


FINAL - NO ADJUSTMENTS

Health Financial Systems

In Lieu of Form CMS-287-05

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2021 To: 12/31/2021	Run Date Time: 5/10/2022 11:24 am MCRIF32 287-05 Version: 1.120.174.0	
Provider CCN: HB-0995	This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed as overpayments (42 USC 1395g).		FORM APPROVED OMB NO. 0938-0202

HOME OFFICE COST STATEMENT	Designated Intermediary Use Only [N] Desk Reviewed [N] Audited	Date Received: Intermediary No.:	Schedule A
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GENERAL INFORMATION, CERTIFICATION AND LISTING OF CHAIN COMPONENTS

PART I - GENERAL INFORMATION

1. Home Office Name: INDIANA ORTHOPAEDIC HOSPITAL, LLC	2. No. Assigned by Designated Intermediary: HB0995 2.01 No. Assigned by CMS: HB0995
3. Home Office Address: 8450 NORTHWEST BOULEVARD INDIANAPOLIS IN 46278	4. Chain Operations Started On: 01/01/2019
5. Contact Person Name: AMY CVETKOVICH Title: ACCOUNTING DIRECTOR Phone: 317-802-2895	6. Cost Statement Period: From: 01/01/2021 To: 12/31/2021 7. Was Audited Financial Data used on Schedule B? [] Yes [X] No
8. Type Of Chain Organization (check applicable item)	
a) voluntary non-profit [] Church Affiliated [] Community [] Private [] Charitable [] Other (Specify)	b) proprietary/investor-owned [] Individual [] Partnership [X] Corporation [] Other (Specify)
c) governmental [] Federal [] State [] County [] City [] District [] Other (Specify)	

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

President
Vice President(s)

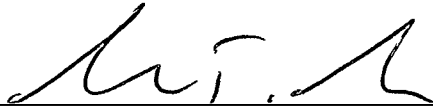
Secretary
Treasurer
Controller

PART II - CERTIFICATION BY OFFICER OF HOME OFFICE

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF THE PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying statement of allowable Home Office costs (and equity capital if applicable), the allocation thereof to the chain components, and the other supporting schedules for the period beginning 01/01/2021 and ending 12/31/2021. To the best of my knowledge and belief, they are true and correct statements from the books and records of the Home Office in accordance with applicable instructions, except as noted (attach a statement with exception if necessary).


(signed) 
Officer or Administrator of Provider(s)

Chief Financial Officer
Title
5/12/22
Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0202. The time required to complete this information collection is estimated to average 662 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.



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Provider CCN: HB-0995			

Schedule A

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

	Component Name Health Care Facilities	Medicare No.	Periods Ending During Home Office Fiscal Year		Date Acquired During the Home Office Fiscal Year	Date Sold/Closed During the Home Office Fiscal Year	Medicaid Participation Yes/No	Component Cost Reimbursed Yes/No	Medicare Intermediaries	Medicaid Intermediaries	
			From:	To:							
	1	2	3	4	5	6	7	8	9	10	
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	01/01/2021	12/31/2021			Y	N	WPS	STATE OF INDIANA	1.00
2.00											2.00
3.00											3.00
4.00											4.00
5.00											5.00
6.00											6.00
7.00											7.00
8.00											8.00
9.00											9.00
10.00											10.00
11.00											11.00
12.00											12.00
13.00											13.00
14.00											14.00
15.00											15.00
16.00											16.00
17.00											17.00

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


	Component Name Other Components	Periods Ending During Home Office Fiscal Year		During the Home Office Fiscal Year		
		From:	To:	Date Acquired	Date Sold or Closed	
	1	2	3	4	5	
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	01/01/2021	12/31/2021			19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00
26.00						26.00
27.00						27.00

PART V - LISTING OF REGIONS/DIVISIONS

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

DISCLOSURE OF THE HOME OFFICE COST STATEMENT

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

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Provider CCN: HB-0995			

TRIAL BALANCE OF EXPENSES, RECLASSIFICATIONS, ADJUSTMENTS AND ALLOCATIONS

Schedule B

	Cost Center Description	Expenses per Home Office Books	Reclassifications (from Sch. B-1)	Reclassified Trial Balance (col. 1 minus/plus col. 2)	Medicare Adjustments (from Sch. C)	Net Allowable Expenses (col. 3 minus/plus col. 4)	Direct Allocations - To Chain Components	Functional Allocations - To Chain Components	Pooled Allocations (col. 5. minus cols. 6,7)	
		1	2	3	4	5	6	7	8	
1.00	OLD CAP. REL. COSTS--BLDG & FIXTURES	0	0	0	0	0	0	0	0	1.00
1.01	INT. EXP. - OLD CAP. BLDG & FIXTURES	0	0	0	0	0	0	0	0	1.01
2.00	OLD CAP. REL. COSTS--MOVABLE EQUIP.	0	0	0	0	0	0	0	0	2.00
2.01	INT. EXP. - OLD CAP. MOVABLE EQUIP.	0	0	0	0	0	0	0	0	2.01
3.00	SUB-TOTAL (LINES 1 AND 2)	0	0	0	0	0	0	0	0	3.00
4.00	NEW CAP. REL. COSTS--BLDG & FIXTURES	0	73,795	73,795	-10,487	63,308	0	0	63,308	4.00
4.01	INT. EXP. - NEW CAP. BLDG & FIXTURES	0	0	0	0	0	0	0	0	4.01
5.00	NEW CAP. REL. COSTS--MOVABLE EQUIP.	0	0	0	0	0	0	0	0	5.00
5.01	INT. EXP. - NEW CAP. MOVABLE EQUIP.	0	0	0	0	0	0	0	0	5.01
6.00	SUB-TOTAL (LINES 4 AND 5)	0	73,795	73,795	-10,487	63,308	0	0	63,308	6.00
OTHER CAPITAL RELATED COSTS										
7.00	INSURANCE PREMIUMS	0	0	0	0	0	0			7.00
8.00	TAXES & LICENSES-OTHER THAN INCOME	0	0	0	0	0	0			8.00
9.00	OTHER (SPECIFY)	0	0	0	0	0	0			9.00
10.00	SUB-TOTAL (SUM OF LINES 7-9)	0	0	0	0	0	0			10.00
NON-CAPITAL RELATED COSTS										
11.00	SALARIES OF OFFICERS	0	0	0	0	0	0	0	0	11.00
12.00	SALARIES & WAGES OF OTHERS	0	0	0	0	0	0	0	0	12.00
13.00	PAYROLL TAXES	0	0	0	0	0	0	0	0	13.00
14.00	EMPLOYEE BENEFITS-PAYROLL RELATED	0	0	0	0	0	0	0	0	14.00
14.01	EMPLOYEE BENEFITS-OTHER	3,357,302	0	3,357,302	0	3,357,302	0	3,357,302	0	14.01
15.00	EMPLOYEE BENEFITS-NON-PAYROLL RELATED	0	0	0	0	0	0	0	0	15.00
16.00	PROFIT SHRNG/PENSION PLANS	0	0	0	0	0	0	0	0	16.00
17.00	LEGAL FEES	421,098	0	421,098	0	421,098	0	0	421,098	17.00
18.00	AUDITING & ACCOUNTING FEES	0	0	0	0	0	0	0	0	18.00
19.00	UTILITIES	0	0	0	0	0	0	0	0	19.00
20.00	COMMUNICATIONS	0	0	0	0	0	0	0	0	20.00
21.00	TRAVEL & ENTERTAINMENT	0	0	0	0	0	0	0	0	21.00
22.00	TRANSPORTATION	0	0	0	0	0	0	0	0	22.00
23.00	CLEANING OFFICE & ADMIN SUPPLIES	0	0	0	0	0	0	0	0	23.00
24.00	MINOR EQUIPMENT EXPENSED	0	0	0	0	0	0	0	0	24.00
25.00	REPAIRS & MAINTENANCE	0	0	0	0	0	0	0	0	25.00
26.00	DUES & SUBSCRIPTIONS	0	0	0	0	0	0	0	0	26.00
27.00	CONTRIBUTIONS	0	0	0	0	0	0	0	0	27.00
28.00	INSURANCE PREMS-NON-CAP REL	0	0	0	0	0	0	0	0	28.00
29.00	TAXES/LICENSES-NON-CAP REL	0	0	0	0	0	0	0	0	29.00
30.00	INTEREST EXPENSE	0	0	0	0	0	0	0	0	30.00
31.00	ACCOUNTING - SALARIES	860,308	0	860,308	0	860,308	164,002	0	696,306	31.00
31.01	ACCOUNTING - OTHER	159,770	0	159,770	0	159,770	0	0	159,770	31.01
32.00	ADMINISTRATION - SALARIES	1,142,009	0	1,142,009	0	1,142,009	0	0	1,142,009	32.00
32.01	ADMINISTRATION - OTHER	566,077	-55,408	510,669	0	510,669	0	0	510,669	32.01
33.00	BIOMED - SALARIES	217,430	0	217,430	0	217,430	0	217,430	0	33.00
33.01	BIOMED - OTHER	36,180	-2,300	33,880	0	33,880	0	33,880	0	33.01
34.00	BUSINESS RELATIONS - SALARIES	303,962	0	303,962	0	303,962	155,196	0	148,766	34.00


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Schedule B

	Cost Center Description	Expenses per Home Office Books	Reclassifications (from Sch. B-1)	Reclassified Trial Balance (col. 1 minus/plus col. 2)	Medicare Adjustments (from Sch. C)	Net Allowable Expenses (col. 3 minus/plus col. 4)	Direct Allocations - To Chain Components	Functional Allocations - To Chain Components	Pooled Allocations (col. 5. minus cols. 6,7)	
		1	2	3	4	5	6	7	8	
34.01	BUSINESS RELATIONS - OTHER	400,444	-1,200	399,244	-299,155	100,089	0	0	100,089	34.01
35.00	CREDENTIALING - SALARIES	170,033	0	170,033	0	170,033	170,033	0	0	35.00
35.01	CREDENTIALING - OTHER	9,072	0	9,072	0	9,072	9,072	0	0	35.01
35.02	HUMAN RESOURCES - SALARIES	629,878	0	629,878	0	629,878	0	629,878	0	35.02
35.03	HUMAN RESOURCES - OTHER	507,176	0	507,176	-868	506,308	0	506,308	0	35.03
35.04	IT APPLICATIONS - SALARIES	682,682	0	682,682	0	682,682	393,312	0	289,370	35.04
35.05	IT APPLICATIONS - OTHER	95,522	0	95,522	0	95,522	0	0	95,522	35.05
35.06	IT INFRASTRUCTURE - SALARIES	915,641	0	915,641	0	915,641	76,958	838,683	0	35.06
35.07	IT INFRASTRUCTURE - OTHER	1,568,368	0	1,568,368	0	1,568,368	0	1,568,368	0	35.07
35.08	MARKETING - SALARIES	182,189	0	182,189	-182,189	0	0	0	0	35.08
35.09	MARKETING - OTHER	1,127,316	-10,487	1,116,829	-1,116,829	0	0	0	0	35.09
35.10	PAYOR RELATIONS - SALARIES	248,657	0	248,657	0	248,657	0	248,657	0	35.10
35.11	PAYOR RELATIONS - OTHER	15,917	0	15,917	0	15,917	0	15,917	0	35.11
35.12	PURCHASING - SALARIES	457,396	0	457,396	0	457,396	211,209	0	246,187	35.12
35.13	PURCHASING - OTHER	158,358	-4,400	153,958	0	153,958	0	0	153,958	35.13
35.14	QUALITY ASSURANCE - SALARIES	498,431	0	498,431	0	498,431	0	0	498,431	35.14
35.15	QUALITY ASSURANCE - OTHER	110,332	0	110,332	0	110,332	0	0	110,332	35.15
35.16	SUPPORT SERVICES - SALARIES	2,950,841	0	2,950,841	0	2,950,841	2,385,753	0	565,088	35.16
35.17	SUPPORT SERVICES - OTHER	122,907	0	122,907	-50	122,857	0	0	122,857	35.17
35.18	TRANSCRIPTION - SALARIES	305,691	0	305,691	0	305,691	0	305,691	0	35.18
35.19	TRANSCRIPTION - OTHER	86,861	0	86,861	0	86,861	0	86,861	0	35.19
35.20	ORTHOPAEDIC RESEARCH FOUNDATION	-1	0	-1	1	0	0	0	0	35.20
35.21	COVID-19	0	0	0	0	0	0	0	0	35.21
36.00	SUB-TOTAL (SUM OF LINES 11-35)	18,307,847	-73,795	18,234,052	-1,599,090	16,634,962	3,565,535	7,808,975	5,260,452	36.00
100.00	TOTAL EXPENSES (SUM OF LINES 3, 6, 10, 36)	18,307,847	0	18,307,847	-1,609,577	16,698,270	3,565,535	7,808,975	5,323,760	100.00

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RECLASSIFICATION OF HOME OFFICE EXPENSES

Schedule B-1

Increase				Decrease			
Cost Center	Line No.	Amount (2)		Cost Center	Line No.	Amount (2)	
2	3	4		5	6	7	
A - CAPITAL EXPENSE RECLASS							
1.00	NEW CAP. REL. COSTS--BLDG & FIXTURES	4.00	73,795	ADMINISTRATION - OTHER	32.01	55,408	1.00
2.00		0.00	0	BIOMED - OTHER	33.01	2,300	2.00
3.00		0.00	0	BUSINESS RELATIONS - OTHER	34.01	1,200	3.00
4.00		0.00	0	MARKETING - OTHER	35.09	10,487	4.00
5.00		0.00	0	PURCHASING - OTHER	35.13	4,400	5.00
100.00	GRAND TOTALS		73,795			73,795	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 (2) Transfer to Schedule B, column 2, line as appropriate.

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MEDICARE ADJUSTMENTS TO HOME OFFICE EXPENSES

Schedule C

	Description	*	Amount	Cost Center to be Adjusted (on Schedule B, col. 3)		
				Line No.	Cost Center	
		1	2	3	4	
1.00	Federal/State income tax, franchise tax and related interest and penalties on late payments (CMS Pub. 15-1, secs.2122.2 and 2133)		0	0.00		1.00
2.00	Donations (See CMS Pub. 15-1, Chapter 6)		0	0.00		2.00
3.00	Stockholders servicing costs (stock transfers and registrations) (CMS Pub 15-1, se. 2134.9)		0	0.00		3.00
4.00	Acquisition expenses (CMS Pub. 15-1, sec. 2134.11)		0	0.00		4.00
5.00	Disposal expenses re: non-patient care assets or subsidiaries (CMS Pub. 15-1, sec. 2102.3)		0	0.00		5.00
6.00	Bad Debts (CMS Pub. 15-1, sec. 308)		0	0.00		6.00
7.00	Life insurance premiums where home office is direct/indirect beneficiary (CMS Pub 15-1, sec. 2102.3)		0	0.00		7.00
8.00	Annual stockholder meeting expenses (CMS Pub 15-1, sec. 2134.9)		0	0.00		8.00
9.00	Nonhealth care projects (CMS Pub. 15-1, sec. 2102.3)		0	0.00		9.00
10.00	Noncompetition agreement expenses (CMS Pub. 15-1, sec 2105.1/1218.7)		0	0.00		10.00
11.00	Fund-raising expenses (CMS Pub. 15-1, sec. 2136.2)		0	0.00		11.00
12.00	Rebates/refunds on expenses (CMS Pub. 15-1, sec. 804)		0	0.00		12.00
13.00	Other (Specify)		0	0.00		13.00
14.00	Cost of ownership of assets leased from related organization in lieu of rent (CMS Pub. 15-1, sec. 700)		0	0.00		14.00
15.00	Related organizations (from Schedule D, Part B col. 5, line 15 (CMS Pub. 15-1, sec. 700)		0			15.00
16.00	Value of services of nonpaid workers (CMS Pub. 15-1, sec. 700)		0	0.00		16.00
17.00	Interest on Loans between home office and components of the chain (CMS Pub. 15-1, sec. 2150.2e) where no exception applies		0	0.00		17.00
18.00	Costs of corporate acquisitions of capital stocks and acquisition and development department cost (CMS Pub. 15-1, sec. 2150.2B)		0	0.00		18.00
19.00	Interest on Loans from owners (CMS Pub. 15-1, sec. 218.2)		0	0.00		19.00
20.00	Abandoned construction in progress cost (CMS Pub. 15-1, sec. 2155)		0	0.00		20.00
21.00	MARKETING - SALARIES	A	-182,189	35.08	MARKETING - SALARIES	21.00
22.00	MARKETING - OTHER	A	-1,116,829	35.09	MARKETING - OTHER	22.00
23.00	NON-ALLOWABLE BUSINESS RELATIONS EXP	A	-299,155	34.01	BUSINESS RELATIONS - OTHER	23.00
24.00	NON-ALLOWABLE TELECOM EXPENSES	A	-50	35.17	SUPPORT SERVICES - OTHER	24.00
25.00	OIE MARKETING - RENT	A	-10,487	4.00	NEW CAP. REL. COSTS--BLDG & FIXTURES	25.00
26.00	NON-ALLOWABLE HR EXPENSES	A	-868	35.03	HUMAN RESOURCES - OTHER	26.00
27.00	FOUNDATION	A		1	ORTHOPAEDIC RESEARCH FOUNDATION	27.00
28.00	Total (sum of lines 1-27)		-1,609,577			28.00

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

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS

Schedule D

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


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

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

* transfer to column 1 of Schedule C, applicable lines

C. Interrelationship of chain Home Office to related organization:

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

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

Schedule E-1

	Chain Components	Medicare No.	ACCOUNTING - SALARIES - 31	BUSINESS RELATIONS - SALARIES - 34	CREDENTIALING - SALARIES - 35	CREDENTIALING - OTHER - 35.01	IT APPLICATIONS - SALARIES - 35.04	IT INFRASTRUCTURE - SALARIES - 35.06	
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	82,333	0	170,033	9,072	230,635	76,958	1.00
2.00			0	0	0	0	0	0	2.00
3.00			0	0	0	0	0	0	3.00
4.00			0	0	0	0	0	0	4.00
5.00			0	0	0	0	0	0	5.00
6.00			0	0	0	0	0	0	6.00
7.00			0	0	0	0	0	0	7.00
8.00			0	0	0	0	0	0	8.00
9.00			0	0	0	0	0	0	9.00
10.00			0	0	0	0	0	0	10.00
11.00			0	0	0	0	0	0	11.00
12.00			0	0	0	0	0	0	12.00
13.00			0	0	0	0	0	0	13.00
14.00			0	0	0	0	0	0	14.00
15.00			0	0	0	0	0	0	15.00
16.00			0	0	0	0	0	0	16.00
17.00			0	0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		82,333	0	170,033	9,072	230,635	76,958	18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		81,669	155,196	0	0	162,677	0	19.00
20.00			0	0	0	0	0	0	20.00
21.00			0	0	0	0	0	0	21.00
22.00			0	0	0	0	0	0	22.00
23.00			0	0	0	0	0	0	23.00
24.00			0	0	0	0	0	0	24.00
25.00			0	0	0	0	0	0	25.00
26.00			0	0	0	0	0	0	26.00
27.00			0	0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		81,669	155,196	0	0	162,677	0	28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0	0	29.00
30.00			0	0	0	0	0	0	30.00
31.00			0	0	0	0	0	0	31.00
32.00			0	0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0	0	33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		164,002	155,196	170,033	9,072	393,312	76,958	34.00


INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 5/10/2022 11:24 am
Provider CCN: HB-0995	From: 01/01/2021	MCRIF32: 287-05
	To: 12/31/2021	Version: 1.120.174.0



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

Schedule E-1


	Chain Components	PURCHASING - SALARIES	SUPPORT SERVICES - SALARIES	Total	
		35.12	35.16	36	
HEALTH CARE FACILITIES					
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	211,209	0	780,240	1.00
2.00		0	0	0	2.00
3.00		0	0	0	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00		0	0	0	10.00
11.00		0	0	0	11.00
12.00		0	0	0	12.00
13.00		0	0	0	13.00
14.00		0	0	0	14.00
15.00		0	0	0	15.00
16.00		0	0	0	16.00
17.00		0	0	0	17.00
18.00	Total (sum of lines 1-17)	211,209	0	780,240	18.00
OTHER COMPONENTS					
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	0	2,385,753	2,785,295	19.00
20.00		0	0	0	20.00
21.00		0	0	0	21.00
22.00		0	0	0	22.00
23.00		0	0	0	23.00
24.00		0	0	0	24.00
25.00		0	0	0	25.00
26.00		0	0	0	26.00
27.00		0	0	0	27.00
28.00	Total (sum of lines 19-27)	0	2,385,753	2,785,295	28.00
REGIONAL OFFICES					
29.00		0	0	0	29.00
30.00		0	0	0	30.00
31.00		0	0	0	31.00
32.00		0	0	0	32.00
33.00	Total (sum of lines 29-32)	0	0	0	33.00
GRAND TOTAL					
34.00	Grand Total (sum of lines 18, 28 and 33)	211,209	2,385,753	3,565,535	34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2021 To: 12/31/2021	Run Date Time: 5/10/2022 11:24 am MCRIF32: 287-05 Version: 1.120.174.0	
Provider CCN: HB-0995			

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

Schedule F-1
Part I


	Chain Components	Medicare No.	EMPLOYEE BENEFITS-OTHER (FTEs)	BIOMED - SALARIES (PM)	BIOMED - OTHER (PM)	HUMAN RESOURCES - SALARIES (FTEs)	HUMAN RESOURCES - OTHER (FTEs)	IT INFRASTRUCTURE - SALARIES (FTEs)	
		0	14.01	33	33.01	35.02	35.03	35.06	
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	1,741,132	197,801	30,821	326,661	262,577	434,950	1.00
2.00			0	0	0	0	0	0	2.00
3.00			0	0	0	0	0	0	3.00
4.00			0	0	0	0	0	0	4.00
5.00			0	0	0	0	0	0	5.00
6.00			0	0	0	0	0	0	6.00
7.00			0	0	0	0	0	0	7.00
8.00			0	0	0	0	0	0	8.00
9.00			0	0	0	0	0	0	9.00
10.00			0	0	0	0	0	0	10.00
11.00			0	0	0	0	0	0	11.00
12.00			0	0	0	0	0	0	12.00
13.00			0	0	0	0	0	0	13.00
14.00			0	0	0	0	0	0	14.00
15.00			0	0	0	0	0	0	15.00
16.00			0	0	0	0	0	0	16.00
17.00			0	0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		1,741,132	197,801	30,821	326,661	262,577	434,950	18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		1,616,170	19,629	3,059	303,217	243,731	403,733	19.00
20.00			0	0	0	0	0	0	20.00
21.00			0	0	0	0	0	0	21.00
22.00			0	0	0	0	0	0	22.00
23.00			0	0	0	0	0	0	23.00
24.00			0	0	0	0	0	0	24.00
25.00			0	0	0	0	0	0	25.00
26.00			0	0	0	0	0	0	26.00
27.00			0	0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		1,616,170	19,629	3,059	303,217	243,731	403,733	28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0	0	29.00
30.00			0	0	0	0	0	0	30.00
31.00			0	0	0	0	0	0	31.00
32.00			0	0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0	0	33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		3,357,302	217,430	33,880	629,878	506,308	838,683	34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2021 To: 12/31/2021	Run Date Time: 5/10/2022 11:24 am MCRIF32: 287-05 Version: 1.120.174.0	
Provider CCN: HB-0995			

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

Schedule F-1
Part I


	Chain Components	IT INFRASTRUCTURE - OTHER (FTEs)	PAYOR RELATIONS - SALARIES (REVENUE)	PAYOR RELATIONS - OTHER (REVENUE)	TRANSCRIPTI ON - SALARIES (REPORTS)	TRANSCRIPTI ON - OTHER (REPORTS)	Total		
		35.07	35.10	35.11	35.18	35.19	36		
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	813,372	183,107	11,709	193,155	54,884	4,250,169		1.00
2.00		0	0	0	0	0	0		2.00
3.00		0	0	0	0	0	0		3.00
4.00		0	0	0	0	0	0		4.00
5.00		0	0	0	0	0	0		5.00
6.00		0	0	0	0	0	0		6.00
7.00		0	0	0	0	0	0		7.00
8.00		0	0	0	0	0	0		8.00
9.00		0	0	0	0	0	0		9.00
10.00		0	0	0	0	0	0		10.00
11.00		0	0	0	0	0	0		11.00
12.00		0	0	0	0	0	0		12.00
13.00		0	0	0	0	0	0		13.00
14.00		0	0	0	0	0	0		14.00
15.00		0	0	0	0	0	0		15.00
16.00		0	0	0	0	0	0		16.00
17.00		0	0	0	0	0	0		17.00
18.00	Total (sum of lines 1-17)	813,372	183,107	11,709	193,155	54,884	4,250,169		18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	754,996	65,550	4,208	112,536	31,977	3,558,806		19.00
20.00		0	0	0	0	0	0		20.00
21.00		0	0	0	0	0	0		21.00
22.00		0	0	0	0	0	0		22.00
23.00		0	0	0	0	0	0		23.00
24.00		0	0	0	0	0	0		24.00
25.00		0	0	0	0	0	0		25.00
26.00		0	0	0	0	0	0		26.00
27.00		0	0	0	0	0	0		27.00
28.00	Total (sum of lines 19-27)	754,996	65,550	4,208	112,536	31,977	3,558,806		28.00
REGIONAL OFFICES									
29.00		0	0	0	0	0	0		29.00
30.00		0	0	0	0	0	0		30.00
31.00		0	0	0	0	0	0		31.00
32.00		0	0	0	0	0	0		32.00
33.00	Total (sum of lines 29-32)	0	0	0	0	0	0		33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)	1,568,368	248,657	15,917	305,691	86,861	7,808,975		34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2021 To: 12/31/2021	Run Date Time: 5/10/2022 11:24 am MCRIF32: 287-05 Version: 1.120.174.0	
Provider CCN: HB-0995			

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

Schedule F-1
Part II


	Chain Components	Medicare No.	EMPLOYEE BENEFITS-PAYROLL RELATED (FTES)	EMPLOYEE BENEFITS-OTHER (FTES)	EMPLOYEE BENEFITS-NO N-PAYROLL RELATED (FTES)	BIOMED - SALARIES (PM)	BIOMED - OTHER (PM)	HUMAN RESOURCES - SALARIES (FTES)	
		0	14	14.01	15	33	33.01	35.02	
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	418	418	418	5,099	5,099	418	1.00
2.00			0	0	0	0	0	0	2.00
3.00			0	0	0	0	0	0	3.00
4.00			0	0	0	0	0	0	4.00
5.00			0	0	0	0	0	0	5.00
6.00			0	0	0	0	0	0	6.00
7.00			0	0	0	0	0	0	7.00
8.00			0	0	0	0	0	0	8.00
9.00			0	0	0	0	0	0	9.00
10.00			0	0	0	0	0	0	10.00
11.00			0	0	0	0	0	0	11.00
12.00			0	0	0	0	0	0	12.00
13.00			0	0	0	0	0	0	13.00
14.00			0	0	0	0	0	0	14.00
15.00			0	0	0	0	0	0	15.00
16.00			0	0	0	0	0	0	16.00
17.00			0	0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		418	418	418	5,099	5,099	418	18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		388	388	388	506	506	388	19.00
20.00			0	0	0	0	0	0	20.00
21.00			0	0	0	0	0	0	21.00
22.00			0	0	0	0	0	0	22.00
23.00			0	0	0	0	0	0	23.00
24.00			0	0	0	0	0	0	24.00
25.00			0	0	0	0	0	0	25.00
26.00			0	0	0	0	0	0	26.00
27.00			0	0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		388	388	388	506	506	388	28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0	0	29.00
30.00			0	0	0	0	0	0	30.00
31.00			0	0	0	0	0	0	31.00
32.00			0	0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0	0	33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		806	806	806	5,605	5,605	806	34.00
35.00	Cost to be Allocated (B)		0	3,357,302	0	217,430	33,880	629,878	35.00
36.00	Unit Cost Multiplier (B/A)		0.000000	4,165.387097	0.000000	38.792150	6.044603	781.486352	36.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2021 To: 12/31/2021	Run Date Time: 5/10/2022 11:24 am MCRIF32: 287-05 Version: 1.120.174.0	
Provider CCN: HB-0995			

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

Schedule F-1 Part II


	Chain Components	HUMAN RESOURCES - OTHER (FTES)	IT INFRASTRUCTURE - SALARIES (FTES)	IT INFRASTRUCTURE - OTHER (FTES)	PAYOR RELATIONS - SALARIES (REVENUE)	PAYOR RELATIONS - OTHER (REVENUE)	TRANSCRIPTI ON - SALARIES (REPORTS)	TRANSCRIPTI ON - OTHER (REPORTS)	
		35.03	35.06	35.07	35.10	35.11	35.18	35.19	
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	418	418	418	183,713,936	183,713,936	48,265	48,265	1.00
2.00		0	0	0	0	0	0	0	2.00
3.00		0	0	0	0	0	0	0	3.00
4.00		0	0	0	0	0	0	0	4.00
5.00		0	0	0	0	0	0	0	5.00
6.00		0	0	0	0	0	0	0	6.00
7.00		0	0	0	0	0	0	0	7.00
8.00		0	0	0	0	0	0	0	8.00
9.00		0	0	0	0	0	0	0	9.00
10.00		0	0	0	0	0	0	0	10.00
11.00		0	0	0	0	0	0	0	11.00
12.00		0	0	0	0	0	0	0	12.00
13.00		0	0	0	0	0	0	0	13.00
14.00		0	0	0	0	0	0	0	14.00
15.00		0	0	0	0	0	0	0	15.00
16.00		0	0	0	0	0	0	0	16.00
17.00		0	0	0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)	418	418	418	183,713,936	183,713,936	48,265	48,265	18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	388	388	388	65,747,340	65,747,340	28,120	28,120	19.00
20.00		0	0	0	0	0	0	0	20.00
21.00		0	0	0	0	0	0	0	21.00
22.00		0	0	0	0	0	0	0	22.00
23.00		0	0	0	0	0	0	0	23.00
24.00		0	0	0	0	0	0	0	24.00
25.00		0	0	0	0	0	0	0	25.00
26.00		0	0	0	0	0	0	0	26.00
27.00		0	0	0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)	388	388	388	65,747,340	65,747,340	28,120	28,120	28.00
REGIONAL OFFICES									
29.00		0	0	0	0	0	0	0	29.00
30.00		0	0	0	0	0	0	0	30.00
31.00		0	0	0	0	0	0	0	31.00
32.00		0	0	0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)	0	0	0	0	0	0	0	33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)	806	806	806	249,461,276	249,461,276	76,385	76,385	34.00
35.00	Cost to be Allocated (B)	506,308	838,683	1,568,368	248,657	15,917	305,691	86,861	35.00
36.00	Unit Cost Multiplier (B/A)	628.173697	1,040.549628	1,945.866005	0.000997	0.000064	4.001977	1.137147	36.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2021 To: 12/31/2021	Run Date Time: 5/10/2022 11:24 am MCRIF32: 287-05 Version: 1.120.174.0	
Provider CCN: HB-0995			

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

Schedule F-1
Part II

	Chain Components	COVID-19 (FIES)	
		35.21	
HEALTH CARE FACILITIES			
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	418	1.00
2.00		0	2.00
3.00		0	3.00
4.00		0	4.00
5.00		0	5.00
6.00		0	6.00
7.00		0	7.00
8.00		0	8.00
9.00		0	9.00
10.00		0	10.00
11.00		0	11.00
12.00		0	12.00
13.00		0	13.00
14.00		0	14.00
15.00		0	15.00
16.00		0	16.00
17.00		0	17.00
18.00	Total (sum of lines 1-17)	418	18.00
OTHER COMPONENTS			
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	388	19.00
20.00		0	20.00
21.00		0	21.00
22.00		0	22.00
23.00		0	23.00
24.00		0	24.00
25.00		0	25.00
26.00		0	26.00
27.00		0	27.00
28.00	Total (sum of lines 19-27)	388	28.00
REGIONAL OFFICES			
29.00		0	29.00
30.00		0	30.00
31.00		0	31.00
32.00		0	32.00
33.00	Total (sum of lines 29-32)	0	33.00
GRAND TOTAL			
34.00	Grand Total (sum of lines 18, 28 and 33)	806	34.00
35.00	Cost to be Allocated (B)	0	35.00
36.00	Unit Cost Multiplier (B/A)	0.000000	36.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC Provider CCN: HB-0995	Period:	Run Date Time: 5/10/2022 11:24 am	
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	To: 12/31/2021	Version: 1.120.174.0	

STATISTICAL BASIS DESCRIPTIONS

Schedule F
Part S

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


INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 5/10/2022 11:24 am
Provider CCN: HB-0995	From: 01/01/2021	MCRIF32: 287-05
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STATISTICAL BASIS DESCRIPTIONS

**Schedule F
Part S**

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

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2021 To: 12/31/2021	Run Date Time: 5/10/2022 11:24 am MCRIF32: 287-05 Version: 1.120.174.0	
Provider CCN: HB-0995			

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

Schedule G

PART I - ALLOCATION BETWEEN HEALTH CARE FACILITIES AND OTHER COMPONENTS

		0	1	1.01	2	2.01	3	3.01	
		Medicare No.	Total Cost	Ratio	OLD CAP. REL. COSTS--BLDG & FIXTURES	INT. EXP. - OLD CAP. BLDG & FIXTURES	OLD CAP. REL. COSTS--MOVA BLE EQUIP.	INT. EXP. - OLD CAP. MOVABLE EQUIP.	
1.00	Health Care Facilities		126,188,854	0.762398	0	0	0	0	1.00
2.00	Other Components		39,326,790	0.237602	0	0	0	0	2.00
3.00	Certain Home Office or Region Costs Requiring Home Office/Region overhead allocation		0	0.000000	0	0	0	0	3.00
4.00	Total		165,515,644	1.000000	0	0	0	0	4.00

PART II - ALLOCATION TO INDIVIDUAL CHAIN COMPONENTS

		0	1	1.01	2	2.01	3	3.01	
		Medicare No.	Total Cost	Ratio	OLD CAP. REL. COSTS--BLDG & FIXTURES	INT. EXP. - OLD CAP. BLDG & FIXTURES	OLD CAP. REL. COSTS--MOVA BLE EQUIP.	INT. EXP. - OLD CAP. MOVABLE EQUIP.	
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	126,188,854	1.000000	0	0	0	0	1.00
2.00			0	0.000000	0	0	0	0	2.00
3.00			0	0.000000	0	0	0	0	3.00
4.00			0	0.000000	0	0	0	0	4.00
5.00			0	0.000000	0	0	0	0	5.00
6.00			0	0.000000	0	0	0	0	6.00
7.00			0	0.000000	0	0	0	0	7.00
8.00			0	0.000000	0	0	0	0	8.00
9.00			0	0.000000	0	0	0	0	9.00
10.00			0	0.000000	0	0	0	0	10.00
11.00			0	0.000000	0	0	0	0	11.00
12.00			0	0.000000	0	0	0	0	12.00
13.00			0	0.000000	0	0	0	0	13.00
14.00			0	0.000000	0	0	0	0	14.00
15.00			0	0.000000	0	0	0	0	15.00
16.00			0	0.000000	0	0	0	0	16.00
17.00			0	0.000000	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		126,188,854	1.000000	0	0	0	0	18.00

OTHER COMPONENTS


19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		39,326,790	1.000000	0	0	0	0	19.00
20.00			0	0.000000	0	0	0	0	20.00
21.00			0	0.000000	0	0	0	0	21.00
22.00			0	0.000000	0	0	0	0	22.00
23.00			0	0.000000	0	0	0	0	23.00
24.00			0	0.000000	0	0	0	0	24.00
25.00			0	0.000000	0	0	0	0	25.00
26.00			0	0.000000	0	0	0	0	26.00
27.00			0	0.000000	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		39,326,790	1.000000	0	0	0	0	28.00

REGIONAL OFFICES

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

GRAND TOTAL

34.00	Grand Total (sum of lines 18, 28 and 33)		165,515,644	1.000000	0	0	0	0	34.00
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INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2021 To: 12/31/2021	Run Date Time: 5/10/2022 11:24 am MCRIF32: 287-05 Version: 1.120.174.0	
Provider CCN: HB-0995			

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

Schedule G

PART I - ALLOCATION BETWEEN HEALTH CARE FACILITIES AND OTHER COMPONENTS

		NEW CAP. REL. COSTS--BLDG & FIXTURES	INT. EXP. - NEW CAP. BLDG & FIXTURES	NEW CAP. REL. COSTS--MOVA BLE EQUIP.	INT. EXP. - NEW CAP. MOVABLE EQUIP.	Non-Capital	INTEREST EXPENSE		
		4	4.01	5	5.01	6	7		
1.00	Health Care Facilities	48,266	0	0	0	4,010,558	0		1.00
2.00	Other Components	15,042	0	0	0	1,249,894	0		2.00
3.00	Certain Home Office or Region Costs Requiring Home Office/Region overhead allocation	0	0	0	0	0	0		3.00
4.00	Total	63,308	0	0	0	5,260,452	0		4.00

PART II - ALLOCATION TO INDIVIDUAL CHAIN COMPONENTS

		NEW CAP. REL. COSTS--BLDG & FIXTURES	INT. EXP. - NEW CAP. BLDG & FIXTURES	NEW CAP. REL. COSTS--MOVA BLE EQUIP.	INT. EXP. - NEW CAP. MOVABLE EQUIP.	Non-Capital	INTEREST EXPENSE		
		4	4.01	5	5.01	6	7		
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	48,266	0	0	0	4,010,558	0		1.00
2.00		0	0	0	0	0	0		2.00
3.00		0	0	0	0	0	0		3.00
4.00		0	0	0	0	0	0		4.00
5.00		0	0	0	0	0	0		5.00
6.00		0	0	0	0	0	0		6.00
7.00		0	0	0	0	0	0		7.00
8.00		0	0	0	0	0	0		8.00
9.00		0	0	0	0	0	0		9.00
10.00		0	0	0	0	0	0		10.00
11.00		0	0	0	0	0	0		11.00
12.00		0	0	0	0	0	0		12.00
13.00		0	0	0	0	0	0		13.00
14.00		0	0	0	0	0	0		14.00
15.00		0	0	0	0	0	0		15.00
16.00		0	0	0	0	0	0		16.00
17.00		0	0	0	0	0	0		17.00
18.00	Total (sum of lines 1-17)	48,266	0	0	0	4,010,558	0		18.00

OTHER COMPONENTS


19.00	ORTHOPAEDICS - INDIANAPOLIS, INC	15,042	0	0	0	1,249,894	0		19.00
20.00		0	0	0	0	0	0		20.00
21.00		0	0	0	0	0	0		21.00
22.00		0	0	0	0	0	0		22.00
23.00		0	0	0	0	0	0		23.00
24.00		0	0	0	0	0	0		24.00
25.00		0	0	0	0	0	0		25.00
26.00		0	0	0	0	0	0		26.00
27.00		0	0	0	0	0	0		27.00
28.00	Total (sum of lines 19-27)	15,042	0	0	0	1,249,894	0		28.00

REGIONAL OFFICES

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

GRAND TOTAL

34.00	Grand Total (sum of lines 18, 28 and 33)	63,308	0	0	0	5,260,452	0		34.00
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INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period: From: 01/01/2021 To: 12/31/2021	Run Date Time: 5/10/2022 11:24 am MCRIF32: 287-05 Version: 1.120.174.0	
Provider CCN: HB-0995			

STATISTICS

Schedule G

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

HEALTH CARE FACILITIES

	Medicare No.	0	1	2	3	4	5	
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	126,188,854	0	0	0	0	1.00
2.00			0	0	0	0	0	2.00
3.00			0	0	0	0	0	3.00
4.00			0	0	0	0	0	4.00
5.00			0	0	0	0	0	5.00
6.00			0	0	0	0	0	6.00
7.00			0	0	0	0	0	7.00
8.00			0	0	0	0	0	8.00
9.00			0	0	0	0	0	9.00
10.00			0	0	0	0	0	10.00
11.00			0	0	0	0	0	11.00
12.00			0	0	0	0	0	12.00
13.00			0	0	0	0	0	13.00
14.00			0	0	0	0	0	14.00
15.00			0	0	0	0	0	15.00
16.00			0	0	0	0	0	16.00
17.00			0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		126,188,854	0	0	0	0	18.00

OTHER COMPONENTS

19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		39,326,790	0	0	0	0	19.00
20.00			0	0	0	0	0	20.00
21.00			0	0	0	0	0	21.00
22.00			0	0	0	0	0	22.00
23.00			0	0	0	0	0	23.00
24.00			0	0	0	0	0	24.00
25.00			0	0	0	0	0	25.00
26.00			0	0	0	0	0	26.00
27.00			0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		39,326,790	0	0	0	0	28.00

REGIONAL OFFICES

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

GRAND TOTAL

34.00	Grand Total (sum of lines 18, 28 and 33)		165,515,644	0	0	0	0	34.00
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INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 5/10/2022 11:24 am
Provider CCN: HB-0995	From: 01/01/2021	MCRIF32: 287-05
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SUMMARY OF ALLOCATED COSTS - TOTAL

Schedule Other Total

	Medicare No.	Direct Allocation	Functional Allocation	Pooled Allocation	Total Cost Allocation	
	0	1	2	3	4	
HEALTH CARE FACILITIES						
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	780,240	4,250,169	4,058,824	9,089,233
2.00			0	0	0	0
3.00			0	0	0	0
4.00			0	0	0	0
5.00			0	0	0	0
6.00			0	0	0	0
7.00			0	0	0	0
8.00			0	0	0	0
9.00			0	0	0	0
10.00			0	0	0	0
11.00			0	0	0	0
12.00			0	0	0	0
13.00			0	0	0	0
14.00			0	0	0	0
15.00			0	0	0	0
16.00			0	0	0	0
17.00			0	0	0	0
18.00	Total (sum of lines 1-17)		780,240	4,250,169	4,058,824	9,089,233
OTHER COMPONENTS						
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		2,785,295	3,558,806	1,264,936	7,609,037
20.00			0	0	0	0
21.00			0	0	0	0
22.00			0	0	0	0
23.00			0	0	0	0
24.00			0	0	0	0
25.00			0	0	0	0
26.00			0	0	0	0
27.00			0	0	0	0
28.00	Total (sum of lines 19-27)		2,785,295	3,558,806	1,264,936	7,609,037
REGIONAL OFFICES						
29.00			0	0	0	0
30.00			0	0	0	0
31.00			0	0	0	0
32.00			0	0	0	0
33.00	Total (sum of lines 29-32)		0	0	0	0
GRAND TOTAL						
34.00	Grand Total (sum of lines 18, 28 and 33)		3,565,535	7,808,975	5,323,760	16,698,270

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 5/10/2022 11:24 am
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SUMMARY OF ALLOCATED COSTS - DIRECT

Schedule Other Direct

	Medicare No.	Old Capital	New Capital	Other Capital	Subtotal of Capital Related	Non-Capital Related	Total Direct Allocation	
	0	1	2	3	4	5	6	
HEALTH CARE FACILITIES								
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	0	0	0	780,240	780,240	1.00
2.00			0	0	0	0	0	2.00
3.00			0	0	0	0	0	3.00
4.00			0	0	0	0	0	4.00
5.00			0	0	0	0	0	5.00
6.00			0	0	0	0	0	6.00
7.00			0	0	0	0	0	7.00
8.00			0	0	0	0	0	8.00
9.00			0	0	0	0	0	9.00
10.00			0	0	0	0	0	10.00
11.00			0	0	0	0	0	11.00
12.00			0	0	0	0	0	12.00
13.00			0	0	0	0	0	13.00
14.00			0	0	0	0	0	14.00
15.00			0	0	0	0	0	15.00
16.00			0	0	0	0	0	16.00
17.00			0	0	0	0	0	17.00
18.00	Total (sum of lines 1-17)		0	0	0	780,240	780,240	18.00
OTHER COMPONENTS								
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		0	0	0	2,785,295	2,785,295	19.00
20.00			0	0	0	0	0	20.00
21.00			0	0	0	0	0	21.00
22.00			0	0	0	0	0	22.00
23.00			0	0	0	0	0	23.00
24.00			0	0	0	0	0	24.00
25.00			0	0	0	0	0	25.00
26.00			0	0	0	0	0	26.00
27.00			0	0	0	0	0	27.00
28.00	Total (sum of lines 19-27)		0	0	0	2,785,295	2,785,295	28.00
REGIONAL OFFICES								
29.00			0	0	0	0	0	29.00
30.00			0	0	0	0	0	30.00
31.00			0	0	0	0	0	31.00
32.00			0	0	0	0	0	32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0	33.00
GRAND TOTAL								
34.00	Grand Total (sum of lines 18, 28 and 33)		0	0	0	3,565,535	3,565,535	34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 5/10/2022 11:24 am
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SUMMARY OF ALLOCATED COSTS - FUNCTIONAL

Schedule Other Functional

		Medicare No.	Old Capital	New Capital	Subtotal of Capital Related	Non-Capital Related	Total Functional Allocation		
		0	1	2	3	4	5		
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	0	0	0	4,250,169	4,250,169		1.00
2.00			0	0	0	0	0		2.00
3.00			0	0	0	0	0		3.00
4.00			0	0	0	0	0		4.00
5.00			0	0	0	0	0		5.00
6.00			0	0	0	0	0		6.00
7.00			0	0	0	0	0		7.00
8.00			0	0	0	0	0		8.00
9.00			0	0	0	0	0		9.00
10.00			0	0	0	0	0		10.00
11.00			0	0	0	0	0		11.00
12.00			0	0	0	0	0		12.00
13.00			0	0	0	0	0		13.00
14.00			0	0	0	0	0		14.00
15.00			0	0	0	0	0		15.00
16.00			0	0	0	0	0		16.00
17.00			0	0	0	0	0		17.00
18.00	Total (sum of lines 1-17)		0	0	0	4,250,169	4,250,169		18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		0	0	0	3,558,806	3,558,806		19.00
20.00			0	0	0	0	0		20.00
21.00			0	0	0	0	0		21.00
22.00			0	0	0	0	0		22.00
23.00			0	0	0	0	0		23.00
24.00			0	0	0	0	0		24.00
25.00			0	0	0	0	0		25.00
26.00			0	0	0	0	0		26.00
27.00			0	0	0	0	0		27.00
28.00	Total (sum of lines 19-27)		0	0	0	3,558,806	3,558,806		28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0		29.00
30.00			0	0	0	0	0		30.00
31.00			0	0	0	0	0		31.00
32.00			0	0	0	0	0		32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0		33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		0	0	0	7,808,975	7,808,975		34.00

INDIANA ORTHOPAEDIC HOSPITAL, LLC	Period:	Run Date Time: 5/10/2022 11:24 am
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SUMMARY OF ALLOCATED COSTS - POOLED

Schedule Other Pooled

		Medicare No.	Old Capital	New Capital	Subtotal of Capital Related	Non-Capital Related	Total Pooled Allocation		
		0	1	2	3	4	5		
HEALTH CARE FACILITIES									
1.00	INDIANA ORTHOPAEDIC HOSPITAL, LLC	150160	0	48,266	48,266	4,010,558	4,058,824		1.00
2.00			0	0	0	0	0		2.00
3.00			0	0	0	0	0		3.00
4.00			0	0	0	0	0		4.00
5.00			0	0	0	0	0		5.00
6.00			0	0	0	0	0		6.00
7.00			0	0	0	0	0		7.00
8.00			0	0	0	0	0		8.00
9.00			0	0	0	0	0		9.00
10.00			0	0	0	0	0		10.00
11.00			0	0	0	0	0		11.00
12.00			0	0	0	0	0		12.00
13.00			0	0	0	0	0		13.00
14.00			0	0	0	0	0		14.00
15.00			0	0	0	0	0		15.00
16.00			0	0	0	0	0		16.00
17.00			0	0	0	0	0		17.00
18.00	Total (sum of lines 1-17)		0	48,266	48,266	4,010,558	4,058,824		18.00
OTHER COMPONENTS									
19.00	ORTHOPAEDICS - INDIANAPOLIS, INC		0	15,042	15,042	1,249,894	1,264,936		19.00
20.00			0	0	0	0	0		20.00
21.00			0	0	0	0	0		21.00
22.00			0	0	0	0	0		22.00
23.00			0	0	0	0	0		23.00
24.00			0	0	0	0	0		24.00
25.00			0	0	0	0	0		25.00
26.00			0	0	0	0	0		26.00
27.00			0	0	0	0	0		27.00
28.00	Total (sum of lines 19-27)		0	15,042	15,042	1,249,894	1,264,936		28.00
REGIONAL OFFICES									
29.00			0	0	0	0	0		29.00
30.00			0	0	0	0	0		30.00
31.00			0	0	0	0	0		31.00
32.00			0	0	0	0	0		32.00
33.00	Total (sum of lines 29-32)		0	0	0	0	0		33.00
GRAND TOTAL									
34.00	Grand Total (sum of lines 18, 28 and 33)		0	63,308	63,308	5,260,452	5,323,760		34.00