,859
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	7,805,793	199,097	0	54,861	1,709,610
23.00 02300	PARAMED ED PRGM- PHARMACY	933,948	18,857	0	0	184,856
23.01 02301	PARAMED ED PRGM - CPE	251,221	29,271	0	0	44,021
23.02 02302	PARAMED ED PRGM - RADIOLOGY	371,898	22,641	0	0	81,815
23.03 02303	PARAMED ED PRGM - EMS	0	0	0	0	0
23.04 02304	PARAMED ED PRGM- SONOGRAPHY	441,673	0	0	0	90,332
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	85,695,829	4,880,929	0	732,086	16,382,665
31.00 03100	INTENSIVE CARE UNIT	23,966,926	696,442	0	1,174,405	3,394,763
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	14,133,836	531,307	0	278,282	1,964,295
33.00 03300	BURN INTENSIVE CARE UNIT	2,345,031	103,985	0	6,550	358,702
33.01 02080	PEDIATRIC INTENSIVE CARE UNIT	3,369,908	296,483	0	135,860	835,012
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01 02060	NEONATAL INTENSIVE CARE UNIT	17,936,984	450,854	0	431,710	4,606,508
40.00 04000	SUBPROVIDER - IPF	4,674,516	64,330	193,663	46,628	1,229,975
43.00 04300	NURSERY	2,113,616	239,164	0	40,511	566,095
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	43,494,873	2,327,743	0	5,724,766	5,573,651
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,274,556	326,422	0	42,780	1,167,209
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,146,232	400,833	0	1,228,544	1,345,254
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	4,714,232	188,508	0	500,123	657,956
54.02 05403	ULTRASOUND	1,282,936	31,195	0	124,752	218,739
54.03 05404	ECHOCARDIOLOGY	1,603,166	0	0	270,860	174,874
54.04 05401	ONCOLOGY	8,140,835	159,411	0	1,861,791	791,507
57.00 05700	CT SCAN	2,192,770	34,693	0	365,206	360,618
58.00 05800	MRI	1,254,958	135,180	0	547,197	209,396
59.00 05900	CARDIAC CATHETERIZATION	6,805,919	438,086	0	960,268	1,269,038
59.01 05901	CARDIAC REHAB	893,584	0	0	13,836	117,585
60.00 06000	LABORATORY	32,130,635	275,177	0	155,676	0
65.00 06500	RESPIRATORY THERAPY	11,009,968	51,786	0	532,295	1,499,550
66.00 06600	PHYSICAL THERAPY	9,218,716	168,442	0	23,833	421,490
67.00 06700	OCCUPATIONAL THERAPY	4,754,025	5,915	369	0	310,707
68.00 06800	SPEECH PATHOLOGY	3,023,432	20,002	0	13,618	185,956
69.00 06900	ELECTROCARDIOLOGY	2,051,276	12,338	0	157,234	248,207
70.00 07000	ELECTROENCEPHALOGRAPHY	3,804,298	12,863	72,055	94,102	368,187
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	64,758,894	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	67,038,981	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	57,806,621	0	0	0	0
74.00 07400	RENAL DIALYSIS	4,734,151	55,586	0	6,584	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 03330	ENDOSCOPY	3,676,407	187,077	0	510,975	503,083
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	8,000,174	0	0	0	585,287
90.01 09001	PARTIAL HOSPITALIZATION	2,722,874	81,502	61,242	1,999	558,028
90.02 09002	COVID-19 VACCINE CLINIC	23,654	0	0	0	4,064
90.03 09003	BURN CLINIC	475,297	96,798	0	0	41,475
91.00 09100	EMERGENCY	28,563,222	608,818	0	552,159	4,173,543
91.01 09101	WOUND CARE 002	1,920,281	152,463	0	0	162,720
91.02 09102	WOUND CARE 001	567,316	8,793	0	22,050	97,387
91.03 09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04 09104	ZIONSVILLE CLINIC	553,472	0	0	16,973	50,196

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	616,393	26,950	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,033,698	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	3,401,517	0	0	16,563	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,725,509	97,720	0	369,771	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	317,640	0	0	501	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	7,413,499	0	0	0	105.00
106.00	10600	HEART ACQUISITION	4,744,668	0	0	0	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.)	13,825,778	0	0	279,747	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,061,755,757	20,527,561	419,158	21,085,941	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	916,320	46,570	0	0	190.00
191.00	19100	RESEARCH	382,023	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	51,543,241	131,952	0	67,778	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	887,638	41,816	0	14,416	193.02
193.03	19306	FOUNDATION	0	0	0	0	193.03
193.04	19307	WELLNESS	2,069,297	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	193.06
193.07	19310	BILLING	26,488,388	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	917	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	1,290	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	491,128	0	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	5,302,255	0	0	84,696	193.19
194.00	07950	RETAIL PHARMACY	6,754,710	36,188	0	19,898	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,156,100,546	21,275,215	419,158	21,274,019	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0084		Period: From 07/01/2022 To 06/30/2023		Worksheet B Part I Date/Time Prepared: 11/27/2023 5:09 pm	
Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	238,033,834	238,033,834			5.00
7.00	00700	OPERATION OF PLANT	36,863,644	9,563,019	46,426,663		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,688,888	697,541	15,314	3,401,743	8.00
9.00	00900	HOUSEKEEPING	13,285,725	3,446,530	606,051	0	17,338,306
10.00	01000	DIETARY	5,060,381	1,312,744	1,368,761	0	518,106
11.00	01100	CAFETERIA	8,593,982	2,229,416	0	0	0
13.00	01300	NURSING ADMINISTRATION	17,355,971	4,502,417	2,321,438	0	878,715
14.00	01400	CENTRAL SERVICES & SUPPLY	3,577,404	928,036	1,739,698	0	658,514
15.00	01500	PHARMACY	20,615,507	5,347,992	598,394	0	226,505
16.00	01600	MEDICAL RECORDS & LIBRARY	256,401	66,515	458,974	0	173,732
17.00	01700	SOCIAL SERVICE	7,098,744	1,841,528	94,607	0	35,811
21.00	02100	I&R SERVICES-SALARY & FRINGES A	12,944,451	3,357,998	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	9,769,361	2,534,329	523,955	0	198,329
23.00	02300	PARAMED ED PRGM - PHARMACY	1,137,661	295,127	49,626	0	18,784
23.01	02301	PARAMED ED PRGM - CPE	324,513	84,184	77,033	0	29,159
23.02	02302	PARAMED ED PRGM - RADIOLOGY	476,354	123,574	59,584	0	22,554
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	532,005	138,011	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,691,509	27,936,949	12,844,938	1,995,977	4,862,087
31.00	03100	INTENSIVE CARE UNIT	29,232,536	7,583,388	1,832,798	428,726	693,754
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	16,907,720	4,386,133	1,398,219	115,450	529,256
33.00	03300	BURN INTENSIVE CARE UNIT	2,814,268	730,066	273,652	27,247	103,583
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,637,263	1,202,980	780,242	46,543	295,339
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	23,426,056	6,077,094	1,186,494	465,448	449,114
40.00	04000	SUBPROVIDER - IPF	6,209,112	1,610,743	1,289,009	239,577	487,918
43.00	04300	NURSERY	2,959,386	767,712	629,399	82,775	238,241
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	57,121,033	14,818,110	6,125,826	0	2,318,759
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,810,967	2,285,706	859,032	0	325,163
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,120,863	3,663,178	1,054,857	0	399,286
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	6,060,819	1,572,273	496,088	0	187,780
54.02	05403	ULTRASOUND	1,657,622	430,014	82,096	0	31,075
54.03	05404	ECHOCARDIOLOGY	2,048,900	531,517	0	0	0
54.04	05401	ONCOLOGY	10,953,544	2,841,525	419,516	0	158,796
57.00	05700	CT SCAN	2,953,287	766,130	91,301	0	34,559
58.00	05800	MRI	2,146,731	556,896	355,747	0	134,658
59.00	05900	CARDIAC CATHETERIZATION	9,473,311	2,457,528	1,152,894	0	436,396
59.01	05901	CARDIAC REHAB	1,025,005	265,903	0	0	0
60.00	06000	LABORATORY	32,561,488	8,446,971	724,173	0	274,115
65.00	06500	RESPIRATORY THERAPY	13,093,599	3,396,689	136,282	0	51,586
66.00	06600	PHYSICAL THERAPY	9,832,481	2,550,703	443,282	0	167,792
67.00	06700	OCCUPATIONAL THERAPY	5,071,016	1,315,503	17,699	0	6,700
68.00	06800	SPEECH PATHOLOGY	3,243,008	841,288	52,638	0	19,925
69.00	06900	ELECTROCARDIOLOGY	2,469,055	640,512	32,470	0	12,291
70.00	07000	ELECTROENCEPHALOGRAPHY	4,351,505	1,128,850	450,438	0	170,500
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	64,758,894	16,799,493	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,038,981	17,390,984	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	57,806,621	14,995,962	0	0	0
74.00	07400	RENAL DIALYSIS	4,796,321	1,244,242	146,282	0	55,371
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	4,877,542	1,265,312	492,322	0	186,355
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,585,461	2,227,206	0	0	0
90.01	09001	PARTIAL HOSPITALIZATION	3,425,645	888,667	568,560	0	215,212
90.02	09002	COVID-19 VACCINE CLINIC	27,718	7,190	0	0	0
90.03	09003	BURN CLINIC	613,570	159,170	254,739	0	96,424
91.00	09100	EMERGENCY	33,897,742	8,793,617	1,602,202	0	606,469
91.01	09101	WOUND CARE 002	2,235,464	579,915	401,230	0	151,875
91.02	09102	WOUND CARE 001	695,546	180,436	23,139	0	8,759
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	620,641	161,004	0	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTICOAGULATION CLINIC	735,229	190,730	70,924	0	26,846
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,104,980	286,649	0	0	0
91.08	04040	FAMILY PRACTICE	4,160,975	1,079,423	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/27/2023 5:09 pm

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	9,389,186	2,435,705	257,166	0	97,343	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	373,603	96,919	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,802,178	2,024,010	0	0	0	105.00
106.00	10600	HEART ACQUISITION	5,030,069	1,304,880	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.)	14,889,198	3,862,496	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,052,352,474	211,247,332	44,459,089	3,401,743	16,593,536	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	962,890	249,789	122,558	0	46,391	190.00
191.00	19100	RESEARCH	453,127	117,548	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	58,890,755	15,277,204	347,253	0	131,443	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	1,022,984	265,378	110,047	0	41,655	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	2,424,562	628,970	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	26,488,388	6,871,512	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	1,033	268	0	0	0	193.08
193.09	19312	LIFELINE	1,290	335	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	491,128	0	1,292,482	0	489,233	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	6,066,428	1,573,728	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	6,945,487	1,801,770	95,234	0	36,048	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)	1,156,100,546	238,033,834	46,426,663	3,401,743	17,338,306	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/27/2023 5:09 pm
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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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	8,259,992					10.00
11.00	01100	CAFETERIA	0	10,823,398				11.00
13.00	01300	NURSING ADMINISTRATION	0	423,421	25,481,962			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	239,263	49,511	7,192,426		14.00
15.00	01500	PHARMACY	0	384,827	780	5,605	27,179,610	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,700	0	9	0	16.00
17.00	01700	SOCIAL SERVICE	0	192,351	456,202	4	2,107	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	534,745	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	140,368	0	12,763	26,348	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	36,953	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	18,479	0	480	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	14,786	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	15,554	0	323	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,227,038	2,294,768	7,692,780	164,421	126,369	30.00
31.00	03100	INTENSIVE CARE UNIT	192,656	564,925	2,522,842	6,391	55,705	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	298,545	306,928	1,199,598	129	33,549	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	12,242	50,311	246,993	0	3,711	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	27,621	121,983	421,314	3,301	5,873	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	670,472	2,549,244	0	9,556	34.01
40.00	04000	SUBPROVIDER - IPF	871,992	208,068	517,793	143	0	40.00
43.00	04300	NURSERY	0	83,990	280,231	4,110	386	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,451	988,032	3,999,662	48,985	200,323	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	202,920	901,128	1,348	4,358	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	545	247,561	100,470	63,123	17,269	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	131,962	397,560	15,809	227,417	54.01
54.02	05403	ULTRASOUND	0	33,709	0	0	106	54.02
54.03	05404	ECHOCARDIOLOGY	0	30,354	0	19,899	1,622	54.03
54.04	05401	ONCOLOGY	0	147,515	236,519	7,545	13,523	54.04
57.00	05700	CT SCAN	0	65,178	0	382	8,648	57.00
58.00	05800	MRI	0	38,238	0	757	4,138	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	197,705	513,464	0	300,636	59.00
59.01	05901	CARDIAC REHAB	0	29,272	47,080	317	0	59.01
60.00	06000	LABORATORY	0	0	0	1,961	340	60.00
65.00	06500	RESPIRATORY THERAPY	0	278,788	0	0	1,155,216	65.00
66.00	06600	PHYSICAL THERAPY	0	97,896	0	1,914	494	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	69,072	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	37,038	0	21	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	49,808	0	19,893	1,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	69,660	0	10,597	685	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	3,197,683	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,391,633	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,854,811	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,322	18,437	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	90,676	349,842	0	15,050	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	188,081	185,410	6	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	149,541	0	21	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	412	420	0	0	90.02
90.03	09003	BURN CLINIC	0	11,258	0	1,037	7	90.03
91.00	09100	EMERGENCY	29,006	666,450	1,785,786	14,341	30,465	91.00
91.01	09101	WOUND CARE 002	0	38,424	160,170	14,894	1,118	91.01
91.02	09102	WOUND CARE 001	0	17,047	85,705	0	1,616	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	969	2,032	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	26,920	107	3,079	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	64,052	2,097	1,254	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	943	2	91.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/27/2023 5:09 pm

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						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	214,915	426,949	6,614	2,067	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	11,454	57,487	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	55,974	118,935	65	11	105.00
106.00	10600	HEART ACQUISITION	0	40,900	87,010	35	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	158,537	0	151,508	292,368	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,682,096	10,666,269	25,481,857	7,175,505	25,422,523	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	13,668	0	0	18,844	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	12,041	1,733,827	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	18,554	0	12	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	100,418	0	114	592	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	21	105	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	577,896	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	4,734	1,377	193.19
194.00	07950	RETAIL PHARMACY	0	24,468	0	20	2,447	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)	8,259,992	10,823,398	25,481,962	7,192,426	27,179,610	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	961,331				16.00
17.00 01700	SOCIAL SERVICE	0	9,721,354			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	16,837,194		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	13,205,453	22.00
23.00 02300	PARAMED ED PRGM- PHARMACY	0	0	0	0	1,538,151
23.01 02301	PARAMED ED PRGM - CPE	0	0	0	0	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03 02303	PARAMED ED PRGM - EMS	0	0	0	0	23.03
23.04 02304	PARAMED ED PRGM- SONOGRAPHY	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	88,157	5,704,016	4,266,163	3,345,963	0
31.00 03100	INTENSIVE CARE UNIT	29,914	1,225,194	1,188,891	932,450	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
32.01 03201	CARDIOTHORACIC VASCULAR TRANSP	11,072	329,928	15,164	11,893	0
33.00 03300	BURN INTENSIVE CARE UNIT	6,474	77,865	1,654	1,297	0
33.01 02080	PEDIATRIC INTENSIVE CARE UNIT	5,436	133,009	82,715	64,874	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01 02060	NEONATAL INTENSIVE CARE UNIT	49,813	1,330,138	157,159	123,260	0
40.00 04000	SUBPROVIDER - IPF	8,206	684,652	173,702	136,235	0
43.00 04300	NURSERY	3,672	236,552	73,065	57,305	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	175,959	0	4,151,467	3,256,006	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	16,495	0	956,186	749,939	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,792	0	232,981	182,727	0
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	11,041	0	0	0	0
54.02 05403	ULTRASOUND	6,129	0	167,636	131,477	0
54.03 05404	ECHOCARDIOLOGY	7,962	0	119,937	94,067	0
54.04 05401	ONCOLOGY	17,787	0	379,111	297,337	0
57.00 05700	CT SCAN	9,499	0	0	0	0
58.00 05800	MRI	2,938	0	16,543	12,975	0
59.00 05900	CARDIAC CATHETERIZATION	54,793	0	684,880	537,153	0
59.01 05901	CARDIAC REHAB	621	0	27,572	21,625	0
60.00 06000	LABORATORY	91,515	0	218,368	171,266	0
65.00 06500	RESPIRATORY THERAPY	16,475	0	189,417	148,561	0
66.00 06600	PHYSICAL THERAPY	5,528	0	66,999	52,548	0
67.00 06700	OCCUPATIONAL THERAPY	2,968	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	2,174	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	6,217	0	406,682	318,962	0
70.00 07000	ELECTROENCEPHALOGRAPHY	4,125	0	176,183	138,181	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	46,956	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	47,568	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	68,381	0	31,707	24,868	1,538,151
74.00 07400	RENAL DIALYSIS	4,520	0	78,855	61,846	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 03330	ENDOSCOPY	14,514	0	419,365	328,909	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,202	0	230,499	180,781	0
90.01 09001	PARTIAL HOSPITALIZATION	2,924	0	9,099	7,136	0
90.02 09002	COVID-19 VACCINE CLINIC	0	0	0	0	0
90.03 09003	BURN CLINIC	84	0	0	0	0
91.00 09100	EMERGENCY	78,274	0	494,912	388,160	0
91.01 09101	WOUND CARE 002	4,895	0	76,649	60,116	0
91.02 09102	WOUND CARE 001	702	0	0	0	0
91.03 09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04 09104	ZIONSVILLE CLINIC	359	0	0	0	0
91.05 09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06 09106	OP ANTICOAGULATION CLINIC	662	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part I
Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED 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	803	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	938,540	736,099	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,614	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,162	0	48,250	37,843	0	105.00
106.00	10600	HEART ACQUISITION	928	0	113,044	88,661	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.)	28,021	0	389,312	305,338	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	961,331	9,721,354	16,582,707	13,005,858	1,538,151	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	77,201	60,549	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	77,752	60,981	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	0	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT 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	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	99,534	78,065	0	193.19
194.00	07950	RETAIL PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	961,331	9,721,354	16,837,194	13,205,453	1,538,151	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description			PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM- SONOGRAPHY	Subtotal	
			23.01	23.02	23.03	23.04	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	533,848					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		696,852				23.02
23.03	02303	PARAMED ED PRGM - EMS			0			23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY				685,893		23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	200,571	0	0	0	185,441,706	30.00
31.00	03100	INTENSIVE CARE UNIT	108,579	0	0	0	46,598,749	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	52,279	0	0	0	25,595,863	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	4,349,363	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	8,546	0	0	0	7,837,039	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	53,284	0	0	0	36,547,132	34.01
40.00	04000	SUBPROVIDER - IPF	43,733	0	0	0	12,480,883	40.00
43.00	04300	NURSERY	0	0	0	0	5,416,824	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,048	0	0	0	93,235,661	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,546	0	0	0	15,121,788	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	341,052	0	0	20,441,704	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	9,100,749	54.01
54.02	05403	ULTRASOUND	0	117,464	0	685,893	3,343,221	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	2,854,258	54.03
54.04	05401	ONCOLOGY	0	0	0	0	15,472,718	54.04
57.00	05700	CT SCAN	0	182,031	0	0	4,111,015	57.00
58.00	05800	MRI	0	56,305	0	0	3,325,926	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	15,808,760	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	1,417,395	59.01
60.00	06000	LABORATORY	0	0	0	0	42,490,197	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	18,466,613	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	13,219,637	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	6,482,958	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4,196,092	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,957,717	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	6,500,724	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	84,803,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	87,869,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	97,320,501	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	6,409,196	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	0	0	8,039,887	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,139	0	0	0	11,625,785	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	5,266,805	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	35,740	90.02
90.03	09003	BURN CLINIC	0	0	0	0	1,136,289	90.03
91.00	09100	EMERGENCY	23,123	0	0	0	48,410,547	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	3,724,750	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	1,012,950	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	785,005	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	0	1,054,497	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	1,459,835	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	6,915,982	91.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
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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						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	12,833,559	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	539,463	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	10,090,428	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	6,665,527	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.)	0	0	0	0	20,076,778	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	533,848	696,852	0	685,893	1,019,890,408	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	1,381,628	190.00
191.00	19100	RESEARCH	0	0	0	0	740,937	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	76,531,256	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	1,458,630	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	0	0	0	3,154,656	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	33,359,900	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	0	1,427	193.08
193.09	19312	LIFELINE	0	0	0	0	1,625	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	2,272,843	193.14
193.16	19316	SETON BOARD	0	0	0	0	577,896	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	0	7,823,866	193.19
194.00	07950	RETAIL PHARMACY	0	0	0	0	8,905,474	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)	533,848	696,852	0	685,893	1,156,100,546	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

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Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY		23.00
23.01	02301	PARAMED ED PRGM - CPE		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - EMS		23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY		23.04
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-7,612,126	177,829,580
31.00	03100	INTENSIVE CARE UNIT	-2,121,341	44,477,408
32.00	03200	CORONARY CARE UNIT	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	-27,057	25,568,806
33.00	03300	BURN INTENSIVE CARE UNIT	-2,951	4,346,412
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-147,589	7,689,450
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-280,419	36,266,713
40.00	04000	SUBPROVIDER - IPF	-309,937	12,170,946
43.00	04300	NURSERY	-130,370	5,286,454
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-7,407,473	85,828,188
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,706,125	13,415,663
54.00	05400	RADIOLOGY-DIAGNOSTIC	-415,708	20,025,996
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	9,100,749
54.02	05403	ULTRASOUND	-299,113	3,044,108
54.03	05404	ECHOCARDIOLOGY	-214,004	2,640,254
54.04	05401	ONCOLOGY	-676,448	14,796,270
57.00	05700	CT SCAN	0	4,111,015
58.00	05800	MRI	-29,518	3,296,408
59.00	05900	CARDIAC CATHETERIZATION	-1,222,033	14,586,727
59.01	05901	CARDIAC REHAB	-49,197	1,368,198
60.00	06000	LABORATORY	-389,634	42,100,563
65.00	06500	RESPIRATORY THERAPY	-337,978	18,128,635
66.00	06600	PHYSICAL THERAPY	-119,547	13,100,090
67.00	06700	OCCUPATIONAL THERAPY	0	6,482,958
68.00	06800	SPEECH PATHOLOGY	0	4,196,092
69.00	06900	ELECTROCARDIOLOGY	-725,644	3,232,073
70.00	07000	ELECTROENCEPHALOGRAPHY	-314,364	6,186,360
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	84,803,026
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	87,869,166
73.00	07300	DRUGS CHARGED TO PATIENTS	-56,575	97,263,926
74.00	07400	RENAL DIALYSIS	-140,701	6,268,495
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	03330	ENDOSCOPY	-748,274	7,291,613
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-411,280	11,214,505
90.01	09001	PARTIAL HOSPITALIZATION	-16,235	5,250,570
90.02	09002	COVID-19 VACCINE CLINIC	0	35,740
90.03	09003	BURN CLINIC	0	1,136,289
91.00	09100	EMERGENCY	-883,072	47,527,475
91.01	09101	WOUND CARE 002	-136,765	3,587,985
91.02	09102	WOUND CARE 001	0	1,012,950
91.03	09103	LAFAYETTE RD CLINIC	0	0
91.04	09104	ZIONSVILLE CLINIC	0	785,005
91.05	09105	BROWNSBURG CLINIC	0	0
91.06	09106	OP ANTICOAGULATION CLINIC	0	1,054,497

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

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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	1,459,835	91.07
91.08	04040 FAMILY PRACTICE	-1,674,639	5,241,343	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	12,833,559	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	539,463	98.02
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	-86,093	10,004,335	105.00
106.00	10600 HEART ACQUISITION	-201,705	6,463,822	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.)	-694,650	19,382,128	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-29,588,565	990,301,843	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	1,381,628	190.00
191.00	19100 RESEARCH	-137,750	603,187	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	-138,733	76,392,523	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	1,458,630	193.02
193.03	19306 FOUNDATION	0	0	193.03
193.04	19307 WELLNESS	0	3,154,656	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	33,359,900	193.07
193.08	19308 OCCUPATIONAL HEALTH	0	1,427	193.08
193.09	19312 LIFELINE	0	1,625	193.09
193.10	19313 MARTEN HOUSE	0	0	193.10
193.14	19302 VACANT SPACE	0	2,272,843	193.14
193.16	19316 SETON BOARD	0	577,896	193.16
193.19	19319 SPORTS PERFORMANCE	-177,599	7,646,267	193.19
194.00	07950 RETAIL PHARMACY	0	8,905,474	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)	-30,042,647	1,126,057,899	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	397,993	176,996	3,706	2,015	580,710
5.00	00500	ADMINISTRATIVE & GENERAL	16,051,468	676,297	30,448	1,591,183	18,349,396
7.00	00700	OPERATION OF PLANT	63,449	3,574,714	23,413	318,027	3,979,603
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,819	0	0	5,819
9.00	00900	HOUSEKEEPING	0	220,959	4,248	697	225,904
10.00	01000	DIETARY	0	502,258	8,128	75,391	585,777
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	31,093	874,313	3,554	520,354	1,429,314
14.00	01400	CENTRAL SERVICES & SUPPLY	1,552,334	634,051	12,296	1,133,764	3,332,445
15.00	01500	PHARMACY	1,134,543	227,383	0	132,041	1,493,967
16.00	01600	MEDICAL RECORDS & LIBRARY	0	162,973	5,204	554	168,731
17.00	01700	SOCIAL SERVICE	0	34,137	832	16,819	51,788
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	199,097	0	54,861	253,958
23.00	02300	PARAMED ED PRGM- PHARMACY	0	18,857	0	0	18,857
23.01	02301	PARAMED ED PRGM - CPE	0	29,271	0	0	29,271
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	22,641	0	0	22,641
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	231,539	4,880,929	0	732,086	5,844,554
31.00	03100	INTENSIVE CARE UNIT	0	696,442	0	1,174,405	1,870,847
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	531,307	0	278,282	809,589
33.00	03300	BURN INTENSIVE CARE UNIT	0	103,985	0	6,550	110,535
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	296,483	0	135,860	432,343
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	2,354	450,854	0	431,710	884,918
40.00	04000	SUBPROVIDER - IPF	0	64,330	193,663	46,628	304,621
43.00	04300	NURSERY	0	239,164	0	40,511	279,675
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,587,338	2,327,743	0	5,724,766	9,639,847
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,508	326,422	0	42,780	374,710
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,241	400,833	0	1,228,544	1,678,618
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	280,462	188,508	0	500,123	969,093
54.02	05403	ULTRASOUND	0	31,195	0	124,752	155,947
54.03	05404	ECHOCARDIOLOGY	103,887	0	0	270,860	374,747
54.04	05401	ONCOLOGY	1,100,897	159,411	0	1,861,791	3,122,099
57.00	05700	CT SCAN	0	34,693	0	365,206	399,899
58.00	05800	MRI	0	135,180	0	547,197	682,377
59.00	05900	CARDIAC CATHETERIZATION	303,361	438,086	0	960,268	1,701,715
59.01	05901	CARDIAC REHAB	154,436	0	0	13,836	168,272
60.00	06000	LABORATORY	0	275,177	0	155,676	430,853
65.00	06500	RESPIRATORY THERAPY	229,671	51,786	0	532,295	813,752
66.00	06600	PHYSICAL THERAPY	927,950	168,442	0	23,833	1,120,225
67.00	06700	OCCUPATIONAL THERAPY	0	5,915	369	0	6,284
68.00	06800	SPEECH PATHOLOGY	102,023	20,002	0	13,618	135,643
69.00	06900	ELECTROCARDIOLOGY	103,887	12,338	0	157,234	273,459
70.00	07000	ELECTROENCEPHALOGRAPHY	441,786	12,863	72,055	94,102	620,806
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	55,586	0	6,584	62,170
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	22	187,077	0	510,975	698,074
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,725,045	0	0	0	1,725,045
90.01	09001	PARTIAL HOSPITALIZATION	10,875	81,502	61,242	1,999	155,618
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0
90.03	09003	BURN CLINIC	80,988	96,798	0	0	177,786
91.00	09100	EMERGENCY	0	608,818	0	552,159	1,160,977
91.01	09101	WOUND CARE 002	67,700	152,463	0	0	220,163
91.02	09102	WOUND CARE 001	0	8,793	0	22,050	30,843
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	243,324	0	0	16,973	260,297
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/27/2023 5:09 pm

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 ANTICOAGULATION CLINIC	46,278	26,950	0	0	73,228	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	134,902	0	0	0	134,902	91.07
91.08 04040 FAMILY PRACTICE	337,765	0	0	16,563	354,328	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	110,473	97,720	0	369,771	577,964	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	610,141	0	0	0	610,141	105.00
106.00 10600 HEART ACQUISITION	233,520	0	0	0	233,520	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.)	933,572	0	0	279,747	1,213,319	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	29,389,825	20,527,561	419,158	21,085,941	71,422,485	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	46,570	0	0	46,570	190.00
191.00 19100 RESEARCH	42,405	0	0	0	42,405	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	2,134,627	131,952	0	67,778	2,334,357	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	41,816	0	14,416	56,232	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	1,290	1,290	193.09
193.10 19313 MARTEN HOUSE	0	0	0	0	0	193.10
193.14 19302 VACANT SPACE	0	491,128	0	0	491,128	193.14
193.16 19316 SETON BOARD	0	0	0	0	0	193.16
193.19 19319 SPORTS PERFORMANCE	753,030	0	0	84,696	837,726	193.19
194.00 07950 RETAIL PHARMACY	0	36,188	0	19,898	56,086	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)	32,319,887	21,275,215	419,158	21,274,019	75,288,279	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0084		Period: From 07/01/2022 To 06/30/2023		Worksheet B Part II Date/Time Prepared: 11/27/2023 5:09 pm	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	580,710					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,511	18,359,907				5.00
7.00	00700	OPERATION OF PLANT	45	737,605	4,717,253			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	53,802	1,556	61,177		8.00
9.00	00900	HOUSEKEEPING	0	265,834	61,579	0	553,317	9.00
10.00	01000	DIETARY	0	101,253	139,075	0	16,534	10.00
11.00	01100	CAFETERIA	0	171,957	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,349	347,276	235,873	0	28,042	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,432	71,580	176,765	0	21,015	14.00
15.00	01500	PHARMACY	20,445	412,496	60,801	0	7,228	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	107	5,130	46,635	0	5,544	16.00
17.00	01700	SOCIAL SERVICE	7,787	142,039	9,613	0	1,143	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	15,929	259,006	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	13,337	195,475	53,237	0	6,329	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,442	22,763	5,042	0	599	23.00
23.01	02301	PARAMED ED PRGM - CPE	343	6,493	7,827	0	931	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	638	9,531	6,054	0	720	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	705	10,645	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	127,745	2,154,938	1,305,132	35,895	155,163	30.00
31.00	03100	INTENSIVE CARE UNIT	26,483	584,914	186,224	7,710	22,140	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	15,324	338,307	142,068	2,076	16,890	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	2,798	56,311	27,805	490	3,306	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,514	92,787	79,278	837	9,425	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	35,936	468,732	120,556	8,371	14,333	34.01
40.00	04000	SUBPROVIDER - IPF	9,595	124,238	130,972	4,309	15,571	40.00
43.00	04300	NURSERY	4,416	59,214	63,951	1,489	7,603	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,480	1,142,935	622,424	0	73,999	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,105	176,299	87,283	0	10,377	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,494	282,544	107,180	0	12,742	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	5,133	121,271	50,406	0	5,993	54.01
54.02	05403	ULTRASOUND	1,706	33,167	8,341	0	992	54.02
54.03	05404	ECHOCARDIOLOGY	1,364	40,996	0	0	0	54.03
54.04	05401	ONCOLOGY	6,175	219,169	42,626	0	5,068	54.04
57.00	05700	CT SCAN	2,813	59,092	9,277	0	1,103	57.00
58.00	05800	MRI	1,634	42,954	36,146	0	4,297	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,900	189,551	117,142	0	13,927	59.00
59.01	05901	CARDIAC REHAB	917	20,509	0	0	0	59.01
60.00	06000	LABORATORY	0	651,523	73,581	0	8,748	60.00
65.00	06500	RESPIRATORY THERAPY	11,698	261,990	13,847	0	1,646	65.00
66.00	06600	PHYSICAL THERAPY	3,288	196,738	45,040	0	5,355	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,424	101,466	1,798	0	214	67.00
68.00	06800	SPEECH PATHOLOGY	1,451	64,889	5,348	0	636	68.00
69.00	06900	ELECTROCARDIOLOGY	1,936	49,403	3,299	0	392	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,872	87,069	45,767	0	5,441	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	1,295,761	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,341,383	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,156,653	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	95,970	14,863	0	1,767	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	3,925	97,595	50,023	0	5,947	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,566	171,786	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	4,353	68,544	57,769	0	6,868	90.01
90.02	09002	COVID-19 VACCINE CLINIC	32	555	0	0	0	90.02
90.03	09003	BURN CLINIC	324	12,277	25,883	0	3,077	90.03
91.00	09100	EMERGENCY	32,558	678,260	162,794	0	19,354	91.00
91.01	09101	WOUND CARE 002	1,269	44,729	40,768	0	4,847	91.01
91.02	09102	WOUND CARE 001	760	13,917	2,351	0	280	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	392	12,418	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	717	14,711	7,206	0	857	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	556	22,110	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	5,795	83,257	0	0	0	91.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/27/2023 5:09 pm

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						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,332	187,868	26,130	0	3,107	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	433	7,475	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,032	156,114	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,226	100,647	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.)	6,113	297,918	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	514,654	16,293,839	4,517,335	61,177	529,550	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,266	12,453	0	1,480	190.00
191.00	19100	RESEARCH	555	9,067	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	55,760	1,178,345	35,283	0	4,195	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	617	20,469	11,181	0	1,329	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	2,771	48,513	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	530,006	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	1	21	0	0	0	193.08
193.09	19312	LIFELINE	0	26	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	131,325	0	15,613	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	5,301	121,383	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	1,051	138,972	9,676	0	1,150	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)	580,710	18,359,907	4,717,253	61,177	553,317	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/27/2023 5:09 pm
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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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	842,639					10.00
11.00	01100	CAFETERIA	0	171,957				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,727	2,062,581			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,801	4,008	3,616,046		14.00
15.00	01500	PHARMACY	0	6,114	63	2,818	2,003,932	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	91	0	4	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,056	36,926	2	155	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	8,496	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	2,230	0	6,417	1,943	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	587	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	294	0	241	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	235	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	247	0	163	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	635,247	36,459	622,672	82,664	9,317	30.00
31.00	03100	INTENSIVE CARE UNIT	19,654	8,975	204,206	3,213	4,107	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	30,456	4,876	97,099	65	2,474	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,249	799	19,992	0	274	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,818	1,938	34,102	1,660	433	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	10,652	206,343	0	705	34.01
40.00	04000	SUBPROVIDER - IPF	88,956	3,306	41,912	72	0	40.00
43.00	04300	NURSERY	0	1,334	22,683	2,066	28	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,290	15,697	323,744	24,628	14,770	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,224	72,940	678	321	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56	3,933	8,132	31,736	1,273	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	2,097	32,180	7,948	16,767	54.01
54.02	05403	ULTRASOUND	0	536	0	0	8	54.02
54.03	05404	ECHOCARDIOLOGY	0	482	0	10,005	120	54.03
54.04	05401	ONCOLOGY	0	2,344	19,145	3,793	997	54.04
57.00	05700	CT SCAN	0	1,036	0	192	638	57.00
58.00	05800	MRI	0	608	0	381	305	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,141	41,561	0	22,166	59.00
59.01	05901	CARDIAC REHAB	0	465	3,811	159	0	59.01
60.00	06000	LABORATORY	0	0	0	986	25	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,429	0	0	85,173	65.00
66.00	06600	PHYSICAL THERAPY	0	1,555	0	962	36	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,097	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	588	0	10	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	791	0	10,002	135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,107	0	5,328	51	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	1,607,659	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,705,169	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,685,067	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,670	1,359	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	1,441	28,317	0	1,110	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,988	15,008	3	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	2,376	0	10	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	7	34	0	0	90.02
90.03	09003	BURN CLINIC	0	179	0	521	1	90.03
91.00	09100	EMERGENCY	2,959	10,588	144,547	7,210	2,246	91.00
91.01	09101	WOUND CARE 002	0	610	12,965	7,488	82	91.01
91.02	09102	WOUND CARE 001	0	271	6,937	0	119	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	487	150	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	2,179	54	227	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	5,185	1,054	92	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	474	0	91.08

ALLOCATION OF CAPITAL RELATED COSTS

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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						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	3,414	34,558	3,325	152	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	182	4,653	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	889	9,627	33	1	105.00
106.00	10600 HEART ACQUISITION	0	650	7,043	17	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	2,519	0	76,172	21,556	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	783,685	169,461	2,062,572	3,607,539	1,874,383	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	217	0	0	1,389	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	0	0	6,054	127,834	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	295	0	6	0	193.02
193.03	19306 FOUNDATION	0	0	0	0	0	193.03
193.04	19307 WELLNESS	0	1,595	0	57	44	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	9	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	58,954	0	0	0	0	193.16
193.19	19319 SPORTS PERFORMANCE	0	0	0	2,380	102	193.19
194.00	07950 RETAIL PHARMACY	0	389	0	10	180	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)	842,639	171,957	2,062,581	3,616,046	2,003,932	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM- PHARMACY	
			SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	226,242				16.00
17.00 01700	SOCIAL SERVICE	0	252,509			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	283,431		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	532,926	22.00
23.00 02300	PARAMED ED PRGM- PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM - CPE	0	0	0	0	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03 02303	PARAMED ED PRGM - EMS	0	0	0	0	23.03
23.04 02304	PARAMED ED PRGM- SONOGRAPHY	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,796	148,159			30.00
31.00 03100	INTENSIVE CARE UNIT	7,057	31,824			31.00
32.00 03200	CORONARY CARE UNIT	0	0			32.00
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	2,612	8,570			32.01
33.00 03300	BURN INTENSIVE CARE UNIT	1,527	2,023			33.00
33.01 02080	PEDIATRIC INTENSIVE CARE UNIT	1,282	3,455			33.01
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	11,751	34,550			34.01
40.00 04000	SUBPROVIDER - IPF	1,936	17,784			40.00
43.00 04300	NURSERY	866	6,144			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,974	0			50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,891	0			52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,197	0			54.00
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	2,605	0			54.01
54.02 05403	ULTRASOUND	1,446	0			54.02
54.03 05404	ECHOCARDIOLOGY	1,878	0			54.03
54.04 05401	ONCOLOGY	4,196	0			54.04
57.00 05700	CT SCAN	2,241	0			57.00
58.00 05800	MRI	693	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	12,926	0			59.00
59.01 05901	CARDIAC REHAB	146	0			59.01
60.00 06000	LABORATORY	21,588	0			60.00
65.00 06500	RESPIRATORY THERAPY	3,886	0			65.00
66.00 06600	PHYSICAL THERAPY	1,304	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	700	0			67.00
68.00 06800	SPEECH PATHOLOGY	513	0			68.00
69.00 06900	ELECTROCARDIOLOGY	1,467	0			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	973	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	11,077	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,221	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,131	0			73.00
74.00 07400	RENAL DIALYSIS	1,066	0			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
75.01 03330	ENDOSCOPY	3,424	0			75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	519	0			90.00
90.01 09001	PARTIAL HOSPITALIZATION	690	0			90.01
90.02 09002	COVID-19 VACCINE CLINIC	0	0			90.02
90.03 09003	BURN CLINIC	20	0			90.03
91.00 09100	EMERGENCY	18,465	0			91.00
91.01 09101	WOUND CARE 002	1,155	0			91.01
91.02 09102	WOUND CARE 001	166	0			91.02
91.03 09103	LAFAYETTE RD CLINIC	0	0			91.03
91.04 09104	ZIONSVILLE CLINIC	85	0			91.04
91.05 09105	BROWNSBURG CLINIC	0	0			91.05
91.06 09106	OP ANTICOAGULATION CLINIC	156	0			91.06

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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			21.00
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	189	0				91.07
91.08	04040	FAMILY PRACTICE	0	0				91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	852	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	746	0				105.00
106.00	10600	HEART ACQUISITION	219	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.)	6,610	0				115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	226,242	252,509	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			283,431	532,926	49,290	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	226,242	252,509	283,431	532,926	49,290	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description			PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM- SONOGRAPHY	Subtotal	
			23.01	23.02	23.03	23.04	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	45,400					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		39,819				23.02
23.03	02303	PARAMED ED PRGM - EMS			0			23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY				11,760		23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					11,178,741	30.00
31.00	03100	INTENSIVE CARE UNIT					2,977,354	31.00
32.00	03200	CORONARY CARE UNIT					0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL					1,470,406	32.01
33.00	03300	BURN INTENSIVE CARE UNIT					227,109	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT					666,872	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT					1,796,847	34.01
40.00	04000	SUBPROVIDER - IPF					743,272	40.00
43.00	04300	NURSERY					449,469	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					11,944,788	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					738,828	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					2,140,905	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC					1,213,493	54.01
54.02	05403	ULTRASOUND					202,143	54.02
54.03	05404	ECHOCARDIOLOGY					429,592	54.03
54.04	05401	ONCOLOGY					3,425,612	54.04
57.00	05700	CT SCAN					476,291	57.00
58.00	05800	MRI					769,395	58.00
59.00	05900	CARDIAC CATHETERIZATION					2,112,029	59.00
59.01	05901	CARDIAC REHAB					194,279	59.01
60.00	06000	LABORATORY					1,187,304	60.00
65.00	06500	RESPIRATORY THERAPY					1,196,421	65.00
66.00	06600	PHYSICAL THERAPY					1,374,503	66.00
67.00	06700	OCCUPATIONAL THERAPY					113,983	67.00
68.00	06800	SPEECH PATHOLOGY					209,078	68.00
69.00	06900	ELECTROCARDIOLOGY					340,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					769,414	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT					2,914,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					3,057,773	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					2,857,851	73.00
74.00	07400	RENAL DIALYSIS					178,865	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
75.01	03330	ENDOSCOPY					889,856	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					1,919,915	90.00
90.01	09001	PARTIAL HOSPITALIZATION					296,228	90.01
90.02	09002	COVID-19 VACCINE CLINIC					628	90.02
90.03	09003	BURN CLINIC					220,068	90.03
91.00	09100	EMERGENCY					2,239,958	91.00
91.01	09101	WOUND CARE 002					334,076	91.01
91.02	09102	WOUND CARE 001					55,644	91.02
91.03	09103	LAFAYETTE RD CLINIC					0	91.03
91.04	09104	ZIONSVILLE CLINIC					273,829	91.04
91.05	09105	BROWNSBURG CLINIC					0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC					99,335	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT					164,088	91.07
91.08	04040	FAMILY PRACTICE					443,854	91.08

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						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					846,702	95.00
98.00	09853	GERIATRIC CLINIC					0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY					0	98.01
98.02	09852	DIABETES EDUCATION					13,244	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION					780,583	105.00
106.00	10600	HEART ACQUISITION					344,322	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.)					1,624,207	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	67,904,535	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN					79,769	190.00
191.00	19100	RESEARCH					53,633	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES					3,741,828	192.00
193.00	19300	NONPAID WORKERS					0	193.00
193.01	19304	MARKETING					0	193.01
193.02	19305	MISSION SERVICES					90,129	193.02
193.03	19306	FOUNDATION					0	193.03
193.04	19307	WELLNESS					52,980	193.04
193.05	19301	NETWORK DEVELOPMENT					0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE					0	193.06
193.07	19310	BILLING					530,006	193.07
193.08	19308	OCCUPATIONAL HEALTH					31	193.08
193.09	19312	LIFELINE					1,316	193.09
193.10	19313	MARTEN HOUSE					0	193.10
193.14	19302	VACANT SPACE					638,066	193.14
193.16	19316	SETON BOARD					58,954	193.16
193.19	19319	SPORTS PERFORMANCE					966,892	193.19
194.00	07950	RETAIL PHARMACY					207,514	194.00
200.00		Cross Foot Adjustments	45,400	39,819	0	11,760	962,626	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	45,400	39,819	0	11,760	75,288,279	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY		23.00
23.01	02301	PARAMED ED PRGM - CPE		23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		23.02
23.03	02303	PARAMED ED PRGM - EMS		23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY		23.04
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	11,178,741	30.00
31.00	03100	INTENSIVE CARE UNIT	2,977,354	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	1,470,406	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	227,109	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	666,872	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	1,796,847	34.01
40.00	04000	SUBPROVIDER - IPF	743,272	40.00
43.00	04300	NURSERY	449,469	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	11,944,788	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	738,828	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,140,905	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,213,493	54.01
54.02	05403	ULTRASOUND	202,143	54.02
54.03	05404	ECHOCARDIOLOGY	429,592	54.03
54.04	05401	ONCOLOGY	3,425,612	54.04
57.00	05700	CT SCAN	476,291	57.00
58.00	05800	MRI	769,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,112,029	59.00
59.01	05901	CARDIAC REHAB	194,279	59.01
60.00	06000	LABORATORY	1,187,304	60.00
65.00	06500	RESPIRATORY THERAPY	1,196,421	65.00
66.00	06600	PHYSICAL THERAPY	1,374,503	66.00
67.00	06700	OCCUPATIONAL THERAPY	113,983	67.00
68.00	06800	SPEECH PATHOLOGY	209,078	68.00
69.00	06900	ELECTROCARDIOLOGY	340,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	769,414	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,914,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,057,773	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,857,851	73.00
74.00	07400	RENAL DIALYSIS	178,865	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03330	ENDOSCOPY	889,856	75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1,919,915	90.00
90.01	09001	PARTIAL HOSPITALIZATION	296,228	90.01
90.02	09002	COVID-19 VACCINE CLINIC	628	90.02
90.03	09003	BURN CLINIC	220,068	90.03
91.00	09100	EMERGENCY	2,239,958	91.00
91.01	09101	WOUND CARE 002	334,076	91.01
91.02	09102	WOUND CARE 001	55,644	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	91.03
91.04	09104	ZIONSVILLE CLINIC	273,829	91.04
91.05	09105	BROWNSBURG CLINIC	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	99,335	91.06

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B
Part II
Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	164,088	91.07
91.08	04040	FAMILY PRACTICE	0	443,854	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	846,702	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	13,244	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	780,583	105.00
106.00	10600	HEART ACQUISITION	0	344,322	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	1,624,207	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	67,904,535	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	79,769	190.00
191.00	19100	RESEARCH	0	53,633	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	3,741,828	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	90,129	193.02
193.03	19306	FOUNDATION	0	0	193.03
193.04	19307	WELLNESS	0	52,980	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	530,006	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	31	193.08
193.09	19312	LIFELINE	0	1,316	193.09
193.10	19313	MARTEN HOUSE	0	0	193.10
193.14	19302	VACANT SPACE	0	638,066	193.14
193.16	19316	SETON BOARD	0	58,954	193.16
193.19	19319	SPORTS PERFORMANCE	0	966,892	193.19
194.00	07950	RETAIL PHARMACY	0	207,514	194.00
200.00		Cross Foot Adjustments	0	962,626	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	75,288,279	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/27/2023 5:09 pm

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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,338,083				1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS	0	57,916			1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP			21,343,856		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,132	512	2,022	397,513,014	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	42,535	4,207	1,596,406	7,194,091	5.00
7.00 00700	OPERATION OF PLANT	224,828	3,235	319,071	30,886	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	366	0	0	0	8.00
9.00 00900	HOUSEKEEPING	13,897	587	699	0	9.00
10.00 01000	DIETARY	31,589	1,123	75,638	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	54,989	491	522,062	10,505,685	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	39,878	1,699	1,137,486	4,402,595	14.00
15.00 01500	PHARMACY	14,301	0	132,474	13,993,730	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,250	719	556	73,046	16.00
17.00 01700	SOCIAL SERVICE	2,147	115	16,874	5,330,241	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	10,902,592	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	12,522	0	55,041	9,128,534	22.00
23.00 02300	PARAMED ED PRGM- PHARMACY	1,186	0	0	987,045	23.00
23.01 02301	PARAMED ED PRGM - CPE	1,841	0	0	235,053	23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	1,424	0	0	436,857	23.02
23.03 02303	PARAMED ED PRGM - EMS	0	0	0	0	23.03
23.04 02304	PARAMED ED PRGM- SONOGRAPHY	0	0	0	482,330	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	306,981	0	734,489	87,475,563	30.00
31.00 03100	INTENSIVE CARE UNIT	43,802	0	1,178,260	18,126,478	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01 03201	CARDIOTHORACIC VASCULAR TRANSP	33,416	0	279,196	10,488,435	32.01
33.00 03300	BURN INTENSIVE CARE UNIT	6,540	0	6,572	1,915,304	33.00
33.01 02080	PEDIATRIC INTENSIVE CARE UNIT	18,647	0	136,306	4,458,580	33.01
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	28,356	0	433,127	24,596,640	34.01
40.00 04000	SUBPROVIDER - IPF	4,046	26,759	46,781	6,567,501	40.00
43.00 04300	NURSERY	15,042	0	40,644	3,022,687	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	146,401	0	5,743,562	29,760,739	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	20,530	0	42,920	6,232,361	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	25,210	0	1,232,577	7,183,042	54.00
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	501,765	3,513,185	54.01
54.02 05403	ULTRASOUND	1,962	0	125,162	1,167,964	54.02
54.03 05404	ECHOCARDIOLOGY	0	0	271,749	933,748	54.03
54.04 05401	ONCOLOGY	10,026	0	1,867,903	4,226,283	54.04
57.00 05700	CT SCAN	2,182	0	366,405	1,925,533	57.00
58.00 05800	MRI	8,502	0	548,993	1,118,077	58.00
59.00 05900	CARDIAC CATHETERIZATION	27,553	0	963,420	6,776,083	59.00
59.01 05901	CARDIAC REHAB	0	0	13,881	627,851	59.01
60.00 06000	LABORATORY	17,307	0	156,187	0	60.00
65.00 06500	RESPIRATORY THERAPY	3,257	0	534,042	8,006,908	65.00
66.00 06600	PHYSICAL THERAPY	10,594	0	23,911	2,250,562	66.00
67.00 06700	OCCUPATIONAL THERAPY	372	51	0	1,659,033	67.00
68.00 06800	SPEECH PATHOLOGY	1,258	0	13,663	992,921	68.00
69.00 06900	ELECTROCARDIOLOGY	776	0	157,750	1,325,309	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	809	9,956	94,411	1,965,951	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	3,496	0	6,606	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03330	ENDOSCOPY	11,766	0	512,652	2,686,233	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	3,125,162	90.00
90.01 09001	PARTIAL HOSPITALIZATION	5,126	8,462	2,006	2,979,611	90.01
90.02 09002	COVID-19 VACCINE CLINIC	0	0	0	21,701	90.02
90.03 09003	BURN CLINIC	6,088	0	0	221,457	90.03
91.00 09100	EMERGENCY	38,291	0	553,972	22,284,804	91.00
91.01 09101	WOUND CARE 002	9,589	0	0	868,851	91.01
91.02 09102	WOUND CARE 001	553	0	22,122	520,003	91.02
91.03 09103	LAFAYETTE RD CLINIC	0	0	0	0	91.03
91.04 09104	ZIONSVILLE CLINIC	0	0	17,029	268,023	91.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/27/2023 5:09 pm

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 ANTICOAGULATION CLINIC	1,695	0	0	490,629	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	380,614	91.07
91.08	04040	FAMILY PRACTICE	0	0	16,617	3,966,716	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	6,146	0	370,985	6,387,084	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	296,141	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	2,075,366	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,523,908	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	280,665	4,184,452	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,291,060	57,916	21,155,162	352,300,178	-238,033,834
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	379,664	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,299	0	68,000	38,165,887	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	14,463	422,431	193.02
193.03	19306	FOUNDATION	0	0	0	0	193.03
193.04	19307	WELLNESS	0	0	0	1,896,951	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	619	193.08
193.09	19312	LIFELINE	0	0	1,294	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	193.10
193.14	19302	VACANT SPACE	30,889	0	0	0	-491,128
193.16	19316	SETON BOARD	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	84,974	3,628,095	193.19
194.00	07950	RETAIL PHARMACY	2,276	0	19,963	719,189	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)	21,275,215	419,158	21,274,019	74,447,103	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.899772	7.237344	0.996728	0.187282	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				580,710	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001461	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 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	917,575,584				5.00
7.00	00700	OPERATION OF PLANT	36,863,644	1,109,550			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,688,888	366	187,398		8.00
9.00	00900	HOUSEKEEPING	13,285,725	14,484	0	1,094,700	9.00
10.00	01000	DIETARY	5,060,381	32,712	0	32,712	560,709
11.00	01100	CAFETERIA	8,593,982	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	17,355,971	55,480	0	55,480	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,577,404	41,577	0	41,577	0
15.00	01500	PHARMACY	20,615,507	14,301	0	14,301	0
16.00	01600	MEDICAL RECORDS & LIBRARY	256,401	10,969	0	10,969	0
17.00	01700	SOCIAL SERVICE	7,098,744	2,261	0	2,261	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	12,944,451	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	9,769,361	12,522	0	12,522	0
23.00	02300	PARAMED ED PRGM- PHARMACY	1,137,661	1,186	0	1,186	0
23.01	02301	PARAMED ED PRGM - CPE	324,513	1,841	0	1,841	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	476,354	1,424	0	1,424	0
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	532,005	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,691,509	306,981	109,956	306,981	422,707
31.00	03100	INTENSIVE CARE UNIT	29,232,536	43,802	23,618	43,802	13,078
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	16,907,720	33,416	6,360	33,416	20,266
33.00	03300	BURN INTENSIVE CARE UNIT	2,814,268	6,540	1,501	6,540	831
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,637,263	18,647	2,564	18,647	1,875
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	23,426,056	28,356	25,641	28,356	0
40.00	04000	SUBPROVIDER - IPF	6,209,112	30,806	13,198	30,806	59,193
43.00	04300	NURSERY	2,959,386	15,042	4,560	15,042	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	57,121,033	146,401	0	146,401	1,524
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,810,967	20,530	0	20,530	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,120,863	25,210	0	25,210	37
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	6,060,819	11,856	0	11,856	0
54.02	05403	ULTRASOUND	1,657,622	1,962	0	1,962	0
54.03	05404	ECHOCARDIOLOGY	2,048,900	0	0	0	0
54.04	05401	ONCOLOGY	10,953,544	10,026	0	10,026	0
57.00	05700	CT SCAN	2,953,287	2,182	0	2,182	0
58.00	05800	MRI	2,146,731	8,502	0	8,502	0
59.00	05900	CARDIAC CATHETERIZATION	9,473,311	27,553	0	27,553	0
59.01	05901	CARDIAC REHAB	1,025,005	0	0	0	0
60.00	06000	LABORATORY	32,561,488	17,307	0	17,307	0
65.00	06500	RESPIRATORY THERAPY	13,093,599	3,257	0	3,257	0
66.00	06600	PHYSICAL THERAPY	9,832,481	10,594	0	10,594	0
67.00	06700	OCCUPATIONAL THERAPY	5,071,016	423	0	423	0
68.00	06800	SPEECH PATHOLOGY	3,243,008	1,258	0	1,258	0
69.00	06900	ELECTROCARDIOLOGY	2,469,055	776	0	776	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,351,505	10,765	0	10,765	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	64,758,894	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,038,981	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	57,806,621	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,796,321	3,496	0	3,496	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	4,877,542	11,766	0	11,766	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,585,461	0	0	0	0
90.01	09001	PARTIAL HOSPITALIZATION	3,425,645	13,588	0	13,588	0
90.02	09002	COVID-19 VACCINE CLINIC	27,718	0	0	0	0
90.03	09003	BURN CLINIC	613,570	6,088	0	6,088	0
91.00	09100	EMERGENCY	33,897,742	38,291	0	38,291	1,969
91.01	09101	WOUND CARE 002	2,235,464	9,589	0	9,589	0
91.02	09102	WOUND CARE 001	695,546	553	0	553	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	620,641	0	0	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTICOAGULATION CLINIC	735,229	1,695	0	1,695	0
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,104,980	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
91.08	04040	FAMILY PRACTICE	4,160,975	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	9,389,186	6,146	0	6,146	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	373,603	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	7,802,178	0	0	0	105.00
106.00	10600	HEART ACQUISITION	5,030,069	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	14,889,198	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	814,318,640	1,062,527	187,398	1,047,677	521,480
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	962,890	2,929	0	2,929	190.00
191.00	19100	RESEARCH	453,127	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	58,890,755	8,299	0	8,299	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	1,022,984	2,630	0	2,630	193.02
193.03	19306	FOUNDATION	0	0	0	0	193.03
193.04	19307	WELLNESS	2,424,562	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	193.06
193.07	19310	BILLING	26,488,388	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	1,033	0	0	0	193.08
193.09	19312	LIFELINE	1,290	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	30,889	0	30,889	193.14
193.16	19316	SETON BOARD	0	0	0	0	39,229
193.19	19319	SPORTS PERFORMANCE	6,066,428	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	6,945,487	2,276	0	2,276	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)	238,033,834	46,426,663	3,401,743	17,338,306	8,259,992
203.00		Unit cost multiplier (wkst. B, Part I)	0.259416	41.842786	18.152504	15.838409	14.731335
204.00		Cost to be allocated (per wkst. B, Part II)	18,359,907	4,717,253	61,177	553,317	842,639
205.00		Unit cost multiplier (wkst. B, Part II)	0.020009	4.251501	0.326455	0.505451	1.502810
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 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description			CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	7,230,525					11.00
13.00	01300	NURSING ADMINISTRATION	282,865	3,396,313				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	159,839	6,599	142,166,856			14.00
15.00	01500	PHARMACY	257,082	104	110,786	50,236,429		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,808	0	172	0	4,929,610,356	16.00
17.00	01700	SOCIAL SERVICE	128,499	60,804	76	3,894	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	357,234	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	93,772	0	252,282	48,699	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	24,686	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	12,345	0	9,492	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	9,878	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	10,391	0	6,389	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,533,008	1,025,317	3,249,999	233,569	452,089,372	30.00
31.00	03100	INTENSIVE CARE UNIT	377,396	336,252	126,336	102,961	153,406,495	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	205,042	159,886	2,556	62,009	56,779,094	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	33,610	32,920	0	6,859	33,199,880	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	81,490	56,154	65,245	10,855	27,875,562	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	447,906	339,771	0	17,663	255,450,626	34.01
40.00	04000	SUBPROVIDER - IPF	138,999	69,013	2,827	0	42,081,666	40.00
43.00	04300	NURSERY	56,109	37,350	81,233	713	18,832,853	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	660,051	533,087	968,258	370,260	902,059,504	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	135,560	120,105	26,644	8,055	84,589,333	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	165,382	13,391	1,247,720	31,918	91,242,840	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	88,157	52,988	312,481	420,337	56,622,757	54.01
54.02	05403	ULTRASOUND	22,519	0	0	195	31,432,719	54.02
54.03	05404	ECHOCARDIOLOGY	20,278	0	393,338	2,998	40,828,979	54.03
54.04	05401	ONCOLOGY	98,547	31,524	149,135	24,995	91,214,198	54.04
57.00	05700	CT SCAN	43,542	0	7,542	15,985	48,710,547	57.00
58.00	05800	MRI	25,545	0	14,971	7,648	15,067,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	132,076	68,436	0	555,670	280,990,351	59.00
59.01	05901	CARDIAC REHAB	19,555	6,275	6,267	0	3,182,761	59.01
60.00	06000	LABORATORY	0	0	38,758	628	469,309,525	60.00
65.00	06500	RESPIRATORY THERAPY	186,243	0	0	2,135,200	84,487,515	65.00
66.00	06600	PHYSICAL THERAPY	65,399	0	37,841	913	28,348,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,143	0	0	0	15,220,147	67.00
68.00	06800	SPEECH PATHOLOGY	24,743	0	411	0	11,150,745	68.00
69.00	06900	ELECTROCARDIOLOGY	33,274	0	393,221	3,376	31,880,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,536	0	209,472	1,267	21,152,974	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	63,206,558	0	240,801,294	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	67,038,981	0	243,938,899	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	42,242,851	350,671,545	73.00
74.00	07400	RENAL DIALYSIS	0	0	65,670	34,078	23,181,526	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	60,576	46,628	0	27,817	74,431,365	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	125,647	24,712	112	0	11,290,095	90.00
90.01	09001	PARTIAL HOSPITALIZATION	99,900	0	407	0	14,993,277	90.01
90.02	09002	COVID-19 VACCINE CLINIC	275	56	0	0	0	90.02
90.03	09003	BURN CLINIC	7,521	0	20,488	13	432,631	90.03
91.00	09100	EMERGENCY	445,219	238,015	283,469	56,308	401,405,209	91.00
91.01	09101	WOUND CARE 002	25,669	21,348	294,395	2,067	25,100,293	91.01
91.02	09102	WOUND CARE 001	11,388	11,423	0	2,986	3,600,315	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	19,161	3,755	1,843,587	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	3,588	2,118	5,691	3,395,604	91.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description			CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING 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	8,537	41,451	2,317	4,116,703	91.07
91.08	04040	FAMILY PRACTICE	0	0	18,645	3	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	143,573	56,905	130,739	3,821	18,531,092	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	7,652	7,662	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	37,393	15,852	1,293	21	16,214,553	105.00
106.00	10600	HEART ACQUISITION	27,323	11,597	682	0	4,758,438	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.)	105,910	0	2,994,768	540,388	143,697,351	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,125,555	3,396,299	141,832,389	46,988,783	4,929,610,356	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	9,131	0	0	34,830	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	237,999	3,204,655	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	12,395	0	235	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	67,084	0	2,258	1,094	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	14	14	0	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	93,581	2,545	0	193.19
194.00	07950	RETAIL PHARMACY	16,346	0	394	4,522	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)	10,823,398	25,481,962	7,192,426	27,179,610	961,331	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	1.496903	7.502831	0.050591	0.541034	0.000195	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	171,957	2,062,581	3,616,046	2,003,932	226,242	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.023782	0.607300	0.025435	0.039890	0.000046	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 07/01/2022
To 06/30/2023

Worksheet B-1

Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description	INTERNS & RESIDENTS					PARAMED ED PRGM - PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - CPE (ASSIGNED TIME)	
	SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)					
	17.00	21.00	22.00	23.00	23.01			
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101	NEW CAP REL COSTS-BLDG-STRESS							1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
7.00 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
13.00 01300	NURSING ADMINISTRATION							13.00
14.00 01400	CENTRAL SERVICES & SUPPLY							14.00
15.00 01500	PHARMACY							15.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE	187,398						17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	61,067					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		61,067				22.00
23.00 02300	PARAMED ED PRGM- PHARMACY	0			100			23.00
23.01 02301	PARAMED ED PRGM - CPE	0				1,062		23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0						23.02
23.03 02303	PARAMED ED PRGM - EMS	0						23.03
23.04 02304	PARAMED ED PRGM- SONOGRAPHY	0						23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	109,956	15,473	15,473	0	399		30.00
31.00 03100	INTENSIVE CARE UNIT	23,618	4,312	4,312	0	216		31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0		32.00
32.01 03201	CARDIOTHORACIC VASCULAR TRANSPL	6,360	55	55	0	104		32.01
33.00 03300	BURN INTENSIVE CARE UNIT	1,501	6	6	0	0		33.00
33.01 02080	PEDIATRIC INTENSIVE CARE UNIT	2,564	300	300	0	17		33.01
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	25,641	570	570	0	106		34.01
40.00 04000	SUBPROVIDER - IPF	13,198	630	630	0	87		40.00
43.00 04300	NURSERY	4,560	265	265	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	0	15,057	15,057	0	18		50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	3,468	3,468	0	17		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	845	845	0	0		54.00
54.01 05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0		54.01
54.02 05403	ULTRASOUND	0	608	608	0	0		54.02
54.03 05404	ECHOCARDIOLOGY	0	435	435	0	0		54.03
54.04 05401	ONCOLOGY	0	1,375	1,375	0	0		54.04
57.00 05700	CT SCAN	0	0	0	0	0		57.00
58.00 05800	MRI	0	60	60	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	2,484	2,484	0	0		59.00
59.01 05901	CARDIAC REHAB	0	100	100	0	0		59.01
60.00 06000	LABORATORY	0	792	792	0	0		60.00
65.00 06500	RESPIRATORY THERAPY	0	687	687	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	243	243	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	1,475	1,475	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	639	639	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	115	115	100	0		73.00
74.00 07400	RENAL DIALYSIS	0	286	286	0	0		74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 03330	ENDOSCOPY	0	1,521	1,521	0	0		75.01
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	0	836	836	0	52		90.00
90.01 09001	PARTIAL HOSPITALIZATION	0	33	33	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	1,795	1,795	0	46		91.00
91.01 09101	WOUND CARE 002	0	278	278	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 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	PARAMED ED	
	(TOTAL PATIENT DAYS)	Y & FRINGES A (ASSIGNED TIME)	PRGM COSTS A (ASSIGNED TIME)	PRGM- PHARMACY (ASSIGNED TIME)	PRGM - CPE (ASSIGNED TIME)	
	17.00	21.00	22.00	23.00	23.01	
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06 09106 OP ANTICOAGULATION 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	3,404	3,404	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	95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	175	175	0	0	105.00
106.00 10600 HEART ACQUISITION	0	410	410	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.)	0	1,412	1,412	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	187,398	60,144	60,144	100	1,062	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	280	280	0	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	282	282	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19304 MARKETING	0	0	0	0	0	193.01
193.02 19305 MISSION SERVICES	0	0	0	0	0	193.02
193.03 19306 FOUNDATION	0	0	0	0	0	193.03
193.04 19307 WELLNESS	0	0	0	0	0	193.04
193.05 19301 NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06 19303 JOINT 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	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	361	361	0	0	193.19
194.00 07950 RETAIL PHARMACY	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)	9,721,354	16,837,194	13,205,453	1,538,151	533,848	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	51.875442	275.716737	216.245321	15,381.510000	502.681733	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	252,509	283,431	532,926	49,290	45,400	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.347448	4.641312	8.726907	492.900000	42.749529	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 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/27/2023 5:09 pm

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	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302	186,453,118			23.02
23.03	02303		0		23.03
23.04	02304			100	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
32.01	03201	0	0	0	32.01
33.00	03300	0	0	0	33.00
33.01	02080	0	0	0	33.01
34.00	03400	0	0	0	34.00
34.01	02060	0	0	0	34.01
40.00	04000	0	0	0	40.00
43.00	04300	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
52.00	05200	0	0	0	52.00
54.00	05400	91,242,840	0	0	54.00
54.01	05402	0	0	0	54.01
54.02	05403	31,432,719	0	100	54.02
54.03	05404	0	0	0	54.03
54.04	05401	0	0	0	54.04
57.00	05700	48,710,547	0	0	57.00
58.00	05800	15,067,012	0	0	58.00
59.00	05900	0	0	0	59.00
59.01	05901	0	0	0	59.01
60.00	06000	0	0	0	60.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	0	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
75.01	03330	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	0	0	90.03
91.00	09100	0	0	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 07/01/2022
To 06/30/2023

Worksheet B-1
Date/Time Prepared:
11/27/2023 5:09 pm

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)	186,453,118	0	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)	696,852	0	685,893	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.003737	0.000000	6,858.930000	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	39,819	0	11,760	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.000214	0.000000	117.600000	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 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/27/2023 5:09 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	177,829,580	177,829,580	1,975,600	179,805,180	30.00
31.00	03100	INTENSIVE CARE UNIT	44,477,408	44,477,408	0	44,477,408	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	25,568,806	25,568,806	0	25,568,806	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,346,412	4,346,412	0	4,346,412	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,689,450	7,689,450	0	7,689,450	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	36,266,713	36,266,713	0	36,266,713	34.01
40.00	04000	SUBPROVIDER - IPF	12,170,946	12,170,946	0	12,170,946	40.00
43.00	04300	NURSERY	5,286,454	5,286,454	0	5,286,454	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	85,828,188	85,828,188	0	85,828,188	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,415,663	13,415,663	0	13,415,663	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,025,996	20,025,996	0	20,025,996	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	9,100,749	9,100,749	0	9,100,749	54.01
54.02	05403	ULTRASOUND	3,044,108	3,044,108	0	3,044,108	54.02
54.03	05404	ECHOCARDIOLOGY	2,640,254	2,640,254	0	2,640,254	54.03
54.04	05401	ONCOLOGY	14,796,270	14,796,270	0	14,796,270	54.04
57.00	05700	CT SCAN	4,111,015	4,111,015	0	4,111,015	57.00
58.00	05800	MRI	3,296,408	3,296,408	0	3,296,408	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,586,727	14,586,727	0	14,586,727	59.00
59.01	05901	CARDIAC REHAB	1,368,198	1,368,198	0	1,368,198	59.01
60.00	06000	LABORATORY	42,100,563	42,100,563	0	42,100,563	60.00
65.00	06500	RESPIRATORY THERAPY	18,128,635	18,128,635	0	18,128,635	65.00
66.00	06600	PHYSICAL THERAPY	13,100,090	13,100,090	0	13,100,090	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,482,958	6,482,958	0	6,482,958	67.00
68.00	06800	SPEECH PATHOLOGY	4,196,092	4,196,092	0	4,196,092	68.00
69.00	06900	ELECTROCARDIOLOGY	3,232,073	3,232,073	0	3,232,073	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,186,360	6,186,360	0	6,186,360	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	84,803,026	84,803,026	0	84,803,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,869,166	87,869,166	0	87,869,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,263,926	97,263,926	0	97,263,926	73.00
74.00	07400	RENAL DIALYSIS	6,268,495	6,268,495	0	6,268,495	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	7,291,613	7,291,613	0	7,291,613	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,214,505	11,214,505	0	11,214,505	90.00
90.01	09001	PARTIAL HOSPITALIZATION	5,250,570	5,250,570	0	5,250,570	90.01
90.02	09002	COVID-19 VACCINE CLINIC	35,740	35,740	0	35,740	90.02
90.03	09003	BURN CLINIC	1,136,289	1,136,289	0	1,136,289	90.03
91.00	09100	EMERGENCY	47,527,475	47,527,475	0	47,527,475	91.00
91.01	09101	WOUND CARE 002	3,587,985	3,587,985	0	3,587,985	91.01
91.02	09102	WOUND CARE 001	1,012,950	1,012,950	0	1,012,950	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	785,005	785,005	0	785,005	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	1,054,497	1,054,497	0	1,054,497	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,459,835	1,459,835	0	1,459,835	91.07
91.08	04040	FAMILY PRACTICE	5,241,343	5,241,343	0	5,241,343	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	22,736,957	22,736,957	0	22,736,957	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	12,833,559	12,833,559	0	12,833,559	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	539,463	539,463	0	539,463	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	10,004,335	10,004,335	0	10,004,335	105.00
106.00	10600	HEART ACQUISITION	6,463,822	6,463,822	0	6,463,822	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.)	19,382,128	19,382,128	0	19,382,128	115.00
200.00		Subtotal (see instructions)	1,013,038,800	1,013,038,800	1,975,600	1,015,014,400	200.00
201.00		Less Observation Beds	22,736,957	22,736,957	0	22,736,957	201.00
202.00		Total (see instructions)	990,301,843	990,301,843	1,975,600	992,277,443	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0084		Period: From 07/01/2022 To 06/30/2023		Worksheet C Part I Date/Time Prepared: 11/27/2023 5:09 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	394,304,295		394,304,295			30.00
31.00	03100	INTENSIVE CARE UNIT	153,406,495		153,406,495			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	56,779,094		56,779,094			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	33,199,880		33,199,880			33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	27,875,562		27,875,562			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	255,450,626		255,450,626			34.01
40.00	04000	SUBPROVIDER - IPF	42,081,666		42,081,666			40.00
43.00	04300	NURSERY	18,832,853		18,832,853			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	464,258,362	437,801,142	902,059,504	0.095147	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,657,753	2,931,580	84,589,333	0.158598	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,016,534	69,226,306	91,242,840	0.219480	0.000000	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	13,003,253	43,619,504	56,622,757	0.160726	0.000000	54.01
54.02	05403	ULTRASOUND	16,774,583	14,658,136	31,432,719	0.096845	0.000000	54.02
54.03	05404	ECHOCARDIOLOGY	91,088	40,737,891	40,828,979	0.064666	0.000000	54.03
54.04	05401	ONCOLOGY	6,361,567	84,852,631	91,214,198	0.162215	0.000000	54.04
57.00	05700	CT SCAN	25,174,425	23,536,122	48,710,547	0.084397	0.000000	57.00
58.00	05800	MRI	5,871,538	9,195,474	15,067,012	0.218783	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	120,753,054	160,237,297	280,990,351	0.051912	0.000000	59.00
59.01	05901	CARDIAC REHAB	3,870	3,178,891	3,182,761	0.429878	0.000000	59.01
60.00	06000	LABORATORY	311,894,888	157,414,637	469,309,525	0.089707	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	79,902,202	4,585,313	84,487,515	0.214572	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,702,490	12,646,025	28,348,515	0.462109	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,363,238	4,856,909	15,220,147	0.425946	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,309,226	6,841,519	11,150,745	0.376306	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,631,022	10,249,587	31,880,609	0.101381	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,793,261	16,359,713	21,152,974	0.292458	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	133,623,418	107,177,876	240,801,294	0.352170	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,952,846	88,986,053	243,938,899	0.360210	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	250,512,806	100,158,739	350,671,545	0.277365	0.000000	73.00
74.00	07400	RENAL DIALYSIS	18,035,766	5,145,760	23,181,526	0.270409	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03330	ENDOSCOPY	19,234,745	55,196,620	74,431,365	0.097964	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,373	11,283,722	11,290,095	0.993305	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	37,790	14,955,487	14,993,277	0.350195	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	09003	BURN CLINIC	0	432,631	432,631	2.626462	0.000000	90.03
91.00	09100	EMERGENCY	118,982,598	282,422,611	401,405,209	0.118403	0.000000	91.00
91.01	09101	WOUND CARE 002	295,652	24,804,641	25,100,293	0.142946	0.000000	91.01
91.02	09102	WOUND CARE 001	3,145,038	455,277	3,600,315	0.281350	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	5,558	1,838,029	1,843,587	0.425803	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	4,880	3,390,724	3,395,604	0.310548	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	25,119	4,091,584	4,116,703	0.354613	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	18,991,439	38,793,638	57,785,077	0.393475	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	65,519	18,465,573	18,531,092	0.692542	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0.000000	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	0.000000	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,118,310	4,096,243	16,214,553			105.00
106.00	10600	HEART ACQUISITION	4,438,644	319,794	4,758,438			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	143,697,351	143,697,351			115.00
200.00		Subtotal (see instructions)	2,920,969,326	2,008,641,030	4,929,610,356			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,920,969,326	2,008,641,030	4,929,610,356			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
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	0.095147	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.158598	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219480	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.160726	54.01
54.02	05403	ULTRASOUND	0.096845	54.02
54.03	05404	ECHOCARDIOLOGY	0.064666	54.03
54.04	05401	ONCOLOGY	0.162215	54.04
57.00	05700	CT SCAN	0.084397	57.00
58.00	05800	MRI	0.218783	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051912	59.00
59.01	05901	CARDIAC REHAB	0.429878	59.01
60.00	06000	LABORATORY	0.089707	60.00
65.00	06500	RESPIRATORY THERAPY	0.214572	65.00
66.00	06600	PHYSICAL THERAPY	0.462109	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425946	67.00
68.00	06800	SPEECH PATHOLOGY	0.376306	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.292458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.352170	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.360210	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277365	73.00
74.00	07400	RENAL DIALYSIS	0.270409	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	03330	ENDOSCOPY	0.097964	75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.993305	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.350195	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	90.02
90.03	09003	BURN CLINIC	2.626462	90.03
91.00	09100	EMERGENCY	0.118403	91.00
91.01	09101	WOUND CARE 002	0.142946	91.01
91.02	09102	WOUND CARE 001	0.281350	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0.425803	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.310548	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.354613	91.07
91.08	04040	FAMILY PRACTICE	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.393475	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.692542	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 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/27/2023 5:09 pm
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		Title XIX		Hospital		Cost	
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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		185,441,706	1,975,600	187,417,306	30.00
31.00	03100	INTENSIVE CARE UNIT		46,598,749	0	46,598,749	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		25,595,863	0	25,595,863	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		4,349,363	0	4,349,363	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		7,837,039	0	7,837,039	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		36,547,132	0	36,547,132	34.01
40.00	04000	SUBPROVIDER - IPF		12,480,883	0	12,480,883	40.00
43.00	04300	NURSERY		5,416,824	0	5,416,824	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		93,235,661	0	93,235,661	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		15,121,788	0	15,121,788	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		20,441,704	0	20,441,704	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC		9,100,749	0	9,100,749	54.01
54.02	05403	ULTRASOUND		3,343,221	0	3,343,221	54.02
54.03	05404	ECHOCARDIOLOGY		2,854,258	0	2,854,258	54.03
54.04	05401	ONCOLOGY		15,472,718	0	15,472,718	54.04
57.00	05700	CT SCAN		4,111,015	0	4,111,015	57.00
58.00	05800	MRI		3,325,926	0	3,325,926	58.00
59.00	05900	CARDIAC CATHETERIZATION		15,808,760	0	15,808,760	59.00
59.01	05901	CARDIAC REHAB		1,417,395	0	1,417,395	59.01
60.00	06000	LABORATORY		42,490,197	0	42,490,197	60.00
65.00	06500	RESPIRATORY THERAPY	0	18,466,613	0	18,466,613	65.00
66.00	06600	PHYSICAL THERAPY	0	13,219,637	0	13,219,637	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,482,958	0	6,482,958	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,196,092	0	4,196,092	68.00
69.00	06900	ELECTROCARDIOLOGY		3,957,717	0	3,957,717	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		6,500,724	0	6,500,724	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT		84,803,026	0	84,803,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		87,869,166	0	87,869,166	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		97,320,501	0	97,320,501	73.00
74.00	07400	RENAL DIALYSIS		6,409,196	0	6,409,196	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	03330	ENDOSCOPY		8,039,887	0	8,039,887	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		11,625,785	0	11,625,785	90.00
90.01	09001	PARTIAL HOSPITALIZATION		5,266,805	0	5,266,805	90.01
90.02	09002	COVID-19 VACCINE CLINIC		35,740	0	35,740	90.02
90.03	09003	BURN CLINIC		1,136,289	0	1,136,289	90.03
91.00	09100	EMERGENCY		48,410,547	0	48,410,547	91.00
91.01	09101	WOUND CARE 002		3,724,750	0	3,724,750	91.01
91.02	09102	WOUND CARE 001		1,012,950	0	1,012,950	91.02
91.03	09103	LAFAYETTE RD CLINIC		0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC		785,005	0	785,005	91.04
91.05	09105	BROWNSBURG CLINIC		0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC		1,054,497	0	1,054,497	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT		1,459,835	0	1,459,835	91.07
91.08	04040	FAMILY PRACTICE		6,915,982	0	6,915,982	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		22,736,957	0	22,736,957	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		12,833,559	0	12,833,559	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		539,463	0	539,463	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		10,090,428		10,090,428	105.00
106.00	10600	HEART ACQUISITION		6,665,527		6,665,527	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.)		20,076,778		20,076,778	115.00
200.00		Subtotal (see instructions)	0	1,042,627,365	1,975,600	1,044,602,965	200.00
201.00		Less Observation Beds		22,736,957		22,736,957	201.00
202.00		Total (see instructions)	0	1,019,890,408	1,975,600	1,021,866,008	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0084		Period: From 07/01/2022 To 06/30/2023		Worksheet C Part I Date/Time Prepared: 11/27/2023 5:09 pm	
			Title XIX			Hospital		Cost
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	394,304,295		394,304,295			30.00
31.00	03100	INTENSIVE CARE UNIT	153,406,495		153,406,495			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	56,779,094		56,779,094			32.01
33.00	03300	BURN INTENSIVE CARE UNIT	33,199,880		33,199,880			33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	27,875,562		27,875,562			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	255,450,626		255,450,626			34.01
40.00	04000	SUBPROVIDER - IPF	42,081,666		42,081,666			40.00
43.00	04300	NURSERY	18,832,853		18,832,853			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	464,258,362	437,801,142	902,059,504	0.103359	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,657,753	2,931,580	84,589,333	0.178767	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,016,534	69,226,306	91,242,840	0.224036	0.000000	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	13,003,253	43,619,504	56,622,757	0.160726	0.000000	54.01
54.02	05403	ULTRASOUND	16,774,583	14,658,136	31,432,719	0.106361	0.000000	54.02
54.03	05404	ECHOCARDIOLOGY	91,088	40,737,891	40,828,979	0.069908	0.000000	54.03
54.04	05401	ONCOLOGY	6,361,567	84,852,631	91,214,198	0.169631	0.000000	54.04
57.00	05700	CT SCAN	25,174,425	23,536,122	48,710,547	0.084397	0.000000	57.00
58.00	05800	MRI	5,871,538	9,195,474	15,067,012	0.220742	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	120,753,054	160,237,297	280,990,351	0.056261	0.000000	59.00
59.01	05901	CARDIAC REHAB	3,870	3,178,891	3,182,761	0.445335	0.000000	59.01
60.00	06000	LABORATORY	311,894,888	157,414,637	469,309,525	0.090538	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	79,902,202	4,585,313	84,487,515	0.218572	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,702,490	12,646,025	28,348,515	0.466326	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,363,238	4,856,909	15,220,147	0.425946	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,309,226	6,841,519	11,150,745	0.376306	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,631,022	10,249,587	31,880,609	0.124142	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,793,261	16,359,713	21,152,974	0.307320	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	133,623,418	107,177,876	240,801,294	0.352170	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	154,952,846	88,986,053	243,938,899	0.360210	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	250,512,806	100,158,739	350,671,545	0.277526	0.000000	73.00
74.00	07400	RENAL DIALYSIS	18,035,766	5,145,760	23,181,526	0.276479	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03330	ENDOSCOPY	19,234,745	55,196,620	74,431,365	0.108017	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,373	11,283,722	11,290,095	1.029733	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	37,790	14,955,487	14,993,277	0.351278	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	09003	BURN CLINIC	0	432,631	432,631	2.626462	0.000000	90.03
91.00	09100	EMERGENCY	118,982,598	282,422,611	401,405,209	0.120603	0.000000	91.00
91.01	09101	WOUND CARE 002	295,652	24,804,641	25,100,293	0.148395	0.000000	91.01
91.02	09102	WOUND CARE 001	3,145,038	455,277	3,600,315	0.281350	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	5,558	1,838,029	1,843,587	0.425803	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	4,880	3,390,724	3,395,604	0.310548	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	25,119	4,091,584	4,116,703	0.354613	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0.000000	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	18,991,439	38,793,638	57,785,077	0.393475	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	65,519	18,465,573	18,531,092	0.692542	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0.000000	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	0.000000	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,118,310	4,096,243	16,214,553	0.622307	0.000000	105.00
106.00	10600	HEART ACQUISITION	4,438,644	319,794	4,758,438	1.400780	0.000000	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	143,697,351	143,697,351			115.00
200.00		Subtotal (see instructions)	2,920,969,326	2,008,641,030	4,929,610,356			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,920,969,326	2,008,641,030	4,929,610,356			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet C Part I Date/Time Prepared: 11/27/2023 5:09 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		34.01
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000	54.01
54.02	05403	ULTRASOUND	0.000000	54.02
54.03	05404	ECHOCARDIOLOGY	0.000000	54.03
54.04	05401	ONCOLOGY	0.000000	54.04
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
59.01	05901	CARDIAC REHAB	0.000000	59.01
60.00	06000	LABORATORY	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	03330	ENDOSCOPY	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	90.02
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 ANTICOAGULATION CLINIC	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0.000000	98.02
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0.000000	105.00
106.00	10600	HEART ACQUISITION	0.000000	106.00
112.00	08600	PANCREAS ACQUISITION	0.000000	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 07/01/2022 To 06/30/2023	Worksheet D Part I Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,178,741	0	11,178,741	125,873	88.81	30.00
31.00	INTENSIVE CARE UNIT	2,977,354		2,977,354	23,618	126.06	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,470,406		1,470,406	6,360	231.20	32.01
33.00	BURN INTENSIVE CARE UNIT	227,109		227,109	1,501	151.31	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	666,872		666,872	2,564	260.09	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,796,847		1,796,847	25,641	70.08	34.01
40.00	SUBPROVIDER - IPF	743,272	0	743,272	13,198	56.32	40.00
43.00	NURSERY	449,469		449,469	4,560	98.57	43.00
200.00	Total (lines 30 through 199)	19,510,070		19,510,070	203,315		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	29,025	2,577,710	30.00
31.00	INTENSIVE CARE UNIT	6,464	814,852	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,587	366,914	32.01
33.00	BURN INTENSIVE CARE UNIT	168	25,420	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	6	1,561	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	1,494	84,142	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	38,744	3,870,599	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,944,788	902,059,504	0.013242	114,782,208	1,519,946	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	738,828	84,589,333	0.008734	425,407	3,716	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,140,905	91,242,840	0.023464	5,146,118	120,749	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	1,213,493	56,622,757	0.021431	4,236,109	90,784	54.01
54.02	05403 ULTRASOUND	202,143	31,432,719	0.006431	4,286,089	27,564	54.02
54.03	05404 ECHOCARDIOLOGY	429,592	40,828,979	0.010522	44,142	464	54.03
54.04	05401 ONCOLOGY	3,425,612	91,214,198	0.037556	1,271,650	47,758	54.04
57.00	05700 CT SCAN	476,291	48,710,547	0.009778	7,688,644	75,180	57.00
58.00	05800 MRI	769,395	15,067,012	0.051065	1,334,275	68,135	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,112,029	280,990,351	0.007516	31,936,291	240,033	59.00
59.01	05901 CARDIAC REHAB	194,279	3,182,761	0.061041	1,680	103	59.01
60.00	06000 LABORATORY	1,187,304	469,309,525	0.002530	77,490,155	196,050	60.00
65.00	06500 RESPIRATORY THERAPY	1,196,421	84,487,515	0.014161	14,043,269	198,867	65.00
66.00	06600 PHYSICAL THERAPY	1,374,503	28,348,515	0.048486	4,303,483	208,659	66.00
67.00	06700 OCCUPATIONAL THERAPY	113,983	15,220,147	0.007489	2,663,736	19,949	67.00
68.00	06800 SPEECH PATHOLOGY	209,078	11,150,745	0.018750	1,111,088	20,833	68.00
69.00	06900 ELECTROCARDIOLOGY	340,884	31,880,609	0.010693	6,131,462	65,564	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	769,414	21,152,974	0.036374	1,119,083	40,706	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	2,914,497	240,801,294	0.012103	32,964,198	398,966	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,057,773	243,938,899	0.012535	48,817,042	611,922	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,857,851	350,671,545	0.008150	49,439,560	402,932	73.00
74.00	07400 RENAL DIALYSIS	178,865	23,181,526	0.007716	5,712,155	44,075	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03330 ENDOSCOPY	889,856	74,431,365	0.011955	5,591,223	66,843	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,919,915	11,290,095	0.170053	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	296,228	14,993,277	0.019757	8,866	175	90.01
90.02	09002 COVID-19 VACCINE CLINIC	628	0	0.000000	0	0	90.02
90.03	09003 BURN CLINIC	220,068	432,631	0.508674	0	0	90.03
91.00	09100 EMERGENCY	2,239,958	401,405,209	0.005580	28,187,405	157,286	91.00
91.01	09101 WOUND CARE 002	334,076	25,100,293	0.013310	36,778	490	91.01
91.02	09102 WOUND CARE 001	55,644	3,600,315	0.015455	941,390	14,549	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	273,829	1,843,587	0.148531	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106 OP ANTICOAGULATION CLINIC	99,335	3,395,604	0.029254	1,572	46	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	164,088	4,116,703	0.039859	1,572	63	91.07
91.08	04040 FAMILY PRACTICE	443,854	0	0.000000	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	1,413,579	57,785,077	0.024463	5,098,350	124,721	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	13,244	0	0.000000	0	0	98.02
200.00	Total (lines 50 through 199)	46,212,230	3,764,478,451		454,815,000	4,767,128	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	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	200,571	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	108,579	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	52,279	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	8,546	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	53,284	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	43,733	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	466,992	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	200,571	125,873	1.59	29,025	30.00
31.00	03100	INTENSIVE CARE UNIT		108,579	23,618	4.60	6,464	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		52,279	6,360	8.22	1,587	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	1,501	0.00	168	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		8,546	2,564	3.33	6	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		53,284	25,641	2.08	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	43,733	13,198	3.31	1,494	40.00
43.00	04300	NURSERY		0	4,560	0.00	0	43.00
200.00		Total (lines 30 through 199)		466,992	203,315		38,744	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	46,150					30.00
31.00	03100	INTENSIVE CARE UNIT	29,734					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	13,045					32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	20					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	4,945					40.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	93,894					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description	Title XVIII			Hospital		Allied Health Adjustments	Allied Health 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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	9,048	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,546	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	341,052	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	0	0	803,357	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	182,031	57.00
58.00	05800	MRI	0	0	0	0	56,305	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	1,538,151	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	26,139	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	23,123	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 ANTICOAGULATION 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	25,352	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50 through 199)	0	0	0	0	3,013,104	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	9,048	9,048	902,059,504	0.000010		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	8,546	8,546	84,589,333	0.000101		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	341,052	341,052	91,242,840	0.003738		54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	56,622,757	0.000000		54.01
54.02 05403 ULTRASOUND	0	803,357	803,357	31,432,719	0.025558		54.02
54.03 05404 ECHOCARDIOLOGY	0	0	0	40,828,979	0.000000		54.03
54.04 05401 ONCOLOGY	0	0	0	91,214,198	0.000000		54.04
57.00 05700 CT SCAN	0	182,031	182,031	48,710,547	0.003737		57.00
58.00 05800 MRI	0	56,305	56,305	15,067,012	0.003737		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	280,990,351	0.000000		59.00
59.01 05901 CARDIAC REHAB	0	0	0	3,182,761	0.000000		59.01
60.00 06000 LABORATORY	0	0	0	469,309,525	0.000000		60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	84,487,515	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	28,348,515	0.000000		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	15,220,147	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	11,150,745	0.000000		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	31,880,609	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	21,152,974	0.000000		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	240,801,294	0.000000		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	243,938,899	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,538,151	1,538,151	350,671,545	0.004386		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	23,181,526	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	74,431,365	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	26,139	26,139	11,290,095	0.002315		90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	14,993,277	0.000000		90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000		90.02
90.03 09003 BURN CLINIC	0	0	0	432,631	0.000000		90.03
91.00 09100 EMERGENCY	0	23,123	23,123	401,405,209	0.000058		91.00
91.01 09101 WOUND CARE 002	0	0	0	25,100,293	0.000000		91.01
91.02 09102 WOUND CARE 001	0	0	0	3,600,315	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	1,843,587	0.000000		91.04
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0.000000		91.05
91.06 09106 OP ANTICOAGULATION CLINIC	0	0	0	3,395,604	0.000000		91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,116,703	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	25,352	25,352	57,785,077	0.000439		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0.000000		98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000		98.01
98.02 09852 DIABETES EDUCATION	0	0	0	0	0.000000		98.02
200.00 Total (lines 50 through 199)	0	3,013,104	3,013,104	3,764,478,451			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.000010	114,782,208	1,148	84,436,060	844	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000101	425,407	43	12,693	1	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.003738	5,146,118	19,236	11,753,246	43,934	54.00	
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	4,236,109	0	15,122,371	0	54.01	
54.02 05403 ULTRASOUND	0.025558	4,286,089	109,544	2,173,923	55,561	54.02	
54.03 05404 ECHOCARDIOLOGY	0.000000	44,142	0	14,280,196	0	54.03	
54.04 05401 ONCOLOGY	0.000000	1,271,650	0	22,119,149	0	54.04	
57.00 05700 CT SCAN	0.003737	7,688,644	28,732	4,532,500	16,938	57.00	
58.00 05800 MRI	0.003737	1,334,275	4,986	1,480,532	5,533	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.000000	31,936,291	0	52,681,082	0	59.00	
59.01 05901 CARDIAC REHAB	0.000000	1,680	0	1,183,709	0	59.01	
60.00 06000 LABORATORY	0.000000	77,490,155	0	23,521,518	0	60.00	
65.00 06500 RESPIRATORY THERAPY	0.000000	14,043,269	0	1,007,011	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.000000	4,303,483	0	75,668	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.000000	2,663,736	0	33,672	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.000000	1,111,088	0	386,116	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.000000	6,131,462	0	2,854,303	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	1,119,083	0	166,309	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	32,964,198	0	24,650,205	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	48,817,042	0	22,411,063	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.004386	49,439,560	216,842	28,539,794	125,176	73.00	
74.00 07400 RENAL DIALYSIS	0.000000	5,712,155	0	720,468	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01 03330 ENDOSCOPY	0.000000	5,591,223	0	11,614,491	0	75.01	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.002315	0	0	362,182	838	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0.000000	8,866	0	23,865	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	0.000058	28,187,405	1,635	23,913,767	1,387	91.00	
91.01 09101 WOUND CARE 002	0.000000	36,778	0	10,924,935	0	91.01	
91.02 09102 WOUND CARE 001	0.000000	941,390	0	442,520	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	79,262	0	91.04	
91.05 09105 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05	
91.06 09106 OP ANTICOAGULATION CLINIC	0.000000	1,572	0	1,176,684	0	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	1,572	0	1,552,464	0	91.07	
91.08 04040 FAMILY PRACTICE	0.000000	0	0	0	0	91.08	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.000439	5,098,350	2,238	4,687,405	2,058	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES						95.00	
98.00 09853 GERIATRIC CLINIC	0.000000	0	0	0	0	98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01	
98.02 09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02	
200.00	Total (lines 50 through 199)	454,815,000	384,404	368,919,163	252,270	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/27/2023 5:09 pm			
			Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.095147	84,436,060	0	0	8,033,838	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.158598	12,693	0	0	2,013	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219480	11,753,246	0	0	2,579,602	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.160726	15,122,371	0	0	2,430,558	54.01
54.02	05403	ULTRASOUND	0.096845	2,173,923	0	0	210,534	54.02
54.03	05404	ECHOCARDIOLOGY	0.064666	14,280,196	0	0	923,443	54.03
54.04	05401	ONCOLOGY	0.162215	22,119,149	0	0	3,588,058	54.04
57.00	05700	CT SCAN	0.084397	4,532,500	0	0	382,529	57.00
58.00	05800	MRI	0.218783	1,480,532	0	0	323,915	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051912	52,681,082	0	0	2,734,780	59.00
59.01	05901	CARDIAC REHAB	0.429878	1,183,709	0	0	508,850	59.01
60.00	06000	LABORATORY	0.089707	23,521,518	725	0	2,110,045	60.00
65.00	06500	RESPIRATORY THERAPY	0.214572	1,007,011	0	0	216,076	65.00
66.00	06600	PHYSICAL THERAPY	0.462109	75,668	0	0	34,967	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425946	33,672	0	0	14,342	67.00
68.00	06800	SPEECH PATHOLOGY	0.376306	386,116	423	0	145,298	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101381	2,854,303	0	0	289,372	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.292458	166,309	0	0	48,638	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.352170	24,650,205	0	0	8,681,063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.360210	22,411,063	0	0	8,072,689	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277365	28,539,794	352	67,385	7,915,940	73.00
74.00	07400	RENAL DIALYSIS	0.270409	720,468	0	0	194,821	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.097964	11,614,491	0	0	1,137,802	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.993305	362,182	0	0	359,757	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.350195	23,865	0	0	8,357	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	BURN CLINIC	2.626462	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.118403	23,913,767	0	1,253	2,831,462	91.00
91.01	09101	WOUND CARE 002	0.142946	10,924,935	0	0	1,561,676	91.01
91.02	09102	WOUND CARE 001	0.281350	442,520	0	0	124,503	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.425803	79,262	0	0	33,750	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.310548	1,176,684	0	0	365,417	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.354613	1,552,464	0	0	550,524	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.393475	4,687,405	0	0	1,844,377	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.692542	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)		368,919,163	1,500	68,638	58,258,996	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		368,919,163	1,500	68,638	58,258,996	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/27/2023 5:09 pm
		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			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	54.01
54.02	05403	ULTRASOUND	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	54.03
54.04	05401	ONCOLOGY	0	0	54.04
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	59.01
60.00	06000	LABORATORY	65	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	159	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	98	18,690	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	90.02
90.03	09003	BURN CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	148	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 ANTICOAGULATION CLINIC	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	98.02
200.00		Subtotal (see instructions)	322	18,838	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	322	18,838	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part II Date/Time Prepared: 11/27/2023 5:09 pm		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,944,788	902,059,504	0.013242	737,836	9,770	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	738,828	84,589,333	0.008734	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,140,905	91,242,840	0.023464	10,880	255	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,213,493	56,622,757	0.021431	14,925	320	54.01
54.02	05403	ULTRASOUND	202,143	31,432,719	0.006431	10,976	71	54.02
54.03	05404	ECHOCARDIOLOGY	429,592	40,828,979	0.010522	0	0	54.03
54.04	05401	ONCOLOGY	3,425,612	91,214,198	0.037556	0	0	54.04
57.00	05700	CT SCAN	476,291	48,710,547	0.009778	23,990	235	57.00
58.00	05800	MRI	769,395	15,067,012	0.051065	1,900	97	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,112,029	280,990,351	0.007516	0	0	59.00
59.01	05901	CARDIAC REHAB	194,279	3,182,761	0.061041	0	0	59.01
60.00	06000	LABORATORY	1,187,304	469,309,525	0.002530	318,818	807	60.00
65.00	06500	RESPIRATORY THERAPY	1,196,421	84,487,515	0.014161	4,699	67	65.00
66.00	06600	PHYSICAL THERAPY	1,374,503	28,348,515	0.048486	34,423	1,669	66.00
67.00	06700	OCCUPATIONAL THERAPY	113,983	15,220,147	0.007489	6,346	48	67.00
68.00	06800	SPEECH PATHOLOGY	209,078	11,150,745	0.018750	4,513	85	68.00
69.00	06900	ELECTROCARDIOLOGY	340,884	31,880,609	0.010693	10,002	107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	769,414	21,152,974	0.036374	5,887	214	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,914,497	240,801,294	0.012103	51,815	627	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,057,773	243,938,899	0.012535	24,182	303	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,857,851	350,671,545	0.008150	262,424	2,139	73.00
74.00	07400	RENAL DIALYSIS	178,865	23,181,526	0.007716	16,457	127	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03330	ENDOSCOPY	889,856	74,431,365	0.011955	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,919,915	11,290,095	0.170053	6,373	1,084	90.00
90.01	09001	PARTIAL HOSPITALIZATION	296,228	14,993,277	0.019757	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	628	0	0.000000	0	0	90.02
90.03	09003	BURN CLINIC	220,068	432,631	0.508674	0	0	90.03
91.00	09100	EMERGENCY	2,239,958	401,405,209	0.005580	157,957	881	91.00
91.01	09101	WOUND CARE 002	334,076	25,100,293	0.013310	0	0	91.01
91.02	09102	WOUND CARE 001	55,644	3,600,315	0.015455	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	273,829	1,843,587	0.148531	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	99,335	3,395,604	0.029254	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	164,088	4,116,703	0.039859	0	0	91.07
91.08	04040	FAMILY PRACTICE	443,854	0	0.000000	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	57,785,077	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						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	13,244	0	0.000000	0	0	98.02
200.00		Total (lines 50 through 199)	44,798,651	3,764,478,451		1,704,403	18,906	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	9,048	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,546	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	341,052	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	803,357	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	182,031	57.00
58.00	05800 MRI	0	0	0	0	56,305	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	1,538,151	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330 ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	26,139	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	23,123	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 ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	0	0	98.02
200.00	Total (lines 50 through 199)	0	0	0	0	2,987,752	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,048	9,048	902,059,504	0.000010	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,546	8,546	84,589,333	0.000101	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	341,052	341,052	91,242,840	0.003738	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	56,622,757	0.000000	54.01
54.02	05403	ULTRASOUND	0	803,357	803,357	31,432,719	0.025558	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	40,828,979	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	91,214,198	0.000000	54.04
57.00	05700	CT SCAN	0	182,031	182,031	48,710,547	0.003737	57.00
58.00	05800	MRI	0	56,305	56,305	15,067,012	0.003737	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	280,990,351	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,182,761	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	469,309,525	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	84,487,515	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,348,515	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,220,147	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	11,150,745	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,880,609	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	21,152,974	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	240,801,294	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	243,938,899	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,538,151	1,538,151	350,671,545	0.004386	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	23,181,526	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	74,431,365	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	26,139	26,139	11,290,095	0.002315	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,993,277	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	BURN CLINIC	0	0	0	432,631	0.000000	90.03
91.00	09100	EMERGENCY	0	23,123	23,123	401,405,209	0.000058	91.00
91.01	09101	WOUND CARE 002	0	0	0	25,100,293	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,600,315	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	1,843,587	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	3,395,604	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,116,703	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	57,785,077	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	2,987,752	2,987,752	3,764,478,451		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000010	737,836	7	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000101	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.003738	10,880	41	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000	14,925	0	417	54.01
54.02	05403	ULTRASOUND	0.025558	10,976	281	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.000000	0	0	0	54.03
54.04	05401	ONCOLOGY	0.000000	0	0	0	54.04
57.00	05700	CT SCAN	0.003737	23,990	90	850	57.00
58.00	05800	MRI	0.003737	1,900	7	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0.000000	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	318,818	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,699	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	34,423	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	6,346	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	4,513	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	10,002	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,887	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	51,815	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	24,182	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004386	262,424	1,151	714	73.00
74.00	07400	RENAL DIALYSIS	0.000000	16,457	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.000000	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.002315	6,373	15	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000	0	0	663	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	90.02
90.03	09003	BURN CLINIC	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.000058	157,957	9	0	91.00
91.01	09101	WOUND CARE 002	0.000000	0	0	0	91.01
91.02	09102	WOUND CARE 001	0.000000	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.000000	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	98.02
200.00		Total (lines 50 through 199)		1,704,403	1,601	2,644	6200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/27/2023 5:09 pm			
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		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.095147	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.158598	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219480	0	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.160726	417	0	0	67 54.01
54.02	05403	ULTRASOUND	0.096845	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.064666	0	0	0	54.03
54.04	05401	ONCOLOGY	0.162215	0	0	0	54.04
57.00	05700	CT SCAN	0.084397	850	0	0	72 57.00
58.00	05800	MRI	0.218783	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051912	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0.429878	0	0	0	59.01
60.00	06000	LABORATORY	0.089707	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.214572	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.462109	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425946	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.376306	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101381	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.292458	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.352170	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.360210	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277365	714	0	485	198 73.00
74.00	07400	RENAL DIALYSIS	0.270409	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.097964	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.993305	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.350195	663	0	0	232 90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	90.02
90.03	09003	BURN CLINIC	2.626462	0	0	0	90.03
91.00	09100	EMERGENCY	0.118403	0	0	0	91.00
91.01	09101	WOUND CARE 002	0.142946	0	0	0	91.01
91.02	09102	WOUND CARE 001	0.281350	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.425803	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.310548	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.354613	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.393475	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.692542	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	98.02
200.00		Subtotal (see instructions)		2,644	0	485	569 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		2,644	0	485	569 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/27/2023 5:09 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	54.01
54.02 05403 ULTRASOUND	0	0	54.02
54.03 05404 ECHOCARDIOLOGY	0	0	54.03
54.04 05401 ONCOLOGY	0	0	54.04
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
59.01 05901 CARDIAC REHAB	0	0	59.01
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	135	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 03330 ENDOSCOPY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PARTIAL HOSPITALIZATION	0	0	90.01
90.02 09002 COVID-19 VACCINE CLINIC	0	0	90.02
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 ANTICOAGULATION CLINIC	0	0	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	91.07
91.08 04040 FAMILY PRACTICE	0	0	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
98.00 09853 GERIATRIC CLINIC	0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02 09852 DIABETES EDUCATION	0	0	98.02
200.00 Subtotal (see instructions)	0	135	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	135	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part III Date/Time Prepared: 11/27/2023 5:09 pm
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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	200,571	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	108,579	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	52,279	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	8,546	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	53,284	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	43,733	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	466,992	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	200,571	125,873	1.59	5,823	30.00	
31.00	03100	INTENSIVE CARE UNIT		108,579	23,618	4.60	937	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		52,279	6,360	8.22	248	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0	1,501	0.00	89	33.00	
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		8,546	2,564	3.33	229	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT		53,284	25,641	2.08	3,516	34.01	
40.00	04000	SUBPROVIDER - IPF	0	43,733	13,198	3.31	675	40.00	
43.00	04300	NURSERY		0	4,560	0.00	2,765	43.00	
200.00		Total (lines 30 through 199)		466,992	203,315		14,282	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	9,259						30.00
31.00	03100	INTENSIVE CARE UNIT	4,310						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	2,039						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	763						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	7,313						34.01
40.00	04000	SUBPROVIDER - IPF	2,234						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	25,918						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	9,048	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,546	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	341,052	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	0	0	803,357	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	182,031	57.00
58.00	05800	MRI	0	0	0	0	56,305	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	1,538,151	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	26,139	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	23,123	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 ANTICOAGULATION 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	25,352	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50 through 199)	0	0	0	0	3,013,104	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Title XIX Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				Total Charges (from wkst. C, Part I, col. 8)	Cost		
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	9,048	9,048	902,059,504	0.000010	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	8,546	8,546	84,589,333	0.000101	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	341,052	341,052	91,242,840	0.003738	54.00	
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	56,622,757	0.000000	54.01	
54.02 05403 ULTRASOUND	0	803,357	803,357	31,432,719	0.025558	54.02	
54.03 05404 ECHOCARDIOLOGY	0	0	0	40,828,979	0.000000	54.03	
54.04 05401 ONCOLOGY	0	0	0	91,214,198	0.000000	54.04	
57.00 05700 CT SCAN	0	182,031	182,031	48,710,547	0.003737	57.00	
58.00 05800 MRI	0	56,305	56,305	15,067,012	0.003737	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	280,990,351	0.000000	59.00	
59.01 05901 CARDIAC REHAB	0	0	0	3,182,761	0.000000	59.01	
60.00 06000 LABORATORY	0	0	0	469,309,525	0.000000	60.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	84,487,515	0.000000	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	28,348,515	0.000000	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	15,220,147	0.000000	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	11,150,745	0.000000	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	31,880,609	0.000000	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	21,152,974	0.000000	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	240,801,294	0.000000	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	243,938,899	0.000000	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,538,151	1,538,151	350,671,545	0.004386	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	23,181,526	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	74,431,365	0.000000	75.01	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	26,139	26,139	11,290,095	0.002315	90.00	
90.01 09001 PARTIAL HOSPITALIZATION	0	0	0	14,993,277	0.000000	90.01	
90.02 09002 COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.02	
90.03 09003 BURN CLINIC	0	0	0	432,631	0.000000	90.03	
91.00 09100 EMERGENCY	0	23,123	23,123	401,405,209	0.000058	91.00	
91.01 09101 WOUND CARE 002	0	0	0	25,100,293	0.000000	91.01	
91.02 09102 WOUND CARE 001	0	0	0	3,600,315	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	1,843,587	0.000000	91.04	
91.05 09105 BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05	
91.06 09106 OP ANTICOAGULATION CLINIC	0	0	0	3,395,604	0.000000	91.06	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,116,703	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	25,352	25,352	57,785,077	0.000439	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES						95.00	
98.00 09853 GERIATRIC CLINIC	0	0	0	0	0.000000	98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01	
98.02 09852 DIABETES EDUCATION	0	0	0	0	0.000000	98.02	
200.00 Total (lines 50 through 199)	0	3,013,104	3,013,104	3,764,478,451		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000010	19,504,263	195	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000101	2,642,331	267	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003738	1,290,681	4,825	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	549,459	0	0	0	54.01
54.02	05403 ULTRASOUND	0.025558	1,133,525	28,971	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.000000	0	0	0	0	54.03
54.04	05401 ONCOLOGY	0.000000	545,571	0	0	0	54.04
57.00	05700 CT SCAN	0.003737	1,317,240	4,923	0	0	57.00
58.00	05800 MRI	0.003737	342,471	1,280	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,294,218	0	0	0	59.00
59.01	05901 CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	16,830,875	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,668,458	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	908,394	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	573,330	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	279,714	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	867,550	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	381,401	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	4,595,021	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,931,443	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004386	11,464,148	50,282	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,002,104	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	678,689	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.002315	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	0.000058	8,974,150	521	0	0	91.00
91.01	09101 WOUND CARE 002	0.000000	37,336	0	0	0	91.01
91.02	09102 WOUND CARE 001	0.000000	235,388	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 ANTICOAGULATION 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	0.000439	1,675,017	735	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
98.00	09853 GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00	Total (lines 50 through 199)		91,722,777	91,999	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0084		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part V Date/Time Prepared: 11/27/2023 5:09 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs		PPS Services (see inst.)	
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.103359	0	9,485,983	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.178767	0	113,762	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224036	0	1,418,594	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.160726	0	302,806	0	0	54.01
54.02	05403	ULTRASOUND	0.106361	0	287,390	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.069908	0	90,675	0	0	54.03
54.04	05401	ONCOLOGY	0.169631	0	1,350,839	0	0	54.04
57.00	05700	CT SCAN	0.084397	0	494,910	0	0	57.00
58.00	05800	MRI	0.220742	0	254,448	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056261	0	1,826,725	0	0	59.00
59.01	05901	CARDIAC REHAB	0.445335	0	10,350	0	0	59.01
60.00	06000	LABORATORY	0.090538	0	3,902,275	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.218572	0	149,516	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.466326	0	921,911	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425946	0	9,680	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.376306	0	75,287	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.124142	0	138,230	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307320	0	750,759	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.352170	0	1,342,050	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.360210	0	3,345,321	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277526	0	2,172,770	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.276479	0	296,220	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.108017	0	634,856	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.029733	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.351278	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	2.626462	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.120603	0	8,395,207	0	0	91.00
91.01	09101	WOUND CARE 002	0.148395	0	403,011	0	0	91.01
91.02	09102	WOUND CARE 001	0.281350	0	12,757	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.425803	0	6,440	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.310548	0	8,548	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.354613	0	41,055	0	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.393475	0	1,559,158	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.692542	0	902,900	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	40,704,433	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	40,704,433	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Prepared: 11/27/2023 5:09 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	980,462	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,337	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	317,816	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	48,669	0	54.01
54.02	05403	ULTRASOUND	30,567	0	54.02
54.03	05404	ECHOCARDIOLOGY	6,339	0	54.03
54.04	05401	ONCOLOGY	229,144	0	54.04
57.00	05700	CT SCAN	41,769	0	57.00
58.00	05800	MRI	56,167	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	102,773	0	59.00
59.01	05901	CARDIAC REHAB	4,609	0	59.01
60.00	06000	LABORATORY	353,304	0	60.00
65.00	06500	RESPIRATORY THERAPY	32,680	0	65.00
66.00	06600	PHYSICAL THERAPY	429,911	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,123	0	67.00
68.00	06800	SPEECH PATHOLOGY	28,331	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,160	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	230,723	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	472,630	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,205,018	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	603,000	0	73.00
74.00	07400	RENAL DIALYSIS	81,899	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03330	ENDOSCOPY	68,575	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	90.02
90.03	09003	BURN CLINIC	0	0	90.03
91.00	09100	EMERGENCY	1,012,487	0	91.00
91.01	09101	WOUND CARE 002	59,805	0	91.01
91.02	09102	WOUND CARE 001	3,589	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	2,742	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	2,655	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	14,559	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	613,490	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	625,296	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)	7,700,629	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	7,700,629	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm
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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	Cost
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	9,048	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,546	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	341,052	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403 ULTRASOUND	0	0	0	0	803,357	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	182,031	57.00
58.00	05800 MRI	0	0	0	0	56,305	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	1,538,151	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330 ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	26,139	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	23,123	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 ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0	0	0	0	0	98.02
200.00	Total (lines 50 through 199)	0	0	0	0	2,987,752	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm				
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,048	9,048	902,059,504	0.000010	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,546	8,546	84,589,333	0.000101	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	341,052	341,052	91,242,840	0.003738	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	56,622,757	0.000000	54.01
54.02	05403	ULTRASOUND	0	803,357	803,357	31,432,719	0.025558	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	40,828,979	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	91,214,198	0.000000	54.04
57.00	05700	CT SCAN	0	182,031	182,031	48,710,547	0.003737	57.00
58.00	05800	MRI	0	56,305	56,305	15,067,012	0.003737	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	280,990,351	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,182,761	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	469,309,525	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	84,487,515	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	28,348,515	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,220,147	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	11,150,745	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,880,609	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	21,152,974	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	240,801,294	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	243,938,899	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,538,151	1,538,151	350,671,545	0.004386	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	23,181,526	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	74,431,365	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	26,139	26,139	11,290,095	0.002315	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	14,993,277	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	BURN CLINIC	0	0	0	432,631	0.000000	90.03
91.00	09100	EMERGENCY	0	23,123	23,123	401,405,209	0.000058	91.00
91.01	09101	WOUND CARE 002	0	0	0	25,100,293	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,600,315	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	1,843,587	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	3,395,604	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	4,116,703	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	57,785,077	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	2,987,752	2,987,752	3,764,478,451		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2022 To 06/30/2023		Worksheet D Part IV Date/Time Prepared: 11/27/2023 5:09 pm	
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)	Cost
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000010	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000101	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.003738	701	3	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000	417	0	0	54.01
54.02	05403	ULTRASOUND	0.025558	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.000000	0	0	0	54.03
54.04	05401	ONCOLOGY	0.000000	0	0	0	54.04
57.00	05700	CT SCAN	0.003737	0	0	0	57.00
58.00	05800	MRI	0.003737	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0.000000	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	77,014	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,470	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	468	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	233	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004386	42,239	185	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.000000	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.002315	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000	18,059	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	90.02
90.03	09003	BURN CLINIC	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.000058	0	0	0	91.00
91.01	09101	WOUND CARE 002	0.000000	0	0	0	91.01
91.02	09102	WOUND CARE 001	0.000000	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.000000	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	98.02
200.00		Total (lines 50 through 199)		142,601	188	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		125,873	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		125,873	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)		109,956	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)		29,025	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		179,805,180	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)		179,805,180	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		179,805,180	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,428.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		41,461,342	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)		41,461,342	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	PPS 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	44,477,408	23,618	1,883.20	6,464	12,173,005	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	25,568,806	6,360	4,020.25	1,587	6,380,137	44.01
45.00	BURN INTENSIVE CARE UNIT	4,346,412	1,501	2,895.68	168	486,474	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	7,689,450	2,564	2,999.01	6	17,994	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	36,266,713	25,641	1,414.40	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)					81,093,968	48.00
48.01	Program inpatient cellular therapy acquisition cost (worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					141,612,920	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)					3,875,406	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,151,532	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,026,938	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					132,585,982	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise 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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					15,917	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,428.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					22,736,957	89.00
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	11,178,741	179,805,180	0.062171	22,736,957	1,413,579	90.00
91.00	Nursing Program cost	0	179,805,180	0.000000	22,736,957	0	91.00
92.00	Allied health cost	200,571	179,805,180	0.001115	22,736,957	25,352	92.00
93.00	All other Medical Education	0	179,805,180	0.000000	22,736,957	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,198 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,198 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			13,198 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)			1,494 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			12,170,946 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)			12,170,946 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			12,170,946 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			922.18 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,377,737 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)			1,377,737 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01 CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					260,375	48.00
48.01 Program inpatient cellular therapy acquisition cost (worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					1,638,112	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					89,087	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					20,507	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					109,594	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,528,518	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
55.01 Permanent adjustment amount per discharge					0.00	55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise 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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00
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	743,272	12,170,946	0.061069	0	0 90.00
91.00	Nursing Program cost	0	12,170,946	0.000000	0	0 91.00
92.00	Allied health cost	43,733	12,170,946	0.003593	0	0 92.00
93.00	All other Medical Education	0	12,170,946	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		125,873	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		125,873	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)		109,956	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)		5,823	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,560	15.00
16.00	Nursery days (title V or XIX only)		2,765	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		185,441,706	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)		185,441,706	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		185,441,706	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,473.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,578,677	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)		8,578,677	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Hospital Cost	
Cost Center Description		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	5,416,824	4,560	1,187.90	2,765	3,284,544	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	46,598,749	23,618	1,973.02	937	1,848,720	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	25,595,863	6,360	4,024.51	248	998,078	44.01
45.00	BURN INTENSIVE CARE UNIT	4,349,363	1,501	2,897.64	89	257,890	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	7,837,039	2,564	3,056.57	229	699,955	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	36,547,132	25,641	1,425.34	3,516	5,011,495	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)					16,367,950	48.00
48.01	Program inpatient cellular therapy acquisition cost (worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					37,047,309	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
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise 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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084		Period: From 07/01/2022 To 06/30/2023		Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm	
Cost Center Description		Title XIX		Hospital		Cost	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						1.00	
87.00	Total observation bed days (see instructions)					15,917	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,473.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					23,449,561	89.00
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	11,178,741	185,441,706	0.060282	23,449,561	1,413,586	90.00
91.00	Nursing Program cost	0	185,441,706	0.000000	23,449,561	0	91.00
92.00	Allied health cost	200,571	185,441,706	0.001082	23,449,561	25,372	92.00
93.00	All other Medical Education	0	185,441,706	0.000000	23,449,561	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm
Cost Center Description		Title XIX	Subprovider - IPF	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,198 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,198 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			13,198 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)			675 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			4,560 15.00
16.00	Nursery days (title V or XIX only)			2,765 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			12,480,883 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)			12,480,883 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			12,480,883 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			945.66 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			638,321 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)			638,321 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1	
				Component CCN: 15-S084	Date/Time Prepared: 11/27/2023 5:09 pm		
				Title XIX	Subprovider - IPF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				26,321		48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)				0		48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)				664,642		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
55.01	Permanent adjustment amount per discharge				0.00		55.01
55.02	Adjustment amount per discharge (contractor use only)				0.00		55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00		59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00		60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise 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

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prepared: 11/27/2023 5:09 pm
	Title XIX	Subprovider - IPF	Cost

Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
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	743,272	12,480,883	0.059553	0	0	90.00
91.00	Nursing Program cost	0	12,480,883	0.000000	0	0	91.00
92.00	Allied health cost	43,733	12,480,883	0.003504	0	0	92.00
93.00	All other Medical Education	0	12,480,883	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		101,981,351	30.00
31.00	03100	INTENSIVE CARE UNIT		40,292,670	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		13,479,724	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		3,908,183	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		84,883	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		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.095147	114,782,208	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.158598	425,407	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219480	5,146,118	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.160726	4,236,109	54.01
54.02	05403	ULTRASOUND	0.096845	4,286,089	54.02
54.03	05404	ECHOCARDIOLOGY	0.064666	44,142	54.03
54.04	05401	ONCOLOGY	0.162215	1,271,650	54.04
57.00	05700	CT SCAN	0.084397	7,688,644	57.00
58.00	05800	MRI	0.218783	1,334,275	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051912	31,936,291	59.00
59.01	05901	CARDIAC REHAB	0.429878	1,680	59.01
60.00	06000	LABORATORY	0.089707	77,490,155	60.00
65.00	06500	RESPIRATORY THERAPY	0.214572	14,043,269	65.00
66.00	06600	PHYSICAL THERAPY	0.462109	4,303,483	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425946	2,663,736	67.00
68.00	06800	SPEECH PATHOLOGY	0.376306	1,111,088	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101381	6,131,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.292458	1,119,083	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.352170	32,964,198	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.360210	48,817,042	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277365	49,439,560	73.00
74.00	07400	RENAL DIALYSIS	0.270409	5,712,155	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330	ENDOSCOPY	0.097964	5,591,223	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.993305	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.350195	8,866	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	90.02
90.03	09003	BURN CLINIC	2.626462	0	90.03
91.00	09100	EMERGENCY	0.118403	28,187,405	91.00
91.01	09101	WOUND CARE 002	0.142946	36,778	91.01
91.02	09102	WOUND CARE 001	0.281350	941,390	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.425803	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.310548	1,572	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.354613	1,572	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.393475	5,098,350	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		454,815,000	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)		454,815,000	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/27/2023 5:09 pm
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL			32.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT			33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000 SUBPROVIDER - IPF		5,071,526	40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.095147	737,836	70,203 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.158598	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.219480	10,880	2,388 54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.160726	14,925	2,399 54.01
54.02	05403 ULTRASOUND	0.096845	10,976	1,063 54.02
54.03	05404 ECHOCARDIOLOGY	0.064666	0	0 54.03
54.04	05401 ONCOLOGY	0.162215	0	0 54.04
57.00	05700 CT SCAN	0.084397	23,990	2,025 57.00
58.00	05800 MRI	0.218783	1,900	416 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.051912	0	0 59.00
59.01	05901 CARDIAC REHAB	0.429878	0	0 59.01
60.00	06000 LABORATORY	0.089707	318,818	28,600 60.00
65.00	06500 RESPIRATORY THERAPY	0.214572	4,699	1,008 65.00
66.00	06600 PHYSICAL THERAPY	0.462109	34,423	15,907 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.425946	6,346	2,703 67.00
68.00	06800 SPEECH PATHOLOGY	0.376306	4,513	1,698 68.00
69.00	06900 ELECTROCARDIOLOGY	0.101381	10,002	1,014 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.292458	5,887	1,722 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352170	51,815	18,248 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.360210	24,182	8,711 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.277365	262,424	72,787 73.00
74.00	07400 RENAL DIALYSIS	0.270409	16,457	4,450 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	03330 ENDOSCOPY	0.097964	0	0 75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.993305	6,373	6,330 90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.350195	0	0 90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0 90.02
90.03	09003 BURN CLINIC	2.626462	0	0 90.03
91.00	09100 EMERGENCY	0.118403	157,957	18,703 91.00
91.01	09101 WOUND CARE 002	0.142946	0	0 91.01
91.02	09102 WOUND CARE 001	0.281350	0	0 91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0 91.03
91.04	09104 ZIONSVILLE CLINIC	0.425803	0	0 91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0 91.05
91.06	09106 OP ANTICOAGULATION CLINIC	0.310548	0	0 91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.354613	0	0 91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0 91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.393475	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
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)		1,704,403	260,375 200.00
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)		1,704,403	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3	
		Title XIX		Hospital	
		Ratio of Cost To Charges		Inpatient Program Charges	
		1.00		2.00	
				Inpatient Program Costs (col. 1 x col. 2)	
				3.00	
Cost Center Description					
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		22,078,291	30.00
31.00	03100	INTENSIVE CARE UNIT		6,711,278	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		2,008,166	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		3,124,266	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		3,067,719	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		35,154,589	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		3,343,603	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.103359	19,504,263	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.178767	2,642,331	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.224036	1,290,681	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.160726	549,459	54.01
54.02	05403	ULTRASOUND	0.106361	1,133,525	54.02
54.03	05404	ECHOCARDIOLOGY	0.069908	0	54.03
54.04	05401	ONCOLOGY	0.169631	545,571	54.04
57.00	05700	CT SCAN	0.084397	1,317,240	57.00
58.00	05800	MRI	0.220742	342,471	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056261	4,294,218	59.00
59.01	05901	CARDIAC REHAB	0.445335	0	59.01
60.00	06000	LABORATORY	0.090538	16,830,875	60.00
65.00	06500	RESPIRATORY THERAPY	0.218572	5,668,458	65.00
66.00	06600	PHYSICAL THERAPY	0.466326	908,394	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.425946	573,330	67.00
68.00	06800	SPEECH PATHOLOGY	0.376306	279,714	68.00
69.00	06900	ELECTROCARDIOLOGY	0.124142	867,550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.307320	381,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.352170	4,595,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.360210	5,931,443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277526	11,464,148	73.00
74.00	07400	RENAL DIALYSIS	0.276479	1,002,104	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330	ENDOSCOPY	0.108017	678,689	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.029733	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.351278	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	90.02
90.03	09003	BURN CLINIC	2.626462	0	90.03
91.00	09100	EMERGENCY	0.120603	8,974,150	91.00
91.01	09101	WOUND CARE 002	0.148395	37,336	91.01
91.02	09102	WOUND CARE 001	0.281350	235,388	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.425803	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.310548	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.354613	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.393475	1,675,017	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		91,722,777	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)		91,722,777	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-3 Date/Time Prepared: 11/27/2023 5:09 pm
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL			32.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT			33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000 SUBPROVIDER - IPF		1,787,069	40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.103359	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.178767	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.224036	701	157 54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.160726	417	67 54.01
54.02	05403 ULTRASOUND	0.106361	0	0 54.02
54.03	05404 ECHOCARDIOLOGY	0.069908	0	0 54.03
54.04	05401 ONCOLOGY	0.169631	0	0 54.04
57.00	05700 CT SCAN	0.084397	0	0 57.00
58.00	05800 MRI	0.220742	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056261	0	0 59.00
59.01	05901 CARDIAC REHAB	0.445335	0	0 59.01
60.00	06000 LABORATORY	0.090538	77,014	6,973 60.00
65.00	06500 RESPIRATORY THERAPY	0.218572	3,470	758 65.00
66.00	06600 PHYSICAL THERAPY	0.466326	468	218 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.425946	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.376306	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.124142	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.307320	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352170	233	82 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.360210	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.277526	42,239	11,722 73.00
74.00	07400 RENAL DIALYSIS	0.276479	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	03330 ENDOSCOPY	0.108017	0	0 75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.029733	0	0 90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.351278	18,059	6,344 90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0 90.02
90.03	09003 BURN CLINIC	2.626462	0	0 90.03
91.00	09100 EMERGENCY	0.120603	0	0 91.00
91.01	09101 WOUND CARE 002	0.148395	0	0 91.01
91.02	09102 WOUND CARE 001	0.281350	0	0 91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0 91.03
91.04	09104 ZIONSVILLE CLINIC	0.425803	0	0 91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0 91.05
91.06	09106 OP ANTICOAGULATION CLINIC	0.310548	0	0 91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.354613	0	0 91.07
91.08	04040 FAMILY PRACTICE	0.000000	0	0 91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.393475	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
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)		142,601	26,321 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		142,601	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 07/01/2022 To 06/30/2023	Worksheet D-4 Date/Time Prepared: 11/27/2023 5:09 pm
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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	
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	1,428.47	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,883.20	0.00	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0.00	0	3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	222,583	4,020.25	35.00	140,709	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,895.68	0.00	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,999.01	0.00	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,414.40	0.00	0	5.01
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		222,583		35.00	140,709	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to 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	0.095147	1,335,309	127,051	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.158598	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.219480	110,901	24,341	12.00	
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.160726	0	0	12.01	
12.02	ULTRASOUND	54.02	0.096845	3,239	314	12.02	
12.03	ECHOCARDIOLOGY	54.03	0.064666	0	0	12.03	
12.04	ONCOLOGY	54.04	0.162215	31,372	5,089	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	0.084397	236,485	19,959	15.00	
16.00	MRI	58.00	0.218783	317	69	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.051912	51,071	2,651	17.00	
17.01	CARDIAC REHAB	59.01	0.429878	10,800	4,643	17.01	
18.00	LABORATORY	60.00	0.089707	2,567,261	230,301	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	0.214572	110,233	23,653	23.00	
24.00	PHYSICAL THERAPY	66.00	0.462109	6,972	3,222	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.425946	1,241	529	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.376306	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.101381	39,980	4,053	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.292458	1,982	580	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.352170	64,261	22,631	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.360210	18,628	6,710	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.277365	151,022	41,888	31.00	
32.00	RENAL DIALYSIS	74.00	0.270409	1,551	419	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	ENDOSCOPY	75.01	0.097964	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	0.993305	36,472	36,228	37.00	
37.01	PARTIAL HOSPITALIZATION	90.01	0.350195	0	0	37.01	
37.02	COVID-19 VACCINE CLINIC	90.02	0.000000	0	0	37.02	
37.03	BURN CLINIC	90.03	2.626462	0	0	37.03	
38.00	EMERGENCY	91.00	0.118403	1,333	158	38.00	
38.01	WOUND CARE 002	91.01	0.142946	0	0	38.01	
38.02	WOUND CARE 001	91.02	0.281350	0	0	38.02	
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03	
38.04	ZIONSVILLE CLINIC	91.04	0.425803	0	0	38.04	
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05	
38.06	OP ANTICOAGULATION CLINIC	91.06	0.310548	0	0	38.06	
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.354613	0	0	38.07	
38.08	FAMILY PRACTICE	91.08	0.000000	0	0	38.08	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.393475	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			4,780,430	554,489	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 07/01/2022 To 06/30/2023		Worksheet D-4 Date/Time Prepared: 11/27/2023 5:09 pm	
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	35	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			35	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	36,472	0.000000	0	0	51.00
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0	0	51.01
51.02	COVID-19 VACCINE CLINIC	23.02	0	0.000000	0	0	51.02
51.03	BURN CLINIC	23.03	0	0.000000	0	0	51.03
52.00	EMERGENCY	24.00	1,333	0.000000	0	0	52.00
52.01	WOUND CARE 002	24.01	0	0.000000	0	0	52.01
52.02	WOUND CARE 001	24.02	0	0.000000	0	0	52.02
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0	0	52.03
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0	0	52.04
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0	0	52.05
52.06	OP ANTICOAGULATION CLINIC	24.06	0	0.000000	0	0	52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0	0	52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0	0	52.08
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		37,805		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	695,198		5,003,013			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)	10,004,335		16,214,553			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (see instructions)	10,699,533		21,217,566			61.00
Cost Center Description		Usable Organs					
		1.00	2.00	3.00	4.00		
62.00	Total Usable Organs (see instructions)		155				62.00
63.00	Medicare Usable Organs (see instructions)		137				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.883871				64.00

(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 07/01/2022 To 06/30/2023	Worksheet D-4 Date/Time Prepared: 11/27/2023 5:09 pm
	Kidney	Hospital	PPS

Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
65.00 Medicare Cost and Charges (see instructions)	9,457,007		18,753,591		65.00
66.00 Revenue for organs sold (see instructions)	248,400		0		66.00
67.00 Subtotal (see instructions)	9,208,607		18,753,591		67.00
68.00 Organs Furnished Part B	0	0	0	0	68.00
69.00 Net Organ Acquisition Cost and Charges (see instructions)	9,208,607	0	18,753,591	0	69.00
Cost Center Description	Living Related		Cadaveric	Revenue	
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)		14	78		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 (see instructions)			63		73.00
74.00 Total (sum of lines 70 through 73)		14	141		74.00
75.00 Organs Transplanted		14	63		75.00
76.00 Organs sold to other hospitals		0	0	0	76.00
77.00 Organs sold to OPOs		0	78	0	77.00
78.00 Organs sold to transplant hospitals		0	0	0	78.00
79.00 Organs sold to MRTC without an agreement 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	0	81.00
82.00 Organs used for research		0	0	0	82.00
83.00 Unusable/Discarded organs (see instructions)		0	0	0	83.00
84.00 Total (see instructions)		14	141		84.00

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

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Provider CCN: 15-0084 Component CCN:	Period: From 07/01/2022 To 06/30/2023	Worksheet D-4 Date/Time Prepared: 11/27/2023 5:09 pm
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Cost Center Description	Heart		Hospital		PPS
	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
	0	1.00	2.00	3.00	4.00

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,428.47	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,883.20	0.00	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0.00	0	3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	34,500	4,020.25	2.00	8,041	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,895.68	0.00	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,999.01	0.00	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,414.40	0.00	0	5.01
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		34,500		2.00	8,041	7.00

Cost Center Description	Worksheet C Line Numbers	Ratio of Cost to 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	0.095147	161,779	15,393	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.158598	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.219480	6,332	1,390	12.00
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.160726	0	0	12.01
12.02	ULTRASOUND	54.02	0.096845	339	33	12.02
12.03	ECHOCARDIOLOGY	54.03	0.064666	0	0	12.03
12.04	ONCOLOGY	54.04	0.162215	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	0.084397	2,582	218	15.00
16.00	MRI	58.00	0.218783	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.051912	20,762	1,078	17.00
17.01	CARDIAC REHAB	59.01	0.429878	0	0	17.01
18.00	LABORATORY	60.00	0.089707	60,968	5,469	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	0.214572	14,581	3,129	23.00
24.00	PHYSICAL THERAPY	66.00	0.462109	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.425946	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.376306	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.101381	9,044	917	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.292458	800	234	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.352170	5,879	2,070	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.360210	8,647	3,115	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.277365	23,179	6,429	31.00
32.00	RENAL DIALYSIS	74.00	0.270409	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	ENDOSCOPY	75.01	0.097964	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	0.993305	0	0	37.00
37.01	PARTIAL HOSPITALIZATION	90.01	0.350195	0	0	37.01
37.02	COVID-19 VACCINE CLINIC	90.02	0.000000	0	0	37.02
37.03	BURN CLINIC	90.03	2.626462	0	0	37.03
38.00	EMERGENCY	91.00	0.118403	667	79	38.00
38.01	WOUND CARE 002	91.01	0.142946	0	0	38.01
38.02	WOUND CARE 001	91.02	0.281350	0	0	38.02
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03
38.04	ZIONSVILLE CLINIC	91.04	0.425803	0	0	38.04
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05
38.06	OP ANTICOAGULATION CLINIC	91.06	0.310548	0	0	38.06
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.354613	0	0	38.07
38.08	FAMILY PRACTICE	91.08	0.000000	0	0	38.08
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.393475	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			315,559	39,554	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 07/01/2022 To 06/30/2023	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 11/27/2023 5:09 pm	
		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 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 TRANSPL	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 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	667	0.000000	0 52.00
52.01	WOUND CARE 002	24.01	0	0.000000	0 52.01
52.02	WOUND CARE 001	24.02	0	0.000000	0 52.02
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0 52.03
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0 52.04
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0 52.05
52.06	OP ANTICOAGULATION CLINIC	24.06	0	0.000000	0 52.06
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0 52.07
52.08	FAMILY PRACTICE	24.08	0	0.000000	0 52.08
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0 53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0 54.00
55.00	TOTAL (sum of lines 49 through 52)		667		0 55.00
		Cost		Charges	
Cost Center Description		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	47,595		350,059	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	6,463,822		4,758,437	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (see instructions)	6,511,417		5,108,496	61.00
Cost Center Description		Usable Organs			
		1.00	2.00	3.00	4.00
62.00	Total Usable Organs (see instructions)		39		62.00
63.00	Medicare Usable Organs (see instructions)		17		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.435897		64.00

(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 07/01/2022 To 06/30/2023	Worksheet D-4 Date/Time Prepared: 11/27/2023 5:09 pm
	Heart	Hospital	PPS

Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
65.00 Medicare Cost and Charges (see instructions)	2,838,307		2,226,778		65.00
66.00 Revenue for organs sold (see instructions)	23,836		0		66.00
67.00 Subtotal (see instructions)	2,814,471		2,226,778		67.00
68.00 Organs Furnished Part B	0	0	0	0	68.00
69.00 Net Organ Acquisition Cost and Charges (see instructions)	2,814,471	0	2,226,778	0	69.00
Cost Center Description		Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
PART IV - STATISTICS					
70.00 Organs Excised in Provider (1)		0	13		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 (see instructions)			26		73.00
74.00 Total (sum of lines 70 through 73)		0	39		74.00
75.00 Organs Transplanted		0	26		75.00
76.00 Organs sold to other hospitals		0	0	0	76.00
77.00 Organs sold to OPOs		0	12	0	77.00
78.00 Organs sold to transplant hospitals		0	0	0	78.00
79.00 Organs sold to MRTC without an agreement 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	1	0	82.00
83.00 Unusable/Discarded organs (see instructions)		0	0		83.00
84.00 Total (see instructions)		0	39		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 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		21,248,857	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		65,042,403	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)		1,480,841	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		3,164,059	2.04
3.00	Managed Care Simulated Payments		70,308,185	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		715.49	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		92.11	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
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).		28.11	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
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		138.22	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		152.14	10.00
11.00	FTE count for residents in dental and podiatric programs.		12.00	11.00
12.00	Current year allowable FTE (see instructions)		150.22	12.00
13.00	Total allowable FTE count for the prior year.		121.11	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.		120.07	14.00
15.00	Sum of lines 12 through 14 divided by 3.		130.47	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		130.47	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.182351	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.160341	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.160341	21.00
22.00	IME payment adjustment (see instructions)		7,231,898	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		5,892,388	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.02	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		13.92	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.02	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000028	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000007	27.00
28.00	IME add-on adjustment amount (see instructions)		604	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		492	28.01
29.00	Total IME payment (sum of lines 22 and 28)		7,232,502	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		5,892,880	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.72	30.00
31.00	Percentage of Medicaid patient days (see instructions)		35.13	31.00
32.00	Sum of lines 30 and 31		38.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)		21.27	33.00
34.00	Disproportionate share adjustment (see instructions)		4,588,538	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	11,435,210	10,391,959	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	2,882,302	7,772,614	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	10,654,916		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
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)	113,412,116		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		119,304,996	49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)		7,927,762	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).		4,147,727	52.00
53.00	Nursing and Allied Health Managed Care payment		159,406	53.00
54.00	Special add-on payments for new technologies		518,284	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)		12,023,078	55.00
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
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).		88,949	57.00
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)		384,404	58.00
59.00	Total (sum of amounts on lines 49 through 58)		144,554,606	59.00
60.00	Primary payer payments		1,627	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		144,552,979	61.00
62.00	Deductibles billed to program beneficiaries		6,929,128	62.00
63.00	Coinsurance billed to program beneficiaries		414,178	63.00
64.00	Allowable bad debts (see instructions)		545,990	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		354,894	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		232,179	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		137,564,567	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		3,783	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		-3	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
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)		0	70.93
70.94	HRR adjustment amount (see instructions)		-108,451	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Prepared: 11/27/2023 5:09 pm
		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	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)		137,452,330	71.00
71.01	Sequestration adjustment (see instructions)		2,749,047	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		130,423,155	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)		4,280,128	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		1,871,403	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

		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	21,248,857	0	21,248,857		21,248,857	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	65,042,403	0		65,042,403	65,042,403	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	1,480,841	0	1,480,841		1,480,841	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,164,059	0		3,164,059	3,164,059	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	70,308,185	0	17,138,951	53,169,234	70,308,185	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.160341	0.160341	0.160341	0.160341		5.00
6.00	IME payment adjustment (see instructions)	22.00	7,231,898	0	1,780,824	5,451,074	7,231,898	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,892,388	0	1,436,381	4,456,007	5,892,388	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007	0.000007		7.00
8.00	IME adjustment (see instructions)	28.00	604	0	149	455	604	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	492	0	120	372	492	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	7,232,502	0	1,780,973	5,451,529	7,232,502	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,892,880	0	1,436,501	4,456,379	5,892,880	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2127	0.2127	0.2127	0.2127		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,588,538	0	1,129,908	3,458,630	4,588,538	11.00
11.01	Uncompensated care payments	36.00	10,654,916	0	2,882,302	7,772,614	10,654,916	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	113,412,116	0	28,522,881	84,889,235	113,412,116	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	119,304,996	0	29,959,382	89,345,614	119,304,996	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,927,762	0	2,008,074	5,919,688	7,927,762	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/27/2023 5:09 pm

		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	518,284	0	149,026	369,258	518,284	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3,783	0	0	3,783	3,783	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	32,116,482	95,638,343	127,754,825	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	6,523,546	0	1,622,319	4,901,227	6,523,546	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	342,183	0	121,641	220,542	342,183	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	0.0809	0.0809	0.0809	0.0809		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	527,755	0	131,246	396,509	527,755	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0819	0.0819	0.0819	0.0819		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	534,278	0	132,868	401,410	534,278	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,927,762	0	2,008,074	5,919,688	7,927,762	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 07/01/2022 To 06/30/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/27/2023 5:09 pm
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 (cols. 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	21,248,857	21,248,857		21,248,857
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	65,042,403		65,042,403	65,042,403
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00				
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,480,841	1,480,841		1,480,841
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,164,059		3,164,059	3,164,059
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	70,308,185	17,138,951	53,169,234	70,308,185
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.160341	0.160341	0.160341	
6.00	IME payment adjustment (see instructions)	22.00	7,231,898	1,780,824	5,451,074	7,231,898
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,892,388	1,436,381	4,456,007	5,892,388
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.000007	0.000007	
8.00	IME adjustment (see instructions)	28.00	604	149	455	604
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	492	120	372	492
9.00	Total IME payment (sum of lines 6 and 8)	29.00	7,232,502	1,780,973	5,451,529	7,232,502
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,892,880	1,436,501	4,456,379	5,892,880
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2127	0.2127	0.2127	
11.00	Disproportionate share adjustment (see instructions)	34.00	4,588,538	1,129,908	3,458,630	4,588,538
11.01	Uncompensated care payments	36.00	10,654,916	2,882,302	7,772,614	10,654,916
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	113,412,116	28,522,881	84,889,235	113,412,116
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	119,304,996	29,959,382	89,345,614	119,304,996
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,927,762	2,008,074	5,919,688	7,927,762
17.00	Special add-on payments for new technologies	54.00	518,284	149,026	369,258	518,284
17.01	Net organ acquisition cost					
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3,783	0	3,783	3,783
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			32,116,482	95,638,343	127,754,825

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/27/2023 5:09 pm
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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	6,523,546	1,622,319	4,901,227	6,523,546	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	342,183	121,641	220,542	342,183	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	0.0809	0.0809	0.0809		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	527,755	131,246	396,509	527,755	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0819	0.0819	0.0819		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	534,278	132,868	401,410	534,278	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,927,762	2,008,074	5,919,688	7,927,762	26.00
		Wkst. E, Pt. A, line	(Amt. from wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-108,451	-29,957	-78,494	-108,451	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,160	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		58,006,726	2.00
3.00	OPPS or REH payments		52,955,665	3.00
4.00	Outlier payment (see instructions)		339,010	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		252,270	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,160	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		70,138	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)		70,138	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		70,138	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		50,978	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)		19,160	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)		53,546,945	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		85	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,341,217	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)		45,224,803	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,556,502	28.00
28.50	REH facility payment amount		0	28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		46,781,305	30.00
31.00	Primary payer payments		10,372	31.00
32.00	Subtotal (line 30 minus line 31)		46,770,933	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		771,385	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		501,400	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		581,505	36.00
37.00	Subtotal (see instructions)		47,272,333	37.00
38.00	MSP-LCC reconciliation amount from PS&R		261	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
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)		9,750	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		47,272,072	40.00
40.01	Sequestration adjustment (see instructions)		945,441	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		46,221,125	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)		105,506	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		25,001	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time value of Money		0.00	92.00
93.00	Time value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/27/2023 5:09 pm
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 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		135	1.00
2.00	Medical and other services reimbursed under OPSS (see instructions)		563	2.00
3.00	OPSS or REH payments		481	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		6	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		135	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		485	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)		485	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)		485	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		350	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)		135	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)		487	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		48	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)		574	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount			28.50
29.00	ESRD direct medical education costs (from wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		574	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		574	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		574	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)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
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)		574	40.00
40.01	Sequestration adjustment (see instructions)		11	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		552	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		11	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2023 5:09 pm

		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		128,287,955		46,194,625	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	02/22/2023	1,749,600	02/22/2023	26,500	3.01	
3.02		05/17/2023	385,600		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)		2,135,200		26,500	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)		130,423,155		46,221,125	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		4,280,128		105,506	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		134,703,283		46,326,631	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 07/01/2022 To 06/30/2023	Worksheet E-1 Part I Date/Time Prepared: 11/27/2023 5:09 pm	
		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		1,326,215		552
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)		1,326,215		552
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		40,475		11
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,366,690		563
				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 07/01/2022 To 06/30/2023	Worksheet E-1 Part II Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part II Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,487,501 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			36,702 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)			36.158904 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9}))\}$ 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)			1,524,203 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)			1,524,203 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,524,203 18.00
19.00	Deductibles			130,820 19.00
20.00	Subtotal (line 18 minus line 19)			1,393,383 20.00
21.00	Coinsurance			40,067 21.00
22.00	Subtotal (line 20 minus line 21)			1,353,316 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			53,416 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			34,720 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			41,979 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,388,036 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			6,546 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)			1,394,582 31.00
31.01	Sequestration adjustment (see instructions)			27,892 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,326,215 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)			40,475 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			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
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
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 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2023 5:09 pm
		Title XIX	Hospital	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	37,047,309		1.00
2.00	Medical and other services		7,700,629	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	37,047,309	7,700,629	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)	37,047,309	7,700,629	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	75,487,912		8.00
9.00	Ancillary service charges	91,722,777	40,704,433	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)	167,210,689	40,704,433	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	167,210,689	40,704,433	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	130,163,380	33,003,804	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)	37,047,309	7,700,629	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	37,047,309	7,700,629	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	37,047,309	7,700,629	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	37,047,309	7,700,629	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	37,047,309	7,700,629	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)	37,047,309	7,700,629	40.00
41.00	Interim payments	37,047,309	7,700,629	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 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2023 5:09 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	664,642		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant programs only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	664,642	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)	664,642	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	1,787,069		8.00
9.00	Ancillary service charges	142,601	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)	1,929,670	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,929,670	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,265,028	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)	664,642	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	664,642	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	664,642	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	664,642	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	664,642	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)	664,642	0	40.00
41.00	Interim payments	664,642	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 07/01/2022 To 06/30/2023	Worksheet E-4 Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Hospital	PPS
				1.00
COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			98.92 1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00 1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00 2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00 2.26
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
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00 3.02
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))			30.04 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
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00 4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			146.96 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			153.38 6.00
7.00	Enter the lesser of line 5 or line 6			146.96 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.	110.75	36.67	147.42 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. For cost reporting periods beginning on or after October 1, 2022, or if worksheet S-2, Part I, line 68, is "Y", see instructions.	110.40	36.56	146.96 9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		12.00	10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		12.00	10.01
11.00	Total weighted FTE count	110.40	48.56	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	88.61	39.31	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	89.93	36.95	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	96.31	41.61	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	96.31	41.61	17.00
18.00	Per resident amount	102,474.48	102,474.48	18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00	18.01
19.00	Approved amount for resident costs	9,869,317	4,263,963	14,133,280 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)			6.42 21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.46 22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			120,558.26 23.00
24.00	Multiply line 22 time line 23			55,457 24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			14,188,737 25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E-4 Date/Time Prepared: 11/27/2023 5:09 pm
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		Title XVIII		Hospital	PPS	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	38,744	18,626	17,843		26.00
27.00	Total Inpatient Days (see instructions)	184,128	184,128	184,128		27.00
28.00	Ratio of inpatient days to total inpatient days	0.210419	0.101158	0.096905		28.00
29.00	Program direct GME amount	2,985,580	1,435,304	1,374,960	5,795,844	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		46,791	44,824	91,615	30.00
31.00	Net Program direct GME amount				5,704,229	31.00
					1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)						
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				0	32.00
33.00	Renal dialysis and home dialysis total charges (wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				23,181,526	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)				0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY						
Part A Reasonable Cost						
37.00	Reasonable cost (see instructions)				143,251,032	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)				12,023,078	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)				0	39.00
40.00	Primary payer payments (see instructions)				1,627	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				155,272,483	41.00
Part B Reasonable Cost						
42.00	Reasonable cost (see instructions)				58,278,860	42.00
43.00	Primary payer payments (see instructions)				10,372	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)				58,268,488	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)				213,540,971	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.727132	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.272868	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B						
48.00	Total program GME payment (line 31)				5,704,229	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)				4,147,727	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)				1,556,502	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E-5 Date/Time Prepared: 11/27/2023 5:09 pm
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet G

Date/Time Prepared:
11/27/2023 5:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	8,545,396	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	560,830,376	0	0	0	4.00
5.00	Other receivable	24,755,355	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-333,281,965	0	0	0	6.00
7.00	Inventory	28,231,664	0	0	0	7.00
8.00	Prepaid expenses	104,300	0	0	0	8.00
9.00	Other current assets	623,497	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)	289,808,623	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,200,644	0	0	0	12.00
13.00	Land improvements	23,049,081	0	0	0	13.00
14.00	Accumulated depreciation	-12,091,061	0	0	0	14.00
15.00	Buildings	683,068,356	0	0	0	15.00
16.00	Accumulated depreciation	-388,264,217	0	0	0	16.00
17.00	Leasehold improvements	13,830,363	0	0	0	17.00
18.00	Accumulated depreciation	-11,945,175	0	0	0	18.00
19.00	Fixed equipment	27,890,256	0	0	0	19.00
20.00	Accumulated depreciation	-27,219,058	0	0	0	20.00
21.00	Automobiles and trucks	3,333,169	0	0	0	21.00
22.00	Accumulated depreciation	-2,715,383	0	0	0	22.00
23.00	Major movable equipment	332,708,393	0	0	0	23.00
24.00	Accumulated depreciation	-261,236,506	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)	397,608,862	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	70,429,901	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	99,080,211	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	169,510,112	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	856,927,597	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	22,769,379	0	0	0	37.00
38.00	Salaries, wages, and fees payable	52,667,503	0	0	0	38.00
39.00	Payroll taxes payable	432,861	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	207,054,602	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	282,924,345	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	200,839,185	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	200,839,185	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	483,763,530	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	373,164,067				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	373,164,067	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	856,927,597	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-1

Date/Time Prepared:
11/27/2023 5:09 pm

		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		304,019,392		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		138,145,720			2.00
3.00	Total (sum of line 1 and line 2)		442,165,112		0	3.00
4.00	Transfer rstr contrib	1,252,264		0		4.00
5.00	NET INCOME FROM NONCONTROLLING INTER	14,608,569		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		15,860,833		0	10.00
11.00	Subtotal (line 3 plus line 10)		458,025,945		0	11.00
12.00	Transfer to Affiliate	70,381,251		0		12.00
13.00	Dis of Cap Nonctrl Int	14,447,413		0		13.00
14.00	TEMP RESTRICTED	33,214		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)		84,861,878		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		373,164,067		0	19.00
		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	NET INCOME FROM NONCONTROLLING INTER		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Transfer to Affiliate		0			12.00
13.00	Dis of Cap Nonctrl Int		0			13.00
14.00	TEMP RESTRICTED		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2022
To 06/30/2023

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2023 5:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	442,317,569		442,317,569	1.00
2.00	SUBPROVIDER - IPF	46,139,131		46,139,131	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)	488,456,700		488,456,700	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	153,406,495		153,406,495	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPL	53,223,616		53,223,616	12.01
13.00	BURN INTENSIVE CARE UNIT	33,199,880		33,199,880	13.00
13.01	PEDIATRIC INTENSIVE CARE UNIT	32,425,335		32,425,335	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	283,824,773		283,824,773	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	556,080,099		556,080,099	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,044,536,799		1,044,536,799	17.00
18.00	Ancillary services	1,781,135,017	1,437,408,726	3,218,543,743	18.00
19.00	Outpatient services	141,816,232	424,376,226	566,192,458	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	65,519	19,177,451	19,242,970	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	149,237,112	149,237,112	25.00
26.00	HOSPICE				26.00
27.00	Other Patient Service Revenue	0	333,227	333,227	27.00
27.01	Kidney Acquisition	12,133,551	10,201,878	22,335,429	27.01
27.02	Heart Acquisition	5,017,911	723,726	5,741,637	27.02
27.03	Physician Private Offices	0	78,525,995	78,525,995	27.03
27.04	Billing	0	86,940,317	86,940,317	27.04
27.05	SPORTS PERFORMANCE	0	4,793,530	4,793,530	27.05
27.06	WELLNESS	0	622,001	622,001	27.06
27.07	OTHER (SPECIFY)	0	0	0	27.07
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	2,984,705,029	2,212,340,189	5,197,045,218	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		1,339,189,523		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)		1,339,189,523		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet G-3 Date/Time Prepared: 11/27/2023 5:09 pm
			1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)		5,197,045,218	1.00
2.00	Less contractual allowances and discounts on patients' accounts		3,790,157,382	2.00
3.00	Net patient revenues (line 1 minus line 2)		1,406,887,836	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)		1,339,189,523	4.00
5.00	Net income from service to patients (line 3 minus line 4)		67,698,313	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		-1,098,800	6.00
7.00	Income from investments		116,785	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		3,615,873	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		7,055,945	17.00
18.00	Revenue from sale of medical records and abstracts		267	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		-12,441	20.00
21.00	Rental of vending machines		103,625	21.00
22.00	Rental of hospital space		847,395	22.00
23.00	Governmental appropriations		0	23.00
24.00	Other		73,776,730	24.00
24.50	COVID-19 PHE Funding		650,597	24.50
25.00	Total other income (sum of lines 6-24)		85,055,976	25.00
26.00	Total (line 5 plus line 25)		152,754,289	26.00
27.00	Non Controlling Interest Loss		14,608,569	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		14,608,569	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		138,145,720	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet L Parts I-III Date/Time Prepared: 11/27/2023 5:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,523,546	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		342,183	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)		473.57	3.00
4.00	Number of interns & residents (see instructions)		130.49	4.00
5.00	Indirect medical education percentage (see instructions)		8.09	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)		527,755	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		3.72	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		35.13	8.00
9.00	Sum of lines 7 and 8		38.85	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.19	10.00
11.00	Disproportionate share adjustment (see instructions)		534,278	11.00
12.00	Total prospective capital payments (see instructions)		7,927,762	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00