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

(Signed) CARA BREIDSTER
Officer or Administrator of Provider(s)
CFO
Ti tl e
(Dated when report is electronically signed.)
Date

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY			_			
1.00	Hospi tal	0	69, 294	-4, 365	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	69, 294	-4, 365	0	0	200.00

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

laws and regulations.

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	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION	DATA	Provider CC	CN: 15-0158	Peri	i od:		Workst	neet S-2	
					То	12/3	1/2019	6/29/2	Fime Pre 2020 8:3	
		In-State Medicaid	In-State Medicaid	Out-of State		-of ate	Medicai HMO dav		Other edi cai d	
		pai d days	eligible	Medi cai d	1	cai d	nino uaj	, I	days	
			unpai d	paid days		ible				
		1.00	days 2.00	3.00	· ·	aid 00	5.00		6.00	-
5.00	If this provider is an IRF, enter the in-state	0				0	0.00	0	0.00	25.
	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-stat Medicaid eligible unpaid days in column 4, Medicaic HMO paid and eligible but unpaid days in column 5.									
					U				f Geogr	
. 00	Enter your standard geographic classification (not	wage) status	s at the be	ainnina of	the	1. (1	2.	00	26.
	cost reporting period. Enter "1" for urban or "2" f	or rural.		0 0			-			
. 00	Enter your standard geographic classification (not reporting period. Enter in column 1, "1" for urban				ost		1			27.
	enter the effective date of the geographic reclassi			ppri cabre,						
5.00	If this is a sole community hospital (SCH), enter t	he number of	🕆 periods S	CH status i	n		0			35.
	effect in the cost reporting period.					Begi nr	ni na:	End	i ng:	
						1. (00	
. 00	Enter applicable beginning and ending dates of SCH of periods in excess of one and enter subsequent da		script line	36 for num	nber					36.
. 00	If this is a Medicare dependent hospital (MDH), ent		er of perio	ds MDH stat	tus		о			37.
. 01	is in effect in the cost reporting period. Is this hospital a former MDH that is eligible for	the MDU to		aumont ! -						37.
. 01	accordance with FY 2016 OPPS final rule? Enter "Y" instructions)									37.
. 00	If line 37 is 1, enter the beginning and ending dat									38
	greater than 1, subscript this line for the number enter subsequent dates.	of periods i	n excess o	f one and						
						Y/	N	Y	7N	
				<u></u>		1. (00	
9.00	Does this facility qualify for the inpatient hospit hospitals in accordance with 42 CFR §412.101(b)(2)(N			N	39.
	1 "Y" for yes or "N" for no. Does the facility meet	the mileage	e requireme	nts in						
	accordance with 42 CFR 412.101(b)(2)(i), (ii), or (or "N" for no. (see instructions)	iii)? Enter	in column	2 "Y" for y	/es					
0. 00	Is this hospital subject to the HAC program reducti					N			N	40.
0. 00	"N" for no in column 1, for discharges prior to Oct	ober 1. Ente	er "Y" for			N			N	40.
0. 00		ober 1. Ente	er "Y" for			N	V	XVIII		40.
). 00	"N" for no in column 1, for discharges prior to Oct no in column 2, for discharges on or after October	ober 1. Ente	er "Y" for			N		XVII	I XIX	40.
	"N" for no in column 1, for discharges prior to Oct no in column 2, for discharges on or after October Prospective Payment System (PPS)-Capital	ober 1. Ente 1. (see inst	er "Y" for tructions)	yes or "N"	for		V 1.00	XVII 2.00	I XIX 3.00	40.
6. 00	"N" for no in column 1, for discharges prior to Oct no in column 2, for discharges on or after October Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital paym with 42 CFR Section §412.320? (see instructions)	ober 1. Ente 1. (see ins nent for disp	er "Y" for tructions) proportiona	yes or "N" te share in	for n acco	rdance	V 1.00 • N	XVII 2.00 Y	I XIX 0 3.00 N	45
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IOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICAT			F		6/29/2020 8:3	epared:
	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no icolumn 1. (see instructions) Did Enter the average number of unweighted primary FTEs from the hospital's 3 most recent cost repending and submitted before March 23, 2010. (see instructions) 	care ports ee			0.00		61.00 61.0
 D2 Enter the current year total unweighted primary FTE count (excluding OB/GYN, general surgery F and primary care FTEs added under section 5503 ACA). (see instructions) 	TEs, of					61.02
v1.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used determining compliance with the 75% test. (see instructions)	d for					61.03
1.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in current cost reporting period. (see instructions	the s).					61.04
11.05 Enter the difference between the baseline prima and/or general surgery FTEs and the current yea primary care and/or general surgery FTE counts 61.04 minus line 61.03). (see instructions)	ar's					61.05
1.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonpricare or general surgery. (see instructions)	imary	ogram Name	Program Code	Unwei ghted	Unweighted	61.00
		gi alli Malle	Frogram code	IME FTE Count	Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
 10 Of the FTEs in line 61.05, specify each new prospecialty, if any, and the number of FTE reside for each new program. (see instructions) Enter column 1, the program name. Enter in column 2, program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct FTE unweighted count. 10 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FT residents for each expanded program. (see instructions) Enter in column 1, the program name for the count of the FTE unweighted count. 11.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FT residents for each expanded program. (see instructions) Enter in column 1, the program name for the count 2, the program code. Enter in column 2, the IME FTE unweighted count. 	ents in the t GME ed TE ame. column			0.00) 61. 10) 61. 20
					1.00	
ACA Provisions Affecting the Health Resources 22.00 Enter the number of FTE residents that your hosy your hospital received HRSA PCRE funding (see in 22.01 Enter the number of FTE residents that rotated during in this cost reporting period of HRSA T	spital trained instructions) from a Teachi HC program. (S	d in this cos ing Health Ce see instructio	t reporting per nter (THC) into			62.00 62.0
Teaching Hospitals that Claim Residents in Non 3.00 Has your facility trained residents in nonprovi "Y" for yes or "N" for no in column 1. If yes,	ider settings	during this			N	63.00
		<u> </u>	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
Section 5504 of the ACA Base Year FTE Resident:	s in Nonprovi	der Settinas-	1.00 -This base year	2.00 is your cost	3.00 reporting	
period that begins on or after July 1, 2009 and 4.00 Enter in column 1, if line 63 is yes, or your 1 in the base year period, the number of unweigh resident FTEs attributable to rotations occurri settings. Enter in column 2 the number of unwei resident FTEs that trained in your hospital. En of (column 1 divided by (column 1 + column 2)).	d before June facility train ted non-prima ing in all non eighted non-pri nter in colum	<u>30, 2010.</u> ned residents ry care nprovider rimary care n 3 the ratio	0.00	3		64.00

	LEX IDENTIFICATION D	ATA Provider C		eriod: 	Worksheet S-2 Part I	2
			To		Date/Time Pre	epareo
	Program Name	Program Code	Unweighted	Unweighted	6/29/2020 8:3 Ratio (col.	
	-		FTEs	FTEs in	3/ (col. 3 +	
			Nonprovider Site	Hospi tal	col. 4))	
	1.00	2.00	3.00	4.00	5.00	
.00 Enter in column 1, if line 63			0.00	0.00	0. 00000	0 65.
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)						
			Unweighted FTEs	Unweighted FTEs in	Ratio (col. 1/ (col. 1 +	
			Nonprovi der	Hospi tal	col. 2))	
			Si te			4
Section 5504 of the ACA Current	Voar ETE Docidonte i	n Nonnrovidor Sottin	1.00	2.00	3.00	-
beginning on or after July 1, 20		n Nonprovider Settin	gsLitective i	or cost report	ing perious	
0.00 Enter in column 1 the number of			0.00	0.00	0. 00000	66. (
FTEs attributable to rotations o Enter in column 2 the number of						
		arv care resident				
FTEs that trained in your hospit	al. Enter in column	3 the ratio of				
	al. Enter in column column 2)). (see ir	3 the ratio of nstructions)			Dati a (aal	
FTEs that trained in your hospit	al. Enter in column	3 the ratio of	Unwei ghted FTEs	Unweighted FTEs in	Ratio (col. 3/ (col. 3 +	
FTEs that trained in your hospit	al. Enter in column column 2)). (see ir	3 the ratio of nstructions)	FTĔs Nonprovi der		Ratio (col. 3/ (col. 3 + col. 4))	
FTEs that trained in your hospit	al. Enter in column <u>column 2)). (see ir</u> Program Name	3 the ratio of nstructions) Program Code	FTĔs Nonprovider Site	FTES in Hospital	3/ (col. 3 + col. 4))	
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FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 +) 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) 01 Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no .00 If line 70 is yes: Column 1: Did	al. Enter in column column 2)). (see ir Program Name 1.00 1.00 PS ychiatric Facility (the facility have a	3 the ratio of structions) Program Code 2.00 (IPF), or does it con an approved GME teach	FTEs Nonprovider Site 3.00 0.00 tain an IPF sub	FTES in Hospi tal 4.00 0.00 0.00 1.00 provi der? N the most	3/ (col . 3 + col . 4)) 5.00 0.000000	70. (
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IOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-015	8 Peri od: From 01/01/20 To 12/31/20		Prepared:
	1	. 00 2. 00 3	. 00
16.00 If line 75 is yes: Column 1: Did the facility have an approved GME teaching program recent cost reporting period ending on or before November 15, 2004? Enter "Y" for no. Column 2: Did this facility train residents in a new teaching program in accor CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 indicate which program year began during this cost reporting period. (see instruct	yes or "N" for dance with 42 is Y,		0 76.00
Long Term Care Hospital PPS		1.00	
30.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. 31.00 Is this a LTCH co-located within another hospital for part or all of the cost report "Y" for yes and "N" for no. TEFRA Providers	orting period? Ent	er N	80.00 81.00
 15 this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for 16.00 Did this facility establish a new Other subprovider (excluded unit) under 42 CFR § §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. 		no. N	85.00 86.00
 3413 (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(N	87.00
	V 1.00	XI X 2.00	
Title V and XIX Services	1.00	2.00	
0.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" yes or "N" for no in the applicable column.		Y	90.00
1.00 Is this hospital reimbursed for title V and/or XIX through the cost report either full or in part? Enter "Y" for yes or "N" for no in the applicable column. 2.00 Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see		N	91.00
instructions) Enter "Y" for yes or "N" for no in the applicable column. 3.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Er		N	93.00
"Y" for yes or "N" for no in the applicable column. 4.00 Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the	N	N	94.00
applicable column. 5.00 If line 94 is "Y", enter the reduction percentage in the applicable column. 6.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the	0. 00 N	0. 00 N	95.00 96.00
 applicable column. 7.00 If line 96 is "Y", enter the reduction percentage in the applicable column. 8.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents possible stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no international stepdown adjustments on Wkst. B, Pt. I, col. 25? 		0.00 Y	97.00 98.00
 column 1 for title V, and in column 2 for title XIX. 8.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 title XIX. 		Y	98.01
8.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observati bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column		Y	98. 02
for title V, and in column 2 for title XIX. 8.03 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in col		N	98. 03
<pre>for title V, and in column 2 for title XIX. 8.04 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, in column 2 for title XIX.</pre>	N	N	98.04
8.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowand Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, a		Y	98. 05
<pre>column 2 for title XIX. 8.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. E Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and ir column 2 for title XIX. Rural Providers</pre>		Y	98.06
05.00Does this hospital qualify as a CAH? 06.00If this facility qualifies as a CAH, has it elected the all-inclusive method of pa	N Ayment N		105.00 106.00
for outpatient services? (see instructions) 07.00 Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I 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 L&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)			107.00
08.00 is this a rural hospital qualifying for an exception to the CRNA fee schedule? Se	e 42 N		108.00

			eriod: .om 01/01/2019	Worksheet S- Part I	-2
		To		Date/Time Pr	
	Physi cal	Occupati onal	Speech	6/29/2020 8: Respi ratory	
9.00 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.	1.00 N	2.00 N	3.00 N	4.00 N	109.0
				1.00	_
0.00 Did this hospital participate in the Rural Community Hospita Demonstration)for the current cost reporting period? Enter " complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.	'Y" for yes o	r "N" for no. I	f yes,	N	110. C
			1.00	2.00	-
1.00 If this facility qualifies as a CAH, did it participate in t Health Integration Project (FCHIP) demonstration for this co "Y" for yes or "N" for no in column 1. If the response to co integration prong of the FCHIP demo in which this CAH is par Enter all that apply: "A" for Ambulance services; "B" for ac for tele-health services.	ost reporting olumn 1 is Y, rticipating i	period? Enter enter the n column 2.	N		111. (
		1.00	2.00	3.00	-
2.00 Did this hospital participate in the Pennsylvania Rural Heal demonstration for any portion of the current cost reporting Enter "Y" for yes or "N" for no in column 1. If column 1 is in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceal participation in the demonstration, if applicable.	period? s "Y", enter ne	N			112. (
Miscellaneous Cost Reporting Information 5.00 s this an all-inclusive rate provider? Enter "Y" for yes or	r "N" for no	N			0115.
in column 1. If column 1 is yes, enter the method used (A, E in column 2. If column 2 is "E", enter in column 3 either "S for short term hospital or "98" percent for long term care (psychiatric, rehabilitation and long term hospitals provider the definition in CMS Pub. 15-1, chapter 22, §2208.1.	3, or E only) 93" percent (includes				
8.00 Is this facility classified as a referral center? Enter "Y" "N" for no.	for yes or	Ν			116.
7.00 Is this facility legally-required to carry malpractice insur "Y" for yes or "N" for no.		N			117.
8.00 Is the malpractice insurance a claims-made or occurrence pol if the policy is claim-made. Enter 2 if the policy is occurr		1			118.
		Premi ums	Losses	Insurance	
		1.00	2.00	3.00	
3.01List amounts of malpractice premiums and paid losses:		1. 00 269, 395		3. 00 D	0118.
		269, 395	1. 00		_
3. 02 Are malpractice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting scheo and amounts contained therein.		269, 395 than the	(118.
3. 02 Are mal practice premiums and paid losses reported in a cost Administrative and General? If yes, submit supporting scheo and amounts contained therein. 9. 00 DO NOT USE THIS LINE	dule listing d Harmless pr n column 1, " ualifies for	269,395 than the cost centers ovision in ACA Y" for yes or the Outpatient	1. 00		_
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in column 1 and termination date, if applicable, in colum 2. 134. 00[6] this is an organ procurement organization (0P0), enter the 0P0 number in column 1 140. 00[Are there are related organization or here office costs as defined in 0X5 Pub. 15-1, there are claimed, enter in colum 2. The home office costs and home offi	Health Financial Systems		WEST HOSPITAL			eu of Form CMS		
132. C0[17 this is a Medicare certification is an error and the destination date. If applicable, in colume 2. 1 133. C0[Renoved and reserved 1 143. C0[Renoved and reserved 1 143. C0[Renoved and reserved 1 143. C0[Renoved and reserved 1 141. Providers 1 142. C0[17 this is an ergan procurement organization (OPO), enter the OPO number in column 1. 1 142. C0[17 this is an ergan procurement organization; one of this costs as defined in CMS Pub. 15-1, topo or 10 the opt of this cost number. 1 142. C0[17 this is an erganization or home of frice costs as defined in CMS Pub. 15-1, topo or 10 the opt of the opt of this cost number. 3.00 141. c0[Amo: 1ND[AMPUIS] 1 1 142. c0[17 this facility into of a chain organization; enter 2. 0 142. c0[17 this facility into of the opt of the opt on the cost of the number. 1 143. c0[17 this facility into of this facility into of the opt on the opt of the opt opt of the	HOSPITAL AND HOSPITAL HEALTH CARE COMPLI	X IDENIIFICATION DATA	Provi der CC	CN: 15-0158	From 01/01/2019	Part I Date/Time Pr	epared:	
132. 001 F this is a Medicane certification date in notion 1 and trening to date. If applicable, in column 2. 1 133. 001 F this is an organ procurement organization (OPO). entor the OPO number in column 1 Mill Providers are claimed, enter in column 2. 1 140. 001 F this is an organ procurement organization (OPO). entor the OPO number in column 1 Mill Providers are claimed, enter in column 2. 1 150. 001 C this is an organ procurement organization on home office costs as defined in CMS Pub. 15-1, chapter 107 Enter 'Y' for yes or 'N' for no in column 1. If yes, and home office costs are claimed, enter in home office costs and contractor number. 3.000 161. 000 F this facility. 1.00 1 3.000 3.000 162. 001 F costs for renal services are claimed on West. A. Line 24, are the costs for input in the daylot Scality. Include in Worksheet A7 10 2.000 144. 000/nee provider based physicians' costs included in Worksheet A7 Y 1 1 145. 001 f costs for renal services are claimed on West. A. Line 24, are the costs for input in the daylot Scality. Focus on W. Tor no in column 1. If column 1 is no, dost the daylot Scality. Focus on Unin 1. Scalit reporting 1 1 146. 000 has the cost all ocation methodicing vinning from the previously filed cost report? Enter ''' for yes or 'W' for no. N 1 140. 000 has the cost all ocation for the order or all location for the services or 'W' for n					1.00		_	
133.00 Demoved and reserved 1 133.00 End this is an organ procurement organization (OPO), enter the OPO number in column 1 1 140.00 This is an organ procurement organization (OPO), enter the OPO number in column 1 1 140.00 This is an organ procurement organization or Newo Office costs as defined in CMS Pub. 15–1. Y 140.00 This is an organization or Newo Office costs as defined in CMS Pub. 15–1. Y 140.00 This facility is part of a chain organization. 2.00 1.00 2.00 3.00 1.01 2.00 1.01 1.00 2.00 3.00 1.01 2.00 1.01 1.01 2.00 1.01 2.00 1.02 0.01 try: INDAM UNIV (SET) 1.00 2.00 1.03.00 try: INDAM UNIV (SET) 1.00 2.00 1.00 1.01 2.00 1.00 2.00 1.00 1.01 2.00 1.00 2.00 1.00 1.02 1.01 1.00 2.00 1.00 1.03 0.01 try: INE ALLIN (SEE ALLINE ALLI				ication date		2.00	132.00	
140.00 Are there any related organization or home office costs as defined in CMS Pub. 15-1. Y 154059 are claimed, enter in colum 2 the home office costs and home office costs 3.00 3.00 if this facility is part of a chain organization, enter on lines 141 through 143 the nume and address of the home 3.00 if this facility is part of a chain organization, enter on lines 141 through 143 the nume and address of the home 3.00 if this facility is part of a chain organization, enter on lines 141 through 143 the nume and address of the home 3.00 141 00Hains and contractor is home office costs Contractor's Number: 08101 142 00Street: 340 MEST 10TH ST State: IN 143.00[f costs for renal services are claimed on Wkst. A, line 74, are the costs for renal services are claimed on Wkst. A, line 74, are the costs for file cost is part of no in column 2. 1.00 144.00[as the cost allocation methodol gy changed from the previously filed cost report? N 1 145.00[as the cost allocation methodol gy changed from the previously filed cost report? N 1 147.00[Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no. N N 147.00[Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no. N 1 147.00[Was there a change in the statistical basis? Enter 'Y' fory yes or 'N' for no. N	133.00 Removed and reserved 134.00 If this is an organ procurement o and termination date, if applicab	rganization (OPO), ente		in column 1			133.00 134.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office contractor number. Contractor's Number: 08101 1 141. 00Bane: INDIANA UNIVERSITY HEALTH, IKC, Contractor's Name: WS Contractor's Number: 08101 1 143. 00Clty: INDIANA UNIVERSITY HEALTH, IKC, Contractor's Name: WS Contractor's Number: 08101 1 143. 00Clty: INDIANA UNIVERSITY HEALTH, IKC, Contractor's Name: WS Contractor's Number: 08101 1 144. 00Clare provider based physicians' costs included in Worksheet A? In Y 1 144. 00Clare provider based physicians' costs included in Worksheet A? Y 1 1 145. 00L F costs for renal services are claimed on Wkst: A. Line 74, are the costs for input ion nethodology changed from the previously filed cost report? N 1 146. 00Bas there cost allocation methodology changed from the previously filed cost report? N N 1 147. 00Ewas there a change in the statistical basis? Enter "Y" for yes or "N" for no. N N N 1 148. 00Bas there a change in the order of allocation? Enter 'Y' for yes or "N" for no. N N N N N N N N N N N N N N N <t< td=""><td>140.00 Are there any related organizatio chapter 10? Enter "Y" for yes or</td><td>"N" for no in column 1.</td><td>If yes, and home</td><td>e office cost</td><td></td><td>15H059</td><td>140. 00</td></t<>	140.00 Are there any related organizatio chapter 10? Enter "Y" for yes or	"N" for no in column 1.	If yes, and home	e office cost		15H059	140. 00	
141. 00.Dame: IND IAMA UNI VERSITY INEALTH, INC. Contractor's Name: WPS Contractor's Mumber: 08101 1 143. 000City: IND IAMAPOLIS State: IN Zip Code: 46202 1 143. 000City: IND IAMAPOLIS State: IN Zip Code: 46202 1 144. 00/Are provider based physicians' costs included in Worksheet A? Indo Y 1 145. 00) F costs for renal services are claimed on Wkst. A. Line 74, are the costs for inno in column 1. If column 1 is inno, does the dialysis facility include Medicare utilization for this cost report? Indo 2.00 1 146. 00/As there a change in the statistical basis? Enter 'Y' for yes or 'N' for no. Indo 1 0 2.00 1 147. 00/Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no. Indo 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If this facility is part of a cha		on lines 141 thro	ough 143 the		s of the home		
144.00Are provider based physicians' costs included in Worksheet A? 1.00 145.00LF 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. 1.00 2.00 146.00Has 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 1. (See CMS Pub. 15-2, chapter 40, §4020) IF N 1 148.00Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. N 1 148.00Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N 1 149.00Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N N 1 150.00Subprovider - IPF N N N N N N 1 150.00Subprovider - IPF N N N N N N N N N N N N N N N N N N N N N N N N N N N <	141.00 Name: I NDI ANA UNI VERSI TY HEALTH,	INC. Contractor's Name		Contract	or's Number: 0810	01	141.00	
144.00[Are provider based physicians' costs included in Worksheet A? Y 1 145.00[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 not obset the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. 1 1 00 2.00 1 146.00[Are the cost all cost in methodology changed from the previously filed cost report? N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <	143.00 City: INDIANAPOLIS	State:	IN	Zip Code	4620	Q2	143.00	
144.00/Are provider based physicians' costs included in Worksheet A? Y 1 145.00/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 cost reporting period? Enter "Y" for yes or "N" for no in column 2. 1 0 2.00 1 146.00/Bit focts the dailysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2. 1 1 0 2.00 1 146.00/Bit focts the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no. N 1 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1.00	-	
145.00[if costs for renal services are claimed on West A. Line 74, are the costs for inpatient services only 2 Enter "Y" for yes or "N" for no in colum 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. 1 146.00[kas the cost all coation methodol gay changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See 0KB Pub. 15-2, chapter 40, \$4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. 1 146.00[kas there a change in the statistical basis? Enter "Y" for yes or "N" for no. N 1 148.00[kas there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N 1 149.00[kas there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N N 1 150.00[kost pital Part A Part A Part A N N N 1 150.00[kost pital N N N N N N N 1 160.00[kost heact the acker of a location? Enter N N N N N 1 179.00[kas there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N N 1 189.00[kas there a change to the simplified cost finding method? N N N <	144.00 Are provider based physicians' co	sts included in Workshe	eet A?				144.00	
145.00[F costs for renal services are claimed on West A, line 74, are the costs for inpatient services only 2 Enter "Y" for yes or "N" for no in column 1. If column 1 is on, does the dialysis facility include Medicare utilization for this cost report? Enter "Y" for yes or "N" for no in column 2. 1 146.00[Has the cost allocation methodol gy changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 2. 1 146.00[Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. N 1 149.00[Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. N 1 149.00[Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N 1 149.00[Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. N N 1 150.00[Subprovider - IPF N N N N N 1 150.00[Subprovider - IPF N N N N N 1 160.00[NME HEALTH AGENCY N N N N 1 161.00[Subprovider - IPF N N N N 1 165.00[Subprovider - IPF N N N 1 1<					1.00	2.00	-	
146. 00/blas the cost allocation methodol gay changed from the previously filed cost report? N 1 Enter "Y" for yes or "N" for no in column 1. (See CKS Pub. 15-2, chapter 40, §4020) If N 1 147. 00/bas there a change in the statistical basis? Enter "Y" for yes or "N" for no. N N N 148. 00/bas there a change in the statistical basis? Enter "Y" for yes or "N" for no. N N N N 149. 00/bas there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N<	inpatient services only? Enter "Y no, does the dialysis facility in	" for yes or "N" for no clude Medicare utilizat	o in column 1. If	column 1 is			145.00	
147.00Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. N 1 148.00Was there a change in the order of all coation? Enter "Y" for yes or "N" for no. N 1 149.00Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N 1 149.00Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N N N 149.00Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N N N N N N N N N N N N N N A.000 3.000 4.000 2.000 3.000 4.000 1000 2.000 3.000 4.00 N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N <td>146.00 Has the cost allocation methodolo Enter "Y" for yes or "N" for no i</td> <td>gy changed from the pre n column 1. (See CMS Pu</td> <td></td> <td></td> <td></td> <td></td> <td>146.00</td>	146.00 Has the cost allocation methodolo Enter "Y" for yes or "N" for no i	gy changed from the pre n column 1. (See CMS Pu					146.00	
148.00/Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. N 1 149.00/Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N 1 149.00/Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N 1 149.00/Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N 1 149.00/Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N N N N 0 4.00 149.00/Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
149.00/Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N 1 Part A Part B Title V Title VIX 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) N 1 155.00/Disubprovider - IPF N N N N N N N 1 156.00/Subprovider - IRF N N N N N N 1 159.00/SNF N N N N N N 1 160.00/EMBC N N N N N N 1 161.00/CMHc N N N N N N 1 165.00/SUBPROVIDER Name County State Zip Code CBSA FTE/Campus 165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAS? N 1 166.00 If line 165 is yes, for each 0 1 0							147.00	
Part A Part B Title V Title VIX 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 N 1 156.00[Supprovider - IPF N N N N N N N 1 157.00[Supprovider - IRF N N N N N N N 1 159.00[SupProvider - IRF N N N N N N 1 160.00[A0ME HEALTH AGENCY N N N N N N N N 1 161.00[CMHC N N N N N 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td< td=""><td></td><td></td><td></td><td></td><td>r no</td><td></td><td>148.00</td></td<>					r no		148.00	
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 N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N	······································	g	Part A	Part B				
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 N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N								
NS. 00 Hospital N N N N N N N 1 155. 00 Subprovider - IRF N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N N </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
N N N N N 1 158. 00 SUBPROVI DER N N N N 1 159. 00 SNF N N N N 1 160. 00 HOME HEALTH AGENCY N N N N N 1 161. 00 CMHC N N N N N 1 Mail ti campus Inter "Y" for yes or "N" for no. Mame County State ZI p Code CBSA FTE/Campus Inter "Y" for yes or "N" for no. Multicampus enter the name in column on column 1, state in column 3, cesh in column 4, FTE/Campus in column 4, FTE/Campus in column 4, FTE/Campus in column 4, FTE/Campus in column 5 (see instructions) 0 1.00 0.001 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 1.00 168. 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) Y 1 168. 00 If this provider is a CAH (dine 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions) Y 1							155.00	
158. 00 SUBPROVIDER N N N N N N N N N N N N N 1 159. 00 SNF N N N N N N N N 1 160. 00 [MOME HEALTH AGENCY N N N N N N 1 161. 00 [CMHC N N N N N N 1 Multicampus Inter "Y" for yes or "N" for no. Enter "Y" for yes or "N" for no. 0 1.00 2.00 3.00 4.00 5.00 166. 00 If f line 165 is yes, for each 0 1.00 2.00 3.00 4.00 5.00 166. 00 If f line 165 is yes, for each 0 1.00 2.00 3.00 4.00 5.00 Item regroups cole in column 3, cBSA in column 4, FTE/Campus in column 5 (see instructions) 1 0 0.0001 1 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 168. 00 If this provider a meaningful user under \$1886(n)? Enter "Y" for yes or "N" for no. Y 1<							156.00	
159.00 N N N N N N N 1 160.00 CMHC N N N N N N 1 161.00 CMHC N N N N N 1 Multicampus Itis hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 1 Itis nospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 1 Itis nospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 1 Itis nospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 1 Itis nospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 1 Itis nospital part of a Multicampus hospital part of a			N	N	N	N	157.00	
N N N N N N 1 161.00/CMHC N N N N N N 1 Multicampus Multicampus Toto Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N 1 Inter "Y" for yes or "N" for no. Enter "Y" for yes, for each campus enter the name in column 0, county in column 1, state in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) N N 1 0.0001 It in the American Recovery and Reinvestment Act It is provider a meaningful user under \$1886(n)? Enter "Y" for yes or "N" for no. Y 1 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 <td co<="" td=""><td></td><td></td><td>N</td><td>N</td><td>N</td><td>N</td><td>158.00</td></td>	<td></td> <td></td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> <td>158.00</td>			N	N	N	N	158.00
N N N N N 1 Multicampus 1.00 1.00 1.00 1.00 1.00 Enter "Y" for yes or "N" for no. Name County State Zip Code CBSA FTE/Campus 0 1.00 2.00 3.00 4.00 5.00 1 166.00 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 0.001 0.001 Heal th Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 1.00 1.00 1.00 168.00 15 this provider a meaningful user under \$1886(n)? Enter "Y" for yes or "N" for no. Y 1 168.00 161 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) Y 1 168.01 161 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) 1				1			160.00	
Multicampus 165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? N Enter "Y" for yes or "N" for no. 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 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>161.00</td>				1			161.00	
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 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						1.00	_	
Enter "Y" for yes or "N" for no. 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) 0.001 0.001 Image: State Sta		ampus bosnital that has		ucoc in diff	Caront CRSAc2	N	165.00	
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 0.001 I.00 Heal th Information Technology (HIT) incentive in the American Recovery and Reinvestment Act I.00 Heal th Information Technology (HIT) incentive in the American Recovery and Reinvestment Act I.00 I.00 It is provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no. Y I.00 Its 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) Y 1 168.01 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) 1			•				165.00	
166.00 If line 165 is yes, for each campus enter the name in column 0.001 0, county in column 1, state in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 0.001 1.00 1.00 1.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>							_	
1.00 Heal th Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 1.00 Heal th Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 168.00 If this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no. Y 1.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no. Y 1 It 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) 168.01 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)	campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in	0	1.00	2.00	3.00 4.00		00166.00	
Heal th 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 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) Y 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) 1						1.00	_	
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no. Y 1 168.00 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) Y 1 168.01 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) Y 1	Health Information Technology (HI	T) incentive in the Ame	erican Recovery ar	nd Reinvestme	ent Act	1.00		
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship 1 exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions) 1	167.00 Is this provider a meaningful use	r under §1886(n)? Ente	er "Y" for yes or	"N" for no.		Y	167.00 168.00	
	reasonable cost incurred for the 168.01 If this provider is a CAH and is	HIT assets (see instruc not a meaningful user,	ctions) does this provide	er qualify fo	r a hardship		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 9.991 transition factor. (see instructions)	169.00 If this provider is a meaningful	user (line 167 is "Y")				9.9	99169.00	

Health Financial Systems	HOSPI TAL	In Lieu	u of Form CMS-2	2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ID	ENTIFICATION DATA		Period:	Worksheet S-2	
			From 01/01/2019	Date/Time Pre	narod
			10 12/31/2014	6/29/2020 8: 3	
			Begi nni ng	Endi ng	
			1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR begin 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 indi	viduals enrolled in	Y	1, 976	171.00
section 1876 Medicare cost plans repor	ted 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, e	nter the number of sectio	n		
1876 Medicare days in column 2. (see i	nstructions)				

HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet S- Part II Date/Time Pr 6/29/2020 8:	epared
				Y/N	Date	
				1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format.	for all NO r	esponses. Ent	ter all dates in	the	
	COMPLETED BY ALL HOSPITALS					-
	Provider Organization and Operation					1
1.00	Has the provider changed ownership immediately prior to the			N		1.0
	reporting period? If yes, enter the date of the change in c	olumn 2. (see		· · · · · · · · · · · · · · · · · · ·		-
			Y/N 1.00	Date 2.00	<u>V/I</u> 3.00	-
2.00	Has the provider terminated participation in the Medicare P	Program2 lf	1.00 N	2.00	3.00	2.0
	yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.	ın 3, "V" for				
3. 00	Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home o or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members o of directors through ownership, control, or family and othe	offices, drug ler or its of the board	Y			3.0
	rel ati onshi ps? (see i nstructi ons)					
			Y/N	Туре	Date	
	Einancial Data and Ponerte		1.00	2.00	3.00	
4.00	Financial Data and Reports Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" f or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	or Compiled, ilable in	Y	A	03/20/2020	4.0
5.00	Are the cost report total expenses and total revenues diffe those on the filed financial statements? If yes, submit rec		N			5.0
				Y/N	Legal Oper.	
				1.00	2.00	
<i>(</i> 00	Approved Educational Activities	1.6				
6.00	Column 1: Are costs claimed for nursing school? Column 2: the legal operator of the program?	Tryes, is t	ne provider i	s N		6.0
7.00 8.00	Are costs claimed for Allied Health Programs? If "Y" see in Were nursing school and/or allied health programs approved		d during the	N N		7.0 8.0
9.00	cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved		cal education	n N		9.0
10.00	program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated o		the current	Ν		10.0
11.00	cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an Ap	proved	Ν		11.0
					Y/N 1.00	
	Bad Debts					
	Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection p period? If yes, submit copy.			cost reporting	Y N	12. C 13. C
4.00	If line 12 is yes, were patient deductibles and/or co-payme Bed Complement	ents waived? I	fyes, see in	nstructions.	N	14.0
5.00	Did total beds available change from the prior cost reporti		yes, see ins t A	structions. Par	N + P	15.0
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data		1			
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)	Ν		N		16.0
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	Y	04/01/2020	Y	04/01/2020	17.0
18.00	in columns 2 and 4. (see instructions) 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	Ν		Ν		18.0
19. 00	cost report? If yes, see instructions. 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.	Ν		Ν		19.0

HOSPI T	Financial Systems IU HEALTH WES AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		CN: 15-0158	Peri od:	u of Form CM Worksheet S		
				From 01/01/2019 To 12/31/2019	Part II	repared:	
		Descr	iption	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:			Ν	Ν	20.00	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00	0.1.00	
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 (EXCE	EPT CHI LDRENS	HOSPI TALS)				
	Capital Related Cost				•.		
	Have assets been relifed for Medicare purposes? If yes, see Have changes occurred in the Medicare depreciation expense			ring the cost	N N	22.00	
23.00	reporting period? If yes, see instructions.	que to apprai	sars made du	ring the cost	IN	23.00	
24.00							
25.00							
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the instructions.	ne cost report	ing period?	lfyes, see	Ν	26.00	
27.00	Has the provider's capitalization policy changed during the copy.	e cost reporti	ng period? I	fyes, submit	Ν	27.00	
	Interest Expense Were new Loans, mortgage agreements or letters of credit er	ntered into du	ring the cos	t reporting	N	28.00	
	period? If yes, see instructions. Did the provider have a funded depreciation account and/or		0		N	29.00	
	treated as a funded depreciation account? If yes, see instr Has existing debt been replaced prior to its scheduled matu	ructions		ŕ	N	30.00	
	instructions.	-	-		N	31.00	
	Has debt been recalled before scheduled maturity without is instructions. Purchased Services		debt? IT ye	5, 566	IN		
	Have changes or new agreements occurred in patient care ser arrangements with suppliers of services? If yes, see instru		ed through c	ontractual	N	32.00	
	If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.		ng to compet	itive bidding? If	N	33.00	
	Provider-Based Physicians Are services furnished at the provider facility under an ar	crangement wit	h providor b	acod physicians?	Y	34.00	
34.00	If yes, see instructions.	rangement wit	ii provider-b	aseu physicians?	1	34.00	
35.00	If line 34 is yes, were there new agreements or amended exi physicians during the cost reporting period? If yes, see in		nts with the	provi der-based	Ν	35.00	
				Y/N	Date		
	Home Office Costs			1.00	2.00		
	Were home office costs claimed on the cost report?			Y		36.00	
	If line 36 is yes, has a home office cost statement been pr	repared by the	home office	? Y		37.00	
38.00	If yes, see instructions. If line 36 is yes , was the fiscal year end of the home off			f N		38.00	
39.00	the provider? If yes, enter in column 2 the fiscal year end If line 36 is yes, did the provider render services to othe			s, Y		39.00	
40.00	see instructions. If line 36 is yes, did the provider render services to the	home office?	lf yes, see	N		40.00	
	i nstructi ons.		_				
	Cost Papart Preparar Contact Information	1.	00	2.	00		
	Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	RHONDA		UTTER		41.00	
	respectivel y.	INDIANA UNIVE	RSITY HEALTH			42.00	
42.00							

Health Financial Systems	J HEALTH WES	ST HOSPI TAL		In Lieu	u of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTI	ONNAI RE	Provider CCN: 1	F			
					6/29/2020 8:3	
				_		
		3.00				
Cost Report Preparer Contact Information						
41.00 Enter the first name, last name and the title/po	osition	DIRECTOR - GOVERNM	ENT			41.00
held by the cost report preparer in columns 1, 2	2, and 3,	PROGRAMS				
respecti vel y.						
42.00 Enter the employer/company name of the cost repo	ort					42.00
preparer.						
43.00 Enter the telephone number and email address of	the cost					43.00
report preparer in columns 1 and 2, respectively	у.					

	_Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	IU HEALTH WES AL DATA	Provider C		Peri od:	u of Form CMS-2 Worksheet S-3	
					From 01/01/2019 To 12/31/2019		
						I/P Days / O/P Visits /	
	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30. 00	96	35, 04	0. 00	0	1.00
2.00 3.00 4.00	HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider						2.00 3.00 4.00
5.00 6.00 7.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation		96	35, 04	0.00	0 0	5.00 6.00 7.00
7.00	beds) (see instructions)		90	33, 04	0.00	0	7.00
8.00 9.00 10.00	I NTEŃSÌ VE CARE UNI T NEONATAL I NTEŃSI VE CARE UNI T BURN I NTEŃSI VE CARE UNI T	31.00	16	5, 84	0.00	0	8.00 9.00 10.00
11.00 12.00 13.00	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT NURSERY	35. 00 43. 00	11	4, 01	5 0.00	0	11.00 12.00 13.00
14.00 15.00 16.00	Total (see instructions) CAH visits	43.00	123	44, 89	5 0.00	0	14.00 15.00 16.00
16.00 17.00 18.00 19.00	SUBPROVI DER – I PF SUBPROVI DER – I RF SUBPROVI DER SKI LLED NURSI NG FACI LI TY						16.00 17.00 18.00 19.00
20. 00 21. 00	NURSING FACILITY OTHER LONG TERM CARE						20. 00 21. 00
22.00 23.00 24.00	HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P.) HOSPICE						22.00 23.00 24.00
24. 10 25. 00 26. 00	HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC	30.00					24. 10 25. 00 26. 00
26. 25 27. 00	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26)	89.00	123			0	26. 25 27. 00
28.00 29.00 30.00	Observation Bed Days Ambulance Trips Employee discount days (see instruction)					0	28.00 29.00 30.00
31.00 32.00 32.01	Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room		0		D		31.00 32.00 32.01
33. 00 33. 01	outpatient days (see instructions) LTCH non-covered days LTCH site neutral days and discharges						33. 00 33. 01

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019		pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2	9, 195	492	24, 15	54		1.00
2.00	for the portion of LDP room available beds) HMO and other (see instructions) HMO IPF Subprovider	6, 880 0	3, 282 0				2.0
I. 00	HMO IRF Subprovider	0	0				4.0
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.0
o. 00	Hospital Adults & Peds. Swing Bed NF		0		0		6.0
7.00 3.00	Total Adults and Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT	9, 195 1, 973	492 363	24, 15 4, 94			7.0 8.0
0.00 0.00	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	1, 775	505	4, 7-	†Z		9.0 9.0
1. 00	SURGI CAL I NTENSI VE CARE UNI T						11. C
2.00	NEONATAL INTENSIVE CARE UNIT	0	36	6			12.0
3.00	NURSERY	11 1/0	796	1, 70		002 12	13.0
4.00 5.00	Total (see instructions) CAH visits	11, 168	1, 687 0	31, 47	0.00 0.00	803.13	14.0
6.00	SUBPROVIDER - IPF	0	0		0		16.0
7.00	SUBPROVIDER - IRF						17.0
8.00	SUBPROVI DER						18.0
9.00	SKILLED NURSING FACILITY						19.0
0.00	NURSING FACILITY						20.0
1.00	OTHER LONG TERM CARE						21.0
2.00	HOME HEALTH AGENCY						22.0
3.00	AMBULATORY SURGICAL CENTER (D. P.)						23.0
4.00	HOSPICE						24.0
4.10	HOSPICE (non-distinct part)			13	39		24.
5.00 6.00	CMHC – CMHC RURAL HEALTH CLINIC						25.0
6.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00	0,00	
7.00	Total (sum of lines 14-26)	0	0		0.00		
8.00	Observation Bed Days		46	2,5		000.10	28.0
9.00	Ambul ance Trips	0		_, -			29.0
0.00	Employee discount days (see instruction)				0		30.0
1.00	Employee discount days - IRF				0		31.0
2.00	Labor & delivery days (see instructions)	o	15	42	25		32.0
2. 01	Total ancillary labor & delivery room				0		32.0
	outpatient days (see instructions)						
33.00	LTCH non-covered days	0					33.0
53. U'l	LTCH site neutral days and discharges	0					3

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider C	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019	u of Form CMS-2 Worksheet S-3 Part I Date/Time Pre	
						6/29/2020 8: 3	
		Full Time		Di s	charges		
	Component	Equi val ents Nonpai d	Title V	Title XVIII	Title XIX	Total All	
	component	Workers	intro v			Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and		0			7, 701	1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			1, 3			2.00
3.00	HMO I PF Subprovi der				0		3.00
4.00	HMO I RF Subprovi der				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						7.00
8.00	beds) (see instructions) INTENSIVE CARE UNIT						8.00
9.00	NEONATAL INTENSIVE CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGI CAL I NTENSI VE CARE UNI T						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2, 2	17 169	7, 701	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVI DER						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.)						23.00
24.00 24.10	HOSPICE HOSPICE (non-distinct part)						24.00 24.10
24.10	CMHC - CMHC						24.10
26.00	RURAL HEALTH CLINIC						25.00
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	0100					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						32.01
	outpatient days (see instructions)						
33.00	LTCH non-covered days				0		33.00
33.01	LTCH site neutral days and discharges				0		33.01

PI T	AL WAGE INDEX INFORMATION			Provider C	CN: 15-0158 P F T	eriod: rom 01/01/2019 o 12/31/2019		par
		Wkst. A Line Number	Amount Reported	Reclassificat ion 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							
0	Total salaries (see	200.00	52, 028, 026	-270, 044	51, 757, 982	1, 633, 160. 58	31. 69	1
0	instructions) Non-physician anesthetist Part		0	0	0	0.00	0.00	2
	A		-					
0	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3
0	Physician-Part A -		0	0	0	0.00	0.00	4
1	Administrative Physicians – Part A – Teaching		0	0	0	0.00	0.00	4
0	Physician and Non		183, 792	0	183, 792	3, 120. 00	58. 91	5
0	Physician-Part B Non-physician-Part B for		0	0	0	0.00	0.00	6
	hospital-based RHC and FQHC							
0	services Interns & residents (in an	21.00	0	0	0	0.00	0.00	7
1	approved program)		0	0	0	0.00	0.00	7
	Contracted interns and residents (in an approved		0	0		0.00	0.00	΄ ΄
0	programs) Home office and/or related		0	0	0	0.00	0.00	8
0	organi zati on personnel		0	0		0.00	0.00	
0 00	SNF Excluded area salaries (see	44.00	0 187, 706	0	-	0. 00 16, 565. 17		
00	instructions)		187,700	0	187,700	10, 303. 17	11. 55	
00	OTHER WAGES & RELATED COSTS Contract Labor: Direct Patient		2, 548, 624	0	2, 548, 624	35, 656. 66	71.48	1 1 1
00	Care		2, 546, 024					
00	Contract Labor: Top Level management and other management and administrative		0	0	0	0.00	0.00	12
00	services Contract Labor: Physician-Part		529, 861	o	529, 861	2, 677. 25	197. 91	13
	A - Administrative							
	Home office and/or related organization salaries and wage-related costs		0	0				
01 02	Home office salaries Related organization salaries		17, 027, 231 0	0	17, 027, 231 0			
	Home office: Physician Part A		0	0	-			
00	- Administrative Home office and Contract		0	0	0	0.00	0.00	16
	Physicians Part A - Teaching		0	0				
01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16
02	Home office contract		0	0	0	0.00	0.00	16
	Physicians Part A - Teaching WAGE-RELATED COSTS							
00	Wage-related costs (core) (see		12, 937, 575	0	12, 937, 575			17
00	instructions) Wage-related costs (other)							18
00	(see instructions)		04 450	_	96, 653			10
00 00	Excluded areas Non-physician anesthetist Part		96, 653 0	0	96, 653			19 20
00	A Non-physician anesthetist Part B		0	0	0			21
00	Þ Physician Part A - Administrative		0	0	0			22
	Physician Part A - Teaching		0	0	0			22
	Physician Part B Wage-related costs (RHC/FQHC)		34, 003	0	34, 003			23
	Interns & residents (in an		0	0	0			24
50	approved program) Home office wage-related		7, 829, 043	0	7, 829, 043			25
	(core)			0	7, 027, 043			
51	Related organization wage-related (core)		0	0	0			25
52	Home office: Physician Part A		0	0	0			25
	- Administrative - wage-related (core)							

HOSPITAL WAGE INDEX INFORMATION Provider CN: 15-0158 Period: From 01/01/2019 To 12/31/2019 Worksheet S-3 Part II Date/Time Prepared Salaries (Cr0. 4 Worksheet S-3 Part II Date/Time Prepared Salaries (Col. 2 ± col. 3) Worksheet S-3 Part II Date/Time Prepared Salaries (Col. 2 ± col. 3) Part II Date/Time Prepared Salaries (Col. 2 ± col. 3) Worksheet S-3 Part II Date/Time Prepared Salaries (Col. 2 ± col. 3) Worksheet S-3 Part II Date/Time Prepared Salaries (Col. 2 ± col. 3) Part II Date/Time Prepared Salaries (Col. 2 ± col. 3) Worksheet S-3 Part II Date/Time Prepared Salaries (Col. 2 ± col. 3) Worksheet S-3 Part II Date/Time Prepared Salaries (Col. 2 ± col. 3) Worksheet S-3 Part II Date/Time Prepared Salaries (Col. 4 + col. 5) 25.53 Home office: PhysicIans Part A - Teaching - wage-related (core) 1.00 2.00 3.00 4.00 5.00 6.00 25.03 Employee Benefits Department 4.00 410,469 0 410,469 1.00 410,469 25.5 26.00 Employee Benefits Department 20.00 5.05,25,79 -40,858 5,254,901 95,552.97 54.99 27.0 28.00 Administrative & General contract (see inst.) 6.00 740,052 0 740.052 29,798.84 24.83 29.0 29.00 Operation of Plant 7.00 617	Heal th	Financial Systems		IU HEALTH WES	ST HOSPI TAI		Inlie	u of Form CMS-2	2552-10
Number Reported ion of Salaries (from Wkst. A-6) Salaries (col. 2 ± col. 3) Related to Salaries in col. 4 Hourly Wage (col. 4 + col. 5) 25.53 Home office: Physicians Part A - Teaching - wage-related (core) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							Period: From 01/01/2019	Worksheet S-3 Part II Date/Time Pre	pared:
25.53 Home office: Physicians Part A - Teaching - wage-related (core) 0 0 0 0 0 0 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.53 1 25.55 27 24.04 25.55 27 54.90 1 0 410,469 26.02 26.02 410,469 1 26.02 26.02 410,469 27.02 44min strative & General under contract (see inst.) 311,107 2,358.32 131.92 28.02 28.03 20.01 410,459 29.05 759 -40,858 5,254.901 29.97.98 84 24.83 29.02 28.01 29.01 410,459 29.01 28.01 29.01 410,459 29.01 29.01 410,459 29.01 29.01 20.01 41.83 29.01 29.00 20.01 0.00					ion of Salaries (from Wkst. A-6)	Sal ari es (col . 2 ± col .	Related to Salaries in	Hourly Wage (col. 4 ÷	
- Teaching - wage-related (core) - Teaching - wage-related - Teaching - wage-relate - Teaching - wage-related			1.00	2.00	3.00	4.00	5.00	6.00	
26.00 Employee Benefits Department 4.00 410,469 0 410,469 1.00 410,469.00 26.0 27.00 Admin istrative & General under contract (see inst.) 5.00 5,295,759 -40,858 5,254,901 95,552.97 54.99 27.0 28.00 Admin istrative & General under contract (see inst.) 311,107 0 311,107 2,358.32 131.92 28.0 29.00 Maintenance & Repairs 6.00 740,052 0 740,052 29,798.84 24.83 29.0 30.00 Operation of Plant 7.00 617,311 0 617,311 28.143.76 21.93 30.0 32.00 Housekeeping 9.00 978,633 -2,128 976,505 70,307.78 13.89 32.0 34.00 Dietary under contract 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	25.53	- Teaching - wage-related (core)		0	0		0		25. 53
27.00 Admin istrative & General 5.00 5,295,759 -40,858 5,254,901 95,552.97 54.99 27.0 28.00 Admin istrative & General under contract (see inst.) 311,107 0 311,107 2,358.32 131.92 28.0 30.00 Operation of Plant 7.00 617,311 0 617,311 28,143.76 21.93 30.0 31.00 Laundry & Linen Service 8.00 0 0 0 0.00 0.00 31.0 32.00 Housekeeping 9.00 978,633 -2,128 976,505 70,307.78 13.89 32.0 33.00 Housekeeping under contract (see instructions) 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	26 00			410 440	0	410.44	0 1 00	410 460 00	24 00
28.00 Administrative & General under contract (see inst.) 311,107 0 311,107 2,358.32 131.92 28.0 29.00 Maintenance & Repairs 6.00 740,052 0 740,052 29,798.84 24.83 29.0 30.00 Operation of Plant 7.00 617,311 0 617,311 28.04 29.798.84 24.83 29.0 31.00 Laundry & Linen Service 8.00 0 0 0 0.00 0.00 30.0 0 0.00 0.00 31.0 32.00 Housekeeping 9.00 978,633 -2,128 976,505 70,307.78 13.89 32.0 33.00 Housekeeping under contract (see instructions) 0 0 0 0 0.00 0.00 30.00 34.00 Dietary 10.00 1,086,099 -765,477 320,622 20,017.42 16.02 34.00 35.00 Dietary 11.00 0 764,799 764,799 47,647.99 16.05 36.00 36.00 Cafteria 11.00 0 764,799 764,799 47,									
contract (see inst.) number of the service									
29.00 Maintenance & Repairs 6.00 740,052 0 740,052 29,798.84 24.83 29.0 30.00 Operation of Plant 7.00 617,311 0 617,311 28,143.76 21.93 30.0 31.00 Laundry & Linen Service 8.00 0 0 0 0.00 0.00 31.0 32.00 Housekeeping 9.00 978,633 -2,128 976,505 70,307.78 13.89 32.0 33.00 Housekeeping under contract (see instructions) 0 0 0 0 0.00 0.00 30.0 34.00 Dietary 10.00 1,086,099 -765,477 320,622 20,017.42 16.02 34.0 35.00 Dietary under contract (see instructions) 0 0 0 0 0.00 30.0 36.00 Nursi ng Administration 13.00 2,410,940 -15,982 2,394,958 57,525.52 41.63 38.0 39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.0 40.00	28.00			311, 107	0	311,10	2, 358. 32	131.92	28.00
30.00 Operation of Plant 7.00 617,311 0 617,311 29,143.76 21.93 30.00 31.00 Laundry & Linen Service 8.00 0 0 0 0.00 0.00 31.00 32.00 Housekeeping 9.00 978,633 -2,128 976,505 70,307.78 13.89 32.0 33.00 Housekeeping under contract (see instructions) 0 0 0 0 0.00 0.00 33.00 34.00 Dietary 10.00 1,086,099 -765,477 320,622 20,017.42 16.02 34.0 35.00 Dietary under contract (see instructions) 10.00 1,086,099 -765,477 320,622 20,017.42 16.02 34.0 36.00 Cafeteria 11.00 0 764,799 47,647.99 16.05 36.0 38.00 Nursing Administration 13.00 2,410,940 -15,982 2,394,958 57,525.52 41.63 38.0 39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.0 <	29 00		6.00	740 052	0	740.05	2 29 798 84	24 83	29 00
31.00 Laundry & Linen Service 8.00 0 0 0 0.00 0.00 31.00 32.00 Housekeeping 9.00 978, 633 -2, 128 976, 505 70, 307. 78 13.89 32.0 33.00 Housekeeping under contract (see instructions) 0 0 0 0 0 0.00 33.00 34.00 Dietary under contract (see instructions) 10.00 1,086,099 -765,477 320,622 20,017.42 16.02 34.00 36.00 Cafeteria 11.00 0 764,799 74,647.99 16.05 36.00 37.00 Maintenance of Personnel 12.00 0 0 0 0.00 0.00 37.00 38.00 Nursi ng Administration 13.00 2,410,940 -15,982 2,394,958 57,525.52 41.63 38.0 39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.00 40.00 Pharmacy 15.00 2,337,191 -5,297 2,331,894 58,992.00 39.53 40.00									
32.00 Housekeeping 9.00 978,633 -2,128 976,505 70,307.78 13.89 32.0 33.00 Housekeeping under contract (see instructions) 0 0 0 0 0.00 33.0 34.00 Dietary 10.00 1,086,099 -765,477 320,622 20,017.42 16.02 34.0 35.00 Dietary under contract (see instructions) 10.00 1,086,099 -765,477 320,622 20,017.42 16.02 34.0 36.00 Cafeteria 11.00 0 764,799 764,799 47,647.99 16.05 36.0 37.00 Maintenance of Personnel 12.00 0 0 0 0.00 37.0 38.00 Nursi ng Administration 13.00 2,410,940 -15,982 2,394,958 57,525.52 41.63 38.0 39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.0 40.00 Pharmacy 15.00 2,337,191 -5,297 2,331,894 58,992.00 39.53 40.0 41.				0	0				
33.00 Housekeeping under contract (see instructions) 0 0 0 0.00 0.00 33.00 34.00 Dietary 10.00 1,086,099 -765,477 320,622 20,017.42 16.02 34.00 35.00 Dietary under contract (see instructions) 0 0 0 0 0.00 35.00 36.00 Cafeteria 11.00 0 764,799 764,799 47,647.99 16.05 36.00 37.00 Maintenance of Personnel 12.00 0 0 0 0.00 37.00 38.00 Nursi ng Administration 13.00 2,410,940 -15,982 2,394,958 57,525.52 41.63 38.00 39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.00 40.00 Pharmacy 15.00 2,337,191 -5,297 2,331,894 58,992.00 39.53 40.00 42.00 Social Service 17.00 0 0 0 0 0.00 0.00 0.00 0.00 41.00 42.00 <				978.633	-2.128	976.50			
34.00 Di etary 10.00 1,086,099 -765,477 320,622 20,017.42 16.02 34.0 35.00 Di etary under contract (see instructions) 0 0 0 0 0.00 35.00 36.00 Cafeteria 11.00 0 764,799 47,647.99 16.05 36.00 37.00 Mai ntenance of Personnel 12.00 0 0 0 0.00 37.00 38.00 Nursi ng Admi ni strati on 13.00 2,410,940 -15,982 2,394,958 57,525.52 41.63 38.0 39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.0 40.00 Pharmacy 15.00 2,337,191 -5,297 2,331,894 58,992.00 39.53 40.0 41.00 Medi cal 16.00 0 0 0 0 0 0 0.00 41.0 42.00 Social Service 17.00 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		Housekeeping under contract		0	0)			
35.00 Dietary under contract (see instructions) 0 0 0 0.00 35.00 36.00 Cafeteria 11.00 0 764,799 47,647.99 16.05 36.00 37.00 Maintenance of Personnel 12.00 0 0 0 0.00 37.00 38.00 Nursing Administration 13.00 2,410,940 -15,982 2,394,958 57,525.52 41.63 38.00 39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.00 40.00 Pharmacy 15.00 2,337,191 -5,297 2,331,894 58,992.00 39.53 40.00 41.00 Medical Records & Medical 16.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <	34.00		10.00	1,086,099	-765, 477	320, 62	2 20, 017. 42	16.02	34.00
37.00 Maintenance of Personnel 12.00 0 0 0 0.00 37.0 38.00 Nursing Administration 13.00 2,410,940 -15,982 2,394,958 57,525.52 41.63 38.0 39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.0 40.00 Pharmacy 15.00 2,337,191 -5,297 2,331,894 58,992.00 39.53 40.0 41.00 Medical Records & Medical Records & Medical Library 16.00 0 0 0 0 0 0.00 41.00 42.00 Social Service 17.00 0 0 0 0.00 0.00 0.00 42.00	35.00			0	0		0 0.00	0.00	35.00
38.00 Nursing Administration 13.00 2,410,940 -15,982 2,394,958 57,525.52 41.63 38.0 39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.0 40.00 Pharmacy 15.00 2,337,191 -5,297 2,331,894 58,992.00 39.53 40.0 41.00 Medical Records & Medical Records & Medical Library 16.00 0 0 0 0.00 0.00 0.00 41.00 42.00 Social Service 17.00 0 0 0 0.00 0.00 0.00 42.00	36.00	Cafeteria	11.00	0	764, 799	764, 79	9 47, 647. 99	16.05	36.00
39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.0 40.00 Pharmacy 15.00 2,337,191 -5,297 2,331,894 58,992.00 39.53 40.0 41.00 Medical Records & Medical Records & Medical Library 16.00 0 0 0 0.00 0.00 41.00 42.00 Social Service 17.00 0 0 0 0.00 0.00 42.00	37.00	Maintenance of Personnel	12.00	0	0		0 0.00	0.00	37.00
39.00 Central Services and Supply 14.00 363,625 0 363,625 18,733.84 19.41 39.0 40.00 Pharmacy 15.00 2,337,191 -5,297 2,331,894 58,992.00 39.53 40.0 41.00 Medical Records & Medical Records & Medical Library 16.00 0 0 0 0.00 0.00 41.00 42.00 Social Service 17.00 0 0 0 0.00 0.00 42.00	38.00	Nursing Administration	13.00	2, 410, 940	-15, 982	2, 394, 95	8 57, 525. 52	41.63	38.00
40.00 Pharmacy 15.00 2, 337, 191 -5, 297 2, 331, 894 58, 992.00 39.53 40.0 41.00 Medical Records & Medical Records & Medical Library 16.00 0 0 0 0 0.00 41.00 42.00 Social Service 17.00 0 0 0 0.00 0.00 42.00	39.00	Central Services and Supply	14.00	363, 625			5 18, 733. 84	19.41	39.00
Records Library 17.00 0 0 0 0.00 42.00	40.00		15.00	2, 337, 191	-5, 297	2, 331, 89	4 58, 992.00	39.53	40.00
42.00 Social Service 17.00 0 0 0 0.00 42.0	41.00	Medical Records & Medical	16.00	0	0				
42 00 Other Careral Services 10 00 224 000 0 224 000 17 (44 02) 12 40 40 40	42.00		17.00	0	0		0 0.00	0.00	42.00
43. UU U LITEL GENERAL SELVICE 18. UU 236, 880 U 236, 880 17, 646. U3 13. 42 43. U	43.00	Other General Service	18.00	236, 880	0	236, 88	0 17, 646. 03	13. 42	43.00

Heal th	Financial Systems		IU HEALTH WE	ST HOSPI TAL		In Lie	u of Form CMS-2	2552-10
HOSPI	FAL WAGE INDEX INFORMATION			Provider C		Period: From 01/01/2019 To 12/31/2019		pared:
		Worksheet A	Amount	Recl assi fi cat	Adj usted	Paid Hours	Average	
		Line Number	Reported	ion of	Sal ari es	Related to	Hourly Wage	
				Sal ari es	(col.2 ± col.	Salaries in	(col. 4 ÷	
				(from	3)	col. 4	col. 5)	
				Worksheet				
				A-6)				
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		52, 155, 341	-270, 044	51, 885, 29	7 1, 632, 398. 90	31. 78	1.00
	instructions)							
2.00	Excluded area salaries (see		187, 706	0	187, 70	6 16, 565. 17	11.33	2.00
	instructions)							
3.00	Subtotal salaries (line 1		51, 967, 635	-270, 044	51, 697, 59	1 1, 615, 833. 73	31.99	3.00
	minus line 2)							
4.00	Subtotal other wages & related		20, 105, 716	0	20, 105, 71	6 481, 349. 91	41.77	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		20, 766, 618	0	20, 766, 61	8 0.00	40. 17	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		92, 839, 969	-270, 044	92, 569, 92	5 2, 097, 183. 64	44.14	6.00
7.00	Total overhead cost (see		14, 788, 066	-64, 943	14, 723, 12	3 446, 725. 47	32.96	7.00
	instructions)							
				•	•			•

Heal th	Financial Systems	IU HEALTH WEST	HOSPI TAL		In Lieu	u of Form CMS-2	2552-10
	AL WAGE RELATED COSTS		Provider CCN:	15-0158	Period: From 01/01/2019	Worksheet S-3	pared:
						Amount Reported	
					-	1.00	
	PART IV - WAGE RELATED COSTS				I	1.00	
	Part A - Core List						
	RETIREMENT COST						
1.00	401K Employer Contributions					1, 824, 024	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribu	iti on				0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see i					0	3.00
4.00	Qualified Defined Benefit Plan Cost (see inst					0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External O	rgani zati on)			1		
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				0	7.00
0.00	HEALTH AND INSURANCE COST					0	0.00
8.00	Heal th Insurance (Purchased or Self Funded)		- +>			0	8.00
8.01	Heal th Insurance (Self Funded without a Third					-	8.01
8.02 8.03	Health Insurance (Self Funded with a Third Pa Health Insurance (Purchased)	nty Administrato	()			6, 678, 476 0	8.02 8.03
8.03 9.00	Prescription Drug Plan					0	9.00
9.00	Dental, Hearing and Vision Plan					224, 614	
11.00	Life Insurance (If employee is owner or benef	i ci arv)				224,014	
12.00	Accident Insurance (If employee is owner or b					23,005	
13.00	Disability Insurance (If employee is owner or					334, 576	
14.00)			001,070	
15.00	'Workers' Compensation Insurance	, or somerrorary	/			293, 755	
16.00	Retirement Health Care Cost (Only current yea	r, not the extra	ordi narv accru	al require	ed by FASB 106.	0	16.00
	Non cumulative portion)		, see the second s				
	TAXES						
17.00	FICA-Employers Portion Only					3, 684, 813	17.00
18.00	Medicare Taxes - Employers Portion Only					0	18.00
19.00	Unemployment Insurance						19.00
20.00	State or Federal Unemployment Taxes					4, 909	20.00
	OTHER						
21.00	Executive Deferred Compensation (Other Than R instructions))	etirement Cost R	eported on lir	ies 1 throi	ugh 4 above. (see	0	21.00
	Day Care Cost and Allowances					0	22.00
	Tuition Reimbursement					0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)					13, 068, 232	24.00
	Part B - Other than Core Related Cost						
25.00	OTHER WAGE RELATED COSTS (SPECIFY)						25.00

Heal th	Financial Systems	IU HEALTH WEST	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0158	Period: From 01/01/2019	Worksheet S-3 Part V	
				To 12/31/2019		
	Cost Center Description			Contract	Benefit Cost	
				Labor 1,00	2.00	
	PART V - Contract Labor and Benefit Cost			1.00	2.00	
	Hospital and Hospital -Based Component Identi	fi cati on:				
1.00	Total facility's contract labor and benefit			2, 548, 624	13, 068, 232	1.00
2.00	Hospi tal	0031		2, 548, 624	13, 068, 232	2.00
3.00	Subprovi der – IPF			_, _ , _ ,		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	Hospital-Based SNF					8.00
9.00	Hospital-Based NF					9.00
10.00	Hospital-Based OLTC					10.00
11.00	Hospital-Based HHA					11.00
12.00	Separately Certified ASC					12.00
13.00	Hospi tal -Based Hospi ce					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
17.00 18.00	Renal Dialysis				0	
16.00	Other			0	U	16.00

Heal th	Financial Systems IU HEALTH WEST HO	OSPI TAL		In Lie	u of Form CMS-2	2552-10
H0SPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CO	CN: 15-0158	Peri od:	Worksheet S-1	0
				From 01/01/2019 To 12/31/2019	Date/Time Pre	nared
				10 12/01/2017	6/29/2020 8: 3	
					1.00	
4 00	Uncompensated and indigent care cost computation		202		0.4/7404	1 1 00
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 div	vided by li	ne 202 colum	n 8)	0. 167134	1.00
2.00	Medicaid (see instructions for each line) Net revenue from Medicaid				7, 779, 113	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplement	tal payment	ts from Medic	ai d?		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments f				0	5.00
6.00	Medi cai d charges				118, 916, 483	6.00
7.00	Medicaid cost (line 1 times line 6)				19, 874, 987	7.00
8.00	Difference between net revenue and costs for Medicaid program	(line 7 mir	nus sum of li	nes 2 and 5; if	12, 095, 874	8.00
	< zero then enter zero)		``			
0.00	Children's Health Insurance Program (CHIP) (see instructions for	or each lir	ne)		0	9.00
9.00 10.00	Net revenue from stand-alone CHIP Stand-alone CHIP charges					1
11.00	Stand-alone CHIP cost (line 1 times line 10)				0	
12.00	Difference between net revenue and costs for stand-alone CHIP	(line 11 mi	nus line 9:	if < zero then	0	12.00
	enter zero)		,			
	Other state or local government indigent care program (see ins					
13.00					631	
14.00	Charges for patients covered under state or local indigent car	e program ((Not included	in lines 6 or	9, 498	14.00
15 00	10)				1 507	15 00
15.00 16.00	State or local indigent care program cost (line 1 times line 1) Difference between net revenue and costs for state or local in		program (Li	no 15 minus line	1, 587 956	
10.00	13; if < zero then enter zero)	urgent care			5 750	10.00
	Grants, donations and total unreimbursed cost for Medicaid, CHI	IP and stat	te/local indi	gent care progra	ams (see	
	instructions for each line)			5		
	Private grants, donations, or endowment income restricted to f	5	5		0	
18.00	Government grants, appropriations or transfers for support of				0	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local	l indigent	care program	s (sum of lines	12, 096, 830	19.00
	8, 12 and 16)		Uni nsured	Insured	Total (col. 1	
			patients	patients	+ col. 2)	
			1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				1	
20.00	Charity care charges and uninsured discounts for the entire factors and the second sec	cility	18, 839, 73	906, 281	19, 746, 019	20.00
21 00	(see instructions)	unto (coo	2 1/0 7	1 004 201	4 055 042	21.00
21.00	Cost of patients approved for charity care and uninsured disconinstructions)	unts (see	3, 148, 70	906, 281	4, 055, 042	21.00
22.00	Payments received from patients for amounts previously written	off as	62, 80	68 0	62, 868	22.00
	charity care					
23.00	Cost of charity care (line 21 minus line 22)		3, 085, 89	93 906, 281	3, 992, 174	23.00
0.1.00					1.00	0.1.00
24.00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care		yond a rength	or stay limit	N	24.00
25 00	If line 24 is yes, enter the charges for patient days beyond the		t care progra	m's length of	0	25.00
20100	stay limit	ino i nui goini	e our o progra	in o rongen or		20.00
26.00	Total bad debt expense for the entire hospital complex (see in:	structions))		16, 747, 519	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex	•	,		384, 876	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instruc	ctions)		592, 116	
28.00	Non-Medicare bad debt expense (see instructions)	,			16, 155, 403	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt ex	pense (see	Instructions)	2, 907, 357	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29) Total unreimbursed and uncompensated care cost (line 19 plus l	ing 30)			6, 899, 531 18, 996, 361	
51.00	Trotal and enhoursed and uncompensated care cost (Trine 19 prus 1	ine 30)			10, 770, 301	1 31.00

	Financial Systems	IU HEALTH WES				u of Form CMS-2	2552-10
RECLAS	SSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CC	N: 15-0158 Pe	eriod: rom 01/01/2019	Worksheet A	
				То		Date/Time Pre 6/29/2020 8:3	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Recl assi fi cat i ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1 00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FLXT		0	0	4 057 507	4 057 507	1 00
1.00 1.01	00100 NEW CAP REL COSTS-BLDG & FIXT		0 636, 560	0 636, 560	4, 857, 587 195, 958	4, 857, 587 832, 518	1.00 1.01
1.01	00102 I NTEREST		030, 500	030, 500	5, 334, 634	5, 334, 634	1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	4, 471, 799	4, 471, 799	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	410, 469	354, 464	764, 933	8, 633, 239	9, 398, 172	4.00
5.01	00540 NONPATI ENT TELEPHONES	0	69, 958	69, 958	-40, 787	29, 171	5.01
5.02	00550 DATA PROCESSI NG	0	26, 095	26, 095	-4, 378	21, 717	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	275, 298	275, 298	-16, 236		5.03
5.04	00590 ADMI NI STRATI VE AND GENERAL	5, 295, 759	58, 355, 002	63, 650, 761	-6, 925, 402	56, 725, 359	5.04
6.00 7.00	00600 MAINTENANCE & REPAIRS	740, 052	6, 503, 417	7, 243, 469	-4, 312, 148	2, 931, 321	6.00 7.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	617, 311 0	3, 756, 691 88, 169	4, 374, 002 88, 169	616, 054 -804	4, 990, 056 87, 365	8.00
9.00	00900 HOUSEKEEPI NG	978, 633	1, 100, 591	2,079,224	-357, 450	1, 721, 774	9.00
10.00	01000 DI ETARY	1,086,099	1,654,519	2, 740, 618	-2, 029, 155	711, 463	10.00
11.00	01100 CAFETERI A	0	0	0	1, 693, 517	1, 693, 517	11.00
13.00	01300 NURSING ADMINISTRATION	2, 410, 940	1, 409, 233	3, 820, 173	-464, 328	3, 355, 845	
14.00	01400 CENTRAL SERVICES & SUPPLY	363, 625	191, 746	555, 371	6, 483, 053		
15.00	01500 PHARMACY	2, 337, 191	4, 617, 122	6, 954, 313	-3, 944, 455		15.00
17.00	01700 SOCIAL SERVICE	0	25 124 522	25	0	25	17.00
18.00	01080 TRANSPORTATI ON	236, 880	134, 532	371, 412	-55, 946	315, 466	18.00
30.00	03000 ADULTS & PEDIATRICS	12, 165, 720	7, 442, 295	19, 608, 015	-6, 500, 637	13, 107, 378	30.00
31.00	03100 I NTENSI VE CARE UNI T	3, 101, 751	2, 722, 962	5, 824, 713	-1,002,742	4, 821, 971	31.00
35.00	02080 NEONATAL INTENSIVE CARE UNIT	881, 776	200, 412	1, 082, 188	-133, 442	948, 746	35.00
43.00	04300 NURSERY	0	0	0	407, 569	407, 569	43.00
	ANCI LLARY SERVICE COST CENTERS	0.740.04/	11.050.000	44 074 075	40.047.000	1 000 077	
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	2, 718, 246	14, 258, 029	16, 976, 275 3, 276, 939	-12, 947, 398		50.00 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 462, 395	814, 544 0	3, 270, 939	-554, 174 2, 174, 843	2, 722, 765 2, 174, 843	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	4, 121, 881	4, 702, 397	8, 824, 278	-3, 683, 593	5, 140, 685	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	782, 330	1, 978, 120	2, 760, 450	-322, 097	2, 438, 353	
59.00	05900 CARDI AC CATHETERI ZATI ON	1,067,263	5, 138, 427	6, 205, 690	-3, 776, 295	2, 429, 395	59.00
60.00	06000 LABORATORY	0	6, 446, 988	6, 446, 988	0	6, 446, 988	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	362, 909	362, 909	0	362, 909	63.00
65.00	06500 RESPIRATORY THERAPY	1, 471, 575	712, 704	2, 184, 279	-575, 429	1, 608, 850	
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	1, 644, 640 552, 858	583, 690 129, 743	2, 228, 330 682, 601	-395, 826 -88, 519	1, 832, 504 594, 082	66.00 67.00
68.00	06800 SPEECH PATHOLOGY	181, 238	45, 537	226, 775	-31, 380	195, 395	68.00
69.00	06900 ELECTROCARDI OLOGY	830, 643	738, 434	1, 569, 077	-283, 356	1, 285, 721	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3, 432, 794	3, 432, 794	71.00
	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0	8, 302, 373		
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	4, 322, 388	4, 322, 388	
76.00 76.97	03950 OTHER ANCI LLARY SERVI CES 07697 CARDI AC REHABI LI TATI ON	0 222, 896	0	0 384, 942	04 454	0 298, 486	76.00
70.97	OUTPATIENT SERVICE COST CENTERS	222, 090	162, 046	304, 942	-86, 456	290, 400	76.97
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BEHAVI ORAL HEALTH	0	144, 136	144, 136	-123, 237	20, 899	90.01
90.02	09002 SLEEP LAB	0	714, 647	714, 647	-14, 343	700, 304	90.02
91.00	09100 EMERGENCY	4, 745, 062	2, 763, 403	7, 508, 465	-1, 953, 015	5, 555, 450	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	410 007	05 700	F00 00/	00.0/1	470 505	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) SPECIAL PURPOSE COST CENTERS	413, 087	95, 799	508, 886	-29, 361	479, 525	92.01
113 00	11300 INTEREST EXPENSE		0	0	0	0	113.00
118.00		51, 840, 320	129, 330, 644		273, 419	181, 444, 383	
. 5. 50	NONREI MBURSABLE COST CENTERS	. , : , :	,,				
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	94, 649	251, 755	346, 404	-48, 797	297, 607	
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	23, 921	23, 921	88, 123	112, 044	
	19201 RETAIL PHARMACY	0	0	0	0		192.01
	2 19202 MARKETING 3 19203 BACK AND NECK	0 93, 057	388, 284 320, 499	388, 284 413, 556	19, 743	408, 027 81, 068	
200.00		52, 028, 026	320, 499 130, 315, 103	413, 556 182, 343, 129	-332, 488 0	182, 343, 129	
200.00	γ_{1} provide (som of entres no through 177)	52, 020, 020	100, 010, 100	102, 070, 127	U	102, 070, 127	

CLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provi der CCN: 15-0158	Period: From 01/01/2019	Worksheet A
			To 12/31/2019	Date/Time Prepar 6/29/2020 8:35 a
Cost Center Description	Adjustments (See A-8)	Net Expenses For		
	(See A-0)	Allocation		
	6.00	7.00		
GENERAL SERVICE COST CENTERS				
00 00100 NEW CAP REL COSTS-BLDG & FIXT	19, 022	4, 876, 609		1
	0 E 412 042	832, 518		1
02 00102 INTEREST 00 00200 NEW CAP REL COSTS-MVBLE EQUIP	5, 413, 843 931, 109	10, 748, 477 5, 402, 908		1
00 00400 EMPLOYEE BENEFITS DEPARTMENT	2, 432, 924	11, 831, 096		4
01 00540 NONPATI ENT TELEPHONES	0	29, 171		5
02 00550 DATA PROCESSI NG	7,011,531	7, 033, 248		5
03 00560 PURCHASING RECEIVING AND STORES	708, 223	967, 285		5
00590 ADMINI STRATI VE AND GENERAL 00 00600 MAI NTENANCE & REPAI RS	-37, 914, 902			5
00 00600 MAINTENANCE & REPAIRS 00 00700 OPERATION OF PLANT	-542, 780	2, 388, 541 4, 990, 056		7
00 00800 LAUNDRY & LINEN SERVICE	0	87, 365		8
00 00900 HOUSEKEEPI NG	0	1, 721, 774		9
. 00 01000 DI ETARY	-11, 798			10
	-1,053,973			11
. 00 01300 NURSING ADMINISTRATION . 00 01400 CENTRAL SERVICES & SUPPLY	473, 776			13
. 00 01400 CENTRAL SERVICES & SUPPLY	-11, 385 -30, 418			14
. 00 01700 SOCIAL SERVICE	0	25		17
. 00 01080 TRANSPORTATI ON	0	315, 466		18
INPATIENT ROUTINE SERVICE COST CENTERS	1	1		
. 00 03000 ADULTS & PEDIATRICS	-1, 947, 641	11, 159, 737		30
. 00 03100 INTENSIVE CARE UNIT . 00 02080 NEONATAL INTENSIVE CARE UNIT	-1, 456, 827	3, 365, 144 948, 746		31
. 00 04300 NURSERY	0	407, 569		43
ANCI LLARY SERVI CE COST CENTERS				
. 00 05000 OPERATI NG ROOM	-510, 914	3, 517, 963		50
. 00 05100 RECOVERY ROOM	-49, 800	2, 672, 965		51
. 00 05200 DELI VERY ROOM & LABOR ROOM . 00 05400 RADI OLOGY-DI AGNOSTI C	122 094	2, 174, 843		52
. 00 05500 RADI OLOGY-DI AGNOSTI C	133, 986 -352, 217	5, 274, 671 2, 086, 136		55
. 00 05900 CARDI AC CATHETERI ZATI ON	-1, 273, 745	1, 155, 650		59
. 00 06000 LABORATORY	0	6, 446, 988		60
. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	362, 909		63
. 00 06500 RESPI RATORY THERAPY . 00 06600 PHYSI CAL THERAPY	0	1, 608, 850 1, 832, 504		65
. 00 06700 OCCUPATI ONAL THERAPY	0	594, 082		67
. 00 06800 SPEECH PATHOLOGY	0	195, 395		68
. 00 06900 ELECTROCARDI OLOGY	-362, 803	922, 918		69
. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	3, 432, 794		71
. 00 07200 IMPL. DEV. CHARGED TO PATIENT . 00 07300 DRUGS CHARGED TO PATIENTS	0	8, 302, 373		72
. 00 07300 DRUGS CHARGED TO PATTENTS . 00 03950 OTHER ANCILLARY SERVICES	0	4, 322, 388		73
. 97 07697 CARDIAC REHABILITATION	0			76
OUTPATIENT SERVICE COST CENTERS	· · · · · ·			
. 00 09000 CLINIC	0	0		90
01 09001 BEHAVI ORAL HEALTH	0	20, 899		90
. 02 09002 SLEEP LAB . 00 09100 EMERGENCY	-97, 643	700, 304 5, 457, 807		90
. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	- 11, 043	5, 57, 007		91
. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	479, 525		92
SPECIAL PURPOSE COST CENTERS	1			
3. 00 11300 INTEREST EXPENSE	0	-		113
8.00 SUBTOTALS (SUM OF LINES 1 through 117)	-28, 492, 432	152, 951, 951		118
NONREI MBURSABLE COST CENTERS 0. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	297, 607		190
2. 00 19000 PHYSI CLANS' PRIVATE OFFICES	0	112,044		190
2. 01 19201 RETAIL PHARMACY	0	0		192
2. 02 19202 MARKETI NG	0	408, 027		192
2.03 19203 BACK AND NECK	0	81, 068		192
0.00 TOTAL (SUM OF LINES 118 through 199)	-28, 492, 432	153, 850, 697		200

Health Financial Systems RECLASSIFICATIONS

IU HEALTH WEST HOSPITAL

Provider CCN: 15-0158

In Lieu of Form CMS-2552-10

					To 12/31/2019 Date/Time Pr 6/29/2020 8:	
		Increases				
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00		
	A - DEPRECIATION	0.00				
1.00	NEW CAP REL COSTS-BLDG & FLXT	1.00	0	4, 192, 384		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4, 319, 360		2.00
3.00	NEW CAP REL COSTS-BLDG & FLXT	1.00	0	172, 010		3.00
4.00	NEW CAP REL COSTS-MVBLE	2.00	0	5, 112		4.00
5.00	NEW CAP REL COSTS-BLDG & FLXT	1.00	0	75, 666		5.00
$\begin{array}{c} 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ \end{array}$		$\begin{array}{c} 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 00\\ 0. & 0. &$				
25.00	<u> </u>		0	000000000000000_0		25.00
	B - LEASE					
1.00	NEW CAP REL COSTS-BLDG & FLXT	1.00	0	417, 527		1.00
2.00 3.00	MOB NEW CAP REL COSTS-MVBLE EQUIP	1. 01 2. 00	0 0	454, 702 147, 327		2.00 3.00
$\begin{array}{c} 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ \end{array}$	0 C - INTEREST	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00
1.00	INTEREST	1. 02	0	5, 334, 634		1.00
2.00			0	<u> </u>		2.00
$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 18. \ 00\\ 19. \ 00\\ \end{array}$	D - BENEFITS EMPLOYEE BENEFITS DEPARTMENT	$\begin{array}{c} 4.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 00\\ 0.\ 0.\ 00\\ 0.\ 0.\ 0.\ 00\\ 0.\ 0.\ 0.\ 0.\ 0.\ 0.\ 0.\ 0.\ 0.\ 0.\$		5, 334, 634 8, 633, 232 0 0 0 0 0 0 0 0 0 0 0 0 0		$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 00\\ \end{array}$

I U HEALTH WEST HOSPI TAL Provi der CCN: 15-0158 Peri od:

In Lieu of Form CMS-2552-10 Worksheet A-6

RECLAS	SI FI CATI ONS			Provider CCN: 15-0158	Period: Works From 01/01/2019	heet A-6
					To 12/31/2019 Date/	Time Prepared:
		Increases			0/29/	2020 8:35 am
	Cost Center	Line #	Salary	Other		
20.00	2.00	3.00	4.00	5.00		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00 25.00		0.00 0.00	0	0		24.00 25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	0		0	8, 633, 232		
1.00	F - LABOR & DELIVERY DELIVERY ROOM & LABOR ROOM	52.00	1, 952, 177	222, 666		1.00
1.00			1, 952, 177	222,666		1.00
	H - NURSERY					
1.00	NURSERY	43.00	36 <u>5,877</u>	41,692		1.00
	U I – DIETARY		365, 877	41, 692		
1.00	CAFETERIA	11.00	764, 799	928, 718		1.00
	0 — — — — — —		764, 799	928, 718		
1 00	K - STD	F 04		40.050		1.00
1.00 2.00	ADMI NI STRATI VE AND GENERAL HOUSEKEEPI NG	5.04 9.00	0	40, 858 2, 128		1.00
3.00	DI ETARY	10.00	o	678		3.00
4.00	NURSING ADMINISTRATION	13.00	0	15, 982		4.00
5.00	PHARMACY	15.00	0	5, 297		5.00
6.00 7.00	ADULTS & PEDIATRICS	30.00 31.00	0	69, 352 19, 245		6.00 7.00
8.00	OPERATING ROOM	50.00	0	13, 511		8.00
9.00	RECOVERY ROOM	51.00	0	24, 779		9.00
10.00	RADI OLOGY-DI AGNOSTI C	54.00	0	10, 854		10.00
11. 00 12. 00	RADI OLOGY-THERAPEUTI C RESPI RATORY THERAPY	55.00 65.00	0	12, 926 10, 138		11.00 12.00
13.00	PHYSI CAL THERAPY	66.00	0	736		13.00
14.00	OCCUPATI ONAL THERAPY	67.00	0	10, 542		14.00
15.00	EMERGENCY	91.00	<u>0</u>	33,018		15.00
	U L - UTILITIES		U	270, 044		
1.00	OPERATION OF PLANT	7.00	0	1, 461, 578		1.00
2.00		0.00	0	0		2.00
3.00 4.00		0.00 0.00	0	0		3.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00 0.00	0	0		7.00
8.00	<u> </u>		0	0		8.00
	M - MARKETING			.,		
1.00	MARKETI NG	192.02	0	19, 743		1.00
2.00 3.00		0.00 0.00	0	0		2.00 3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	<u>0</u>			6.00
	O N - BILLABLE DRUGS	<u> </u>	U	19, 743		
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4, 322, 388		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00 5.00		0.00 0.00	0	0		4.00
6.00		0.00	<u>0</u>	0		6.00
	0		0	4, 322, 388		
1.00	0 - NON-BILLABLE DRUGS PHARMACY	15.00	0	405, 408		1.00
2.00	PURCHASING RECEIVING AND	5.03	0	15		2.00
	STORES					
3.00		0.00	0	0		3.00
4.00 5.00		0.00 0.00	0	0		4.00
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 10. 00		0.00 0.00	0	0		9.00 10.00
11.00		0.00	0	0		11.00
	•	. 1		1		

	Financial Systems		IU HEALTH WES	ST HOSPITAL Provider CCN: 15-015	In Lieu of Form CMS 58 Period: Worksheet A	
NLULAS					From 01/01/2019 To 12/31/2019 Date/Time Pi	
		Increases			6/29/2020 8:	
	Cost Center	Line #	Salary	Other		
12.00	2.00	3.00	4.00	5.00		12.00
13.00	<u> </u>	0.00	0	0000000		13.00
	P - BILLABLE IMPLANTS		-			
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5, 994		1.00
2.00	IMPL. DEV. CHARGED TO	72.00	0	8, 302, 373		2.00
	PATI ENT			8, 308, 367		
1.00	Q - BILLABLE SUPPLIES MEDICAL SUPPLIES CHARGED TO	71.00	0	3, 426, 800		1.00
	PATIENTS					
2.00 3.00		0.00 0.00	0	0		2.00 3.00
4.00		0.00	0	0		4.00
5.00 6.00		0.00 0.00	0 0	0 0		5.00 6.00
7.00 8.00		0. 00 0. 00	0	0 0		7.00 8.00
9.00		0.00	0	0		9.00
10. 00 11. 00		0.00 0.00	0	0		10.00 11.00
12.00		0.00	0	0		12.00
13.00 14.00		0.00 0.00	0	0		13.00 14.00
15.00		0.00	0	0		15.00
16.00	o — — — — — —		0	<u> </u>		16.00
1.00	R - NON-BILLABLE SUPPLIES CENTRAL SERVICES & SUPPLY	14.00	0	7, 252, 866		1.00
2.00	NURSI NG ADMI NI STRATI ON	13.00	0	9		2.00
3.00 4.00		0.00 0.00	0 0	0 0		3.00 4.00
5.00		0.00	0	0		5.00
6.00 7.00		0.00 0.00	0 0	0 0		6.00 7.00
8.00 9.00		0. 00 0. 00	0	0		8.00 9.00
9.00 10.00		0.00	0	0		10.00
11.00 12.00		0.00 0.00	0	0		11.00 12.00
13.00		0.00	0	0		13.00
14.00 15.00		0.00 0.00	0	0		14.00 15.00
16.00		0.00	0	0		16.00
17.00 18.00		0. 00 0. 00	0 0	0 0		17.00 18.00
19.00 20.00		0.00 0.00	0 0	0		19.00 20.00
21.00		0.00	0	0		21.00
22.00 23.00		0.00 0.00	0	0		22.00 23.00
24.00		0.00	0	0		24.00
25.00 26.00		0.00 0.00	0 0	0 0		25.00 26.00
27.00		0.00	0	0		27.00
28.00	o		0	0 7, 252, 875		28.00
1.00	T - SUPPLY REBATES RECLASS EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7		1.00
2.00	DATA PROCESSING	5.02	О	17		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	4, 280		3.00
4.00	ADMI NI STRATI VE AND GENERAL	5.04	0	1,603		4.00
5.00 6.00	MAINTENANCE & REPAIRS OPERATION OF PLANT	6. 00 7. 00	0 0	5, 836 3, 609		5.00 6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	8		7.00
8.00 9.00	HOUSEKEEPI NG DI ETARY	9.00 10.00	0	2, 705 230		8.00 9.00
10. 00 11. 00	NURSING ADMINISTRATION PHARMACY	13.00 15.00	0	134 7, 291		10.00 11.00
12.00	TRANSPORTATI ON	18.00	0	13		12.00
13.00 14.00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	0 0	48, 056 11, 990		13.00 14.00
17.00		51.00	<u>्</u>	, , , , , , , , , , , , , , , , , ,		1 17.00

Health Financial Systems RECLASSIFICATIONS

IU HEALTH WEST HOSPITAL

In Lieu of Form CMS-2552-10

Provider CCN: 15-0158

					9/2020 8:35 am
		Increases			
	Cost Center	Line #	Sal ary	Other	
	2.00	3.00	4.00	5.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,042	15.00
16.00	OPERATING ROOM	50.00	0	263, 485	16.00
17.00	RECOVERY ROOM	51.00	0	3, 951	17.00
18.00	RADI OLOGY-DI AGNOSTI C	54.00	0	20, 292	18.00
19.00	RADI OLOGY-THERAPEUTI C	55.00	0	611	19.00
20.00	CARDI AC CATHETERI ZATI ON	59.00	0	212, 945	20.00
21.00	RESPI RATORY THERAPY	65.00	0	2, 812	21.00
22.00	PHYSI CAL THERAPY	66.00	0	3, 316	22.00
23.00	OCCUPATI ONAL THERAPY	67.00	0	69	23.00
24.00	SPEECH PATHOLOGY	68.00	0	4	24.00
25.00	ELECTROCARDI OLOGY	69.00	0	2, 248	25.00
26.00	CARDIAC REHABILITATION	76.97	0	889	26.00
27.00	BEHAVI ORAL HEALTH	90.01	0	94	27.00
28.00	SLEEP LAB	90. 02	0	471	28.00
29.00	EMERGENCY	91.00	0	21, 428	29.00
30.00	OBSERVATION BEDS (DISTINCT	92.01	0	237	30.00
	PART)				
31.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	14	31.00
	CANTEEN				
32.00	BACK_AND_NECK	1 <u>92.</u> 03	0	109	32.00
	0		0	620, 796	
	U – BEHAVIORAL HEALTH				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	104, 499	1.00
	TOTALS		0	104, 499	
500.00	Grand Total: Increases		3, 082, 853	51, 137, 543	500.00

Heal th	Fi nanci al	Systems
RECLAS	SI FI CATI ON	IS

IU HEALTH WEST HOSPITAL

Provider CCN: 15-0158

 In Lieu of Form CMS-2552-10

 Period:
 Worksheet A-6

 From 01/01/2019
 Date/Time Prepared:

 To
 12/31/2019

 01/01/2019
 Date/Time Prepared:

 6/29/2020 8:35 am
 35 am

						6/29/2020 8:	
		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00 A - DEPRECIATION	7.00	8.00	9.00	10.00		
1.00	МОВ	1.01	0	247, 267	. 9		1.00
2.00	NONPATIENT TELEPHONES	5. 01	0	40, 787			2.00
3.00	DATA PROCESSING	5. 02	0				3.00
4.00	ADMI NI STRATI VE AND GENERAL	5.04	0				4.00
5.00	MAINTENANCE & REPAIRS	6.00	0				5.00
6.00 7.00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	7.00 8.00	0				6.00 7.00
8.00	HOUSEKEEPING	9.00	0				8.00
9.00	DI ETARY	10.00	0				9.00
10.00	NURSING ADMINISTRATION	13.00	0	116, 011	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0				11.00
12.00	PHARMACY	15.00	0				12.00
13.00 14.00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30.00 31.00	0 0				13.00 14.00
14.00	OPERATI NG ROOM	50.00	0				14.00
16.00	RECOVERY ROOM	51.00	0	,			16.00
17.00	RADI OLOGY-DI AGNOSTI C	54.00	0				17.00
18.00	RADI OLOGY-THERAPEUTI C	55.00	0				18.00
19.00	CARDI AC CATHETERI ZATI ON	59.00	0				19.00
20.00		65.00	0				20.00
21.00 22.00	PHYSI CAL THERAPY ELECTROCARDI OLOGY	66.00 69.00	0				21.00 22.00
23.00	SLEEP LAB	90.02	0				23.00
24.00	EMERGENCY	91.00	0				24.00
25.00	BACK_AND_NECK	<u> </u>	0				25.00
	0		0	8, 764, 532	2		
1 00	B - LEASE PURCHASING RECEIVING AND	5.03	0	2 407	10		1 00
1.00	STORES	5.03	0	3, 487	10		1.00
2.00	ADMI NI STRATI VE AND GENERAL	5.04	0	542, 330	10		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0				3.00
4.00	ADULTS & PEDIATRICS	30.00	0	65, 462			4.00
5.00	INTENSIVE CARE UNIT	31.00	0				5.00
6.00	OPERATING ROOM	50.00	0				6.00
7.00 8.00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	54.00 55.00	0				7.00
9.00	PHYSI CAL THERAPY	66.00	0		-		9.00
10.00	CARDI AC REHABI LI TATI ON	76.97	0				10.00
11.00	BEHAVIORAL HEALTH	90.01	0	18, 832			11.00
12.00	EMERGENCY	91.00	0				12.00
13.00	GIFT, FLOWER, COFFEE SHOP &	190.00	0	24, 434	0		13.00
14.00	CANTEEN BACK AND NECK	192.03	0	238, 956	0		14.00
14.00		172.03	0				14.00
	C - INTEREST	I		.,			1
1.00	ADMI NI STRATI VE AND GENERAL	5.04		5, 334, 001			1.00
2.00	OPERATION OF PLANT						2.00
			0	5, 334, 634			
1.00	D - BENEFITS ADMINISTRATIVE AND GENERAL	5.04	0	423, 292	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0				2.00
3.00	OPERATION OF PLANT	7.00	0				3.00
4.00	HOUSEKEEPI NG	9.00	0	324, 257	0		4.00
5.00	DI ETARY	10.00	0				5.00
6.00	NURSING ADMINISTRATION	13.00	0				6.00
7.00 8.00	CENTRAL SERVICES & SUPPLY PHARMACY	14.00 15.00	0				7.00 8.00
8.00 9.00	TRANSPORTATI ON	18.00	0				9.00
10.00	ADULTS & PEDIATRICS	30.00	0				10.00
11.00	INTENSIVE CARE UNIT	31.00	0				11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0				12.00
13.00	OPERATING ROOM	50.00	0				13.00
14.00	RECOVERY ROOM	51.00	0				14.00 15.00
15.00 16.00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	54.00 55.00	0				15.00
17.00	CARDI AC CATHETERI ZATI ON	59.00	0				17.00
18.00	RESPI RATORY THERAPY	65.00	0				18.00
19.00	PHYSI CAL THERAPY	66.00	0	246, 601	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0				20.00
21.00	SPEECH PATHOLOGY	68.00	0				21.00
22.00 23.00	ELECTROCARDI OLOGY CARDI AC REHABI LI TATI ON	69.00 76.97	0				22.00 23.00
23.00 24.00	EMERGENCY	91.00	0				23.00
		,	0		5		

	Financial Systems SIFICATIONS		IU HEALTH WES			Peri od:	u of Form CMS-2552- Worksheet A-6
						From 01/01/2019 To 12/31/2019	Date/Time Prepared 6/29/2020 8:35 am
		Decreases					0/2//2020 0. 33 um
	Cost Center	Line #	Salary		Wkst. A-7 Ref.		
. 00	6.00 OBSERVATI ON BEDS (DI STI NCT	7.00	8.00	9.00 13,732	10.00		25.0
. 00	PART)	72.01	0	15, 752	c c		20.0
. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	24, 314	C		26.0
. 00	CANTEEN BACK AND NECK	192.03	0	27, 194	C		27.0
. 00	0		0	8, 633, 232			27.0
	F - LABOR & DELIVERY						
00	ADULTS & PEDI ATRI CS	<u>30.</u> 00	<u>1, 952, 177</u>	222,666	0	<u>)</u>	1.0
	U H - NURSERY		1, 952, 177	222, 666			
00	ADULTS & PEDIATRICS	30.00	365, 877	41, 692	()	1.0
	0		365, 877	41, 692		1	
00	I – DI ETARY DI ETARY	10.00	764, 799	928, 718			1.0
00			764, 799	928, 718			1.0
	K - STD		1011111	,20,710		1	
00	ADMINISTRATIVE AND GENERAL	5.04	40, 858	0	(1.0
00 00	HOUSEKEEPI NG DI ETARY	9.00 10.00	2, 128 678	0 0	(2.0
00	NURSI NG ADMI NI STRATI ON	13.00	15, 982	0	(4.0
00	PHARMACY	15.00	5, 297	0	C		5. C
00	ADULTS & PEDIATRICS	30. 00 31. 00	69, 352	0 0	((6.0
00 00	OPERATING ROOM	50.00	19, 245 13, 511	0	(7.0
00	RECOVERY ROOM	51.00	24, 779	0	C		9.0
. 00	RADI OLOGY-DI AGNOSTI C	54.00	10, 854	0	(10.0
. 00	RADI OLOGY-THERAPEUTI C RESPI RATORY THERAPY	55.00 65.00	12, 926 10, 138	0	C		11.0
. 00	PHYSICAL THERAPY	66.00	736	0	(13.0
. 00	OCCUPATI ONAL THERAPY	67.00	10, 542	0	C		14. C
. 00	EMERGENCY	<u> </u>	33,018	0			15. C
	U UTILITIES		270, 044	0			
00	MOB	1.01	0	11, 477	10)	1.0
00	MAINTENANCE & REPAIRS	6.00	0	1, 426, 739	C		2.0
00 00	CENTRAL SERVICES & SUPPLY OPERATING ROOM	14.00 50.00	0	2, 083 2, 550	(3.0
00	PHYSICAL THERAPY	66.00	0 0	2, 550	(4. C 5. C
00	CARDIAC REHABILITATION	76.97	0	345	C		6. C
00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0	16, 376	(7.0
00	BACK AND NECK	1 <u>92.</u> 03	0	<u>1, 6</u> 06 1, 461, 578			8.0
	M – MARKETING		0	1, 101, 070		1	
00	ADMI NI STRATI VE AND GENERAL	5.04	0	15, 563	(1.0
00 00	NURSING ADMINISTRATION RECOVERY ROOM	13.00 51.00	0	1, 796 796	(2.0
00	RADI OLOGY-THERAPEUTI C	55.00	0	1, 510	(4.0
00	CARDI AC CATHETERI ZATI ON	59.00	О	50	C		5.0
00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	28	C		6.0
	<u>CANTEEN</u>	+		19, 743			
	N – BILLABLE DRUGS	1				1	
00	PHARMACY	15.00	0	3, 870, 236	0		1.0
00 00	OPERATI NG ROOM RADI OLOGY-DI AGNOSTI C	50.00 54.00	0	5, 703 406, 343	C		2.0
00	CARDI AC CATHETERI ZATI ON	59.00	0	38, 937	(4.0
00	PHYSI CAL THERAPY	66.00	0	275	C		5. C
00	ELECTROCARDI OLOGY		o	894			6.0
	0 - NON-BILLABLE DRUGS		0	4, 322, 388			
00	ADULTS & PEDI ATRI CS	30.00	0	56, 644	(1.0
00	INTENSIVE CARE UNIT	31.00	0	22, 300	(2.0
00 00	NEONATAL INTENSIVE CARE UNIT	35.00 50.00	0	2, 373 53, 527	C		3. (
00	RECOVERY ROOM	51.00	0	17, 189	(Ď	4.
00	RADI OLOGY-DI AGNOSTI C	54.00	Ö	20, 364	C		6.
00	RADI OLOGY - THERAPEUTI C	55.00	0	10	C		7.
00 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY	59.00 65.00	0	16, 741 4, 212	(8.0
	PHYSICAL THERAPY	66. 00	0	4,212	(10.0
0. 00			0				
). 00 . 00	ELECTROCARDI OLOGY	69.00	Uj	2, 805	L L		11.0
	ELECTROCARDI OLOGY EMERGENCY OBSERVATI ON BEDS (DI STI NCT	69.00 91.00 92.01	0	2,805 206,878 2,030	(11. C 12. C 13. C

Heal th	Fi nanci al	Systems
RECLAS	SI FI CATI ON	IS

IU HEALTH WEST HOSPITAL

Provider CCN: 15-0158

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 01/01/2019 To 12/31/2019 Date/Time Prepared:

/2019	Date/IIme	Prepared:
	6/20/2020	8.35 am

						o 12/31/2019 Date/lime Pr 6/29/2020 8:	
		Decreases					
	Cost Center 6.00	Line # 7.00	Salary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00		
	0	7.00	0	405, 423			
	P - BILLABLE IMPLANTS						
1.00	OPERATING ROOM	50.00	0	6, 807, 129			1.00
2.00	CARDI AC CATHETERI ZATI ON	<u> </u>	<u>o</u>	_ <u>1, 501, 2</u> 38 8, 308, 367			2.00
	Q - BILLABLE SUPPLIES		0	0, 300, 307			
1.00	PHARMACY	15.00	0	19			1.00
2.00	ADULTS & PEDIATRICS	30.00	0	99, 461	0		2.00
3.00 4.00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31.00 35.00	0	9, 882 63	0		3.00 4.00
4.00 5.00	OPERATI NG ROOM	50.00	0	1, 641, 956			5.00
6.00	RECOVERY ROOM	51.00	0	1, 499			6.00
7.00	RADI OLOGY-DI AGNOSTI C	54.00	0	141, 877	0		7.00
8.00	RADI OLOGY-THERAPEUTI C	55.00	0	419			8.00
9. 00 10. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY	59.00 65.00	0	1, 509, 128 566			9.00 10.00
11.00	PHYSI CAL THERAPY	66.00	0	6, 544			11.00
12.00	OCCUPATI ONAL THERAPY	67.00	0	68			12.00
13.00	ELECTROCARDI OLOGY	69.00	0	34			13.00
14.00 15.00	CARDIAC REHABILITATION EMERGENCY	76. 97 91. 00	0	33 15, 221	0		14.00 15.00
16.00	OBSERVATION BEDS (DISTINCT	91.00	0	15, 221	0		16.00
10.00	PART)	72.01	0	50	0		10.00
	0		0	3, 426, 800			
1.00	R - NON-BILLABLE SUPPLIES DATA PROCESSING	5. 02	0	36	0		1.00
2.00	PURCHASING RECEIVING AND	5.02	0	30 17, 044			2.00
2.00	STORES	0.00	Ű	17,011			2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	5, 297	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	146			4.00
5.00 6.00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	7.00 8.00	0	19 257	0		5.00 6.00
7.00	HOUSEKEEPI NG	9.00	0	33, 471	0		7.00
8.00	DI ETARY	10.00	0	3, 505	0		8.00
9.00	PHARMACY	15.00	0	58, 148			9.00
10. 00 11. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	0	1, 193, 544 395, 900	0		10.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	33, 661	0		12.00
13.00	OPERATI NG ROOM	50.00	0	3, 199, 105	0		13.00
14.00	RECOVERY ROOM	51.00	0	144, 067	0		14.00
15.00 16.00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	54.00 55.00	0	621, 310 11, 708			15.00 16.00
17.00	CARDI AC CATHETERI ZATI ON	59.00	0	453, 737	0		17.00
18.00	RESPI RATORY THERAPY	65.00	0	248, 391	0		18.00
19.00	PHYSI CAL THERAPY	66.00	0	100, 345			19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	4, 291	0		20.00
21.00 22.00	ELECTROCARDI OLOGY	68.00 69.00	0	540 31, 741			21.00 22.00
23.00	CARDI AC REHABI LI TATI ON	76.97	0	7, 398			23.00
24.00	SLEEP LAB	90. 02	0	14, 349			24.00
25.00	EMERGENCY	91.00	0	660, 843			25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	13, 806	0		26.00
27.00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	35	0		27.00
	CANTEEN				_		
28.00	BACK AND NECK	1 <u>92.</u> 03	<u>o</u>	<u>181</u> 7, 252, 875			28.00
	T - SUPPLY REBATES RECLASS		U	1,202,075	 		1
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	620, 796	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00 0.00	0	0	0		3.00
4.00 5.00		0.00	0	0	0		4.00 5.00
6.00		0.00	ő	0	0		6.00
7.00		0.00	О	0	0		7.00
8.00		0.00	0	0	0		8.00
9. 00 10. 00		0.00 0.00	0	0	0		9.00 10.00
11.00		0.00	o	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14. 00 15. 00		0.00 0.00	0	0			14.00 15.00
16.00		0.00	0	0			16.00
		1					

Heal th I	Financial Systems		IU HEALTH WES	ST HOSPI TAL		In Lieu	u of Form CMS-	2552-10
RECLASS	I FI CATI ONS			Provider (CCN: 15-0158	Period:	Worksheet A-	6
						From 01/01/2019 To 12/31/2019	Date/Time Pro	oparad
						10 12/31/2019	6/29/2020 8:	
		Decreases		•				
	Cost Center	Line #	Sal ary	Other	Wkst. A-7 Ref	·.		
	6.00	7.00	8.00	9.00	10.00			
17.00		0.00	0	0		0		17.00
18.00		0.00	0	0		0		18.00
19.00		0.00	0	0		0		19.00
20.00		0.00	0	0		0		20.00
21.00		0.00	0	0		0		21.00
22.00		0.00	0	0		0		22.00
23.00		0.00	0	0		0		23.00
24.00		0.00	0	0		0		24.00
25.00		0.00	0	0		0		25.00
26.00		0.00	0	0		0		26.00
27.00		0.00	0	0		0		27.00
28.00		0.00	0	0		0		28.00
29.00		0.00	0	0		0		29.00
30.00		0.00	0	0		0		30.00
31.00		0.00	0	0		0		31.00
32.00		0.00	0	0		0		32.00
	0		0	620, 796]
	U – BEHAVIORAL HEALTH							
	BEHAVIORAL HEALTH	90.01	0	104, 499		0		1.00
	TOTALS		0	104, 499				[
500.00	Grand Total: Decreases		3, 352, 897	50, 867, 499				500.00

	Financial Systems	IU HEALTH WES				eu of Form CMS-2	2552-10
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider CO	CN: 15-0158	Peri od:	Worksheet A-7	
					From 01/01/2019 To 12/31/2019		nared
					10 12/31/2013	6/29/2020 8: 3	5 am
				Acquisition:	S		
		Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	F BALANCES					
1.00	Land	0	0		0 0	0 0	1.00
2.00	Land Improvements	6, 800, 703	0		0 0	0 0	2.00
3.00	Buildings and Fixtures	80, 775, 450	0		0 0	3, 817, 648	3.00
4.00	Building Improvements	28, 123, 543	3, 817, 648		0 3, 817, 648	3 0	4.00
5.00	Fixed Equipment	0	0		0 0	0 0	5.00
6.00	Movable Equipment	72, 827, 460	4,001,079		0 4, 001, 079	6, 861, 242	6.00
7.00	HIT designated Assets	0	0		0 0	0 0	7.00
8.00	Subtotal (sum of lines 1-7)	188, 527, 156	7, 818, 727		0 7, 818, 727	10, 678, 890	8.00
9.00	Reconciling Items	0	0		0 0	0 0	9.00
10.00	Total (line 8 minus line 9)	188, 527, 156	7, 818, 727		0 7, 818, 727	10, 678, 890	10.00
		Endi ng	Ful I y				
		Bal ance	Depreci ated				
			Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	F BALANCES					
1.00	Land	0	0				1.00
2.00	Land Improvements	6, 800, 703	0				2.00
3.00	Buildings and Fixtures	76, 957, 802	0				3.00
4.00	Building Improvements	31, 941, 191	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	69, 967, 297	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	185, 666, 993	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	185, 666, 993	0				10.00

Heal th	Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 01/01/2019 To 12/31/2019		pared:
			SUMMARY OF CAPITAL				
	Cost Center Description	Depreciation	Lease	Interest	Insurance	Taxes (see	
					(see instructions)	instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WO	RKSHEET A, COLUN	<u>//N 2, LINES 1 a</u>	and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		0 0	0 0	
1.01	MOB	247, 267	277, 657		0 0	0	1.01
1.02	INTEREST	0	0		0 0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		0 0	0	2.00
3.00	Total (sum of lines 1-2)	247, 267			0 0	0 0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1)				
		Capi tal -Rel at	(sum of cols.				
		ed Costs (see	9 through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WO	RKSHEET A, COLUN	MN 2, LINES 1 a	and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	MOB	111, 636	636, 560				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	111, 636	636, 560	1		I	3.00

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-2	552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 01/01/2019 Fo 12/31/2019	Date/Time Prep 6/29/2020 8:35	bared:
	COMPUTATION OF RATIOS			ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)	instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CI			115 (00 (0	0 (00457	0	1 00
1.00 NEW CAP REL COSTS-BLDG & FIXT 1.01 MOB 1.02 INTEREST	115, 699, 696 0 0	0	115, 699, 69	0.623157 0.000000 0.000000 0.000000	0 0	1.00 1.01 1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP	69,967,297	0	69, 967, 29		0	2.00
3.00 Total (sum of lines 1-2)	185, 666, 993	0	185, 666, 99	1. 000000	0	3.00
		TION OF OTHER (F CAPITAL	
Cost Center Description	Taxes	Other Capital-Relat ed 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 C			1	1		
1.00 NEW CAP REL COSTS-BLDG & FIXT	0	0		4, 732, 700	-103, 767	1.00
1. 01 MOB 1. 02 INTEREST	0	0		0	720, 882	1.01
1. 02 INTEREST 2. 00 NEW CAP REL COSTS-MVBLE EQUIP	0	0		5, 250, 469	0 147, 327	1.02 2.00
3.00 Total (sum of lines 1-2)	0	0		9, 983, 169		2.00
	JMMARY OF CAPI					
Cost Center Description	Interest	Insurance	Taxes (see	Other	Total (2)	
		(see instructions)		Capital-Relat ed Costs (see instructions)	(sum of cols.	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS C		12.00	10.00	14.00	13.00	
1.00 NEW CAP REL COSTS-BLDG & FIXT 1.01 MOB	0	172, 010 0		5 0 0 111, 636	4, 876, 609 832, 518	1. 00 1. 01
1.02 INTEREST	10, 748, 477	0		0 0	10, 748, 477	1.02
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	5, 112		0 0	5, 402, 908	2.00
3.00 Total (sum of lines 1-2)	10, 748, 477	177, 122	75, 66	5 111, 636	21, 860, 512	3.00

Heal th	Fi nanc	i al	Systems
AD IUST	MENTS T	0 F	VPENSES

alth Financial Systems JUSTMENTS TO EXPENSES		IU HEALTH WES		eriod:	u of Form CMS-2 Worksheet A-8	
			F	rom 01/01/2019 o 12/31/2019	Date/Time Pre	pare
			Expense Classification on		6/29/2020 8:3	s ani
			To/From Which the Amount is	to be adjusted		
Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	-
00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1
2) 1 Investment income - MOB		0	мов	1. 01	0	1
(chapter 2) 2 Investment income - INTEREST (chapter 2)	В	-11, 004, 098	I NTEREST	1. 02	11	1
(chapter 2) 0 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2
2) 0 Investment income - other		0		0.00	0	3
(chapter 2) O Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4
0 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5
0 Rental of provider space by suppliers (chapter 8)	В	-521, 294	NEW CAP REL COSTS-BLDG & FLXT	1.00	10	6
0 Telephone services (pay stations excluded) (chapter		0		0.00	0	7
21) 0 Television and radio service (chapter 21)		0		0.00	0	8
0 Parking Lot (chapter 21) 00 Provider-based physician	A-8-2	0 -15, 082, 817		0.00	0 0	9 10
adjustment 00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11
00 Related organization transactions (chapter 10)	A-8-1	24, 770, 343			0	12
00 Laundry and linen service 00 Cafeteria-employees and guests	В	0 -1, 053, 973	CAFETERI A	0.00 11.00	0 0	13 14
00 Rental of quarters to employee and others		0		0.00	0	15
00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16
00 Sale of drugs to other than patients		0		0.00	0	17
00 Sale of medical records and abstracts		0		0.00	0	18
00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19
00 Vending machines 00 Income from imposition of		0		0. 00 0. 00	0	20 21
interest, finance or penalty charges (chapter 21)				0.00	0	- 1
00 Interest expense on Medicare overpayments and borrowings to		0		0.00	0	22
repay Medicare overpayments 00 Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPI RATORY THERAPY	65.00		23
limitation (chapter 14) 00 Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66.00		24
limitation (chapter 14) 00 Utilization review - physicians' compensation		0	*** Cost Center Deleted ***	114.00		25
(chapter 21) OD Depreciation - NEW CAP REL			NEW CAP REL COSTS-BLDG &	1.00	0	26
COSTS-BLDG & FIXT 01 Depreciation - MOB			FI XT MOB	1. 01	0	26
02 Depreciation - INTEREST		0	INTEREST	1.02	0	26
00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	U	27
.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28

Heal th Financial	Systems	1	U HE
AD UNOTHENTO TO F	VEENOEO		

Health Financial Systems		IU HEALTH WES	ST HOSPI TAL	In Lie	u of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0158 Period:		Worksheet A-8	
				From 01/01/2019		
				To 12/31/2019		
				Washalash A	6/29/2020 8:3	5 am
			Expense Classification or			
			To/From Which the Amount is	to be Adjusted		
Cost Center Description	Daoi o (Cada	Amount	Cost Center	Line #	Wkst. A-7	
cost center bescription	Basi s/Code	Amount	cost center	Line #		
	(2)	2.00	3.00	4.00	Ref. 5.00	
29.00 Physicians' assistant	1.00	2.00		4.00	5.00	29.00
29.00 Physicians' assistant 30.00 Adjustment for occupational	A-8-3	•	OCCUPATI ONAL THERAPY	67.00	0	30.00
	A-8-3	0	UCCUPATIONAL THERAPY	67.00		30.00
therapy costs in excess of limitation (chapter 14)						
		0		20.00		20.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30. 99
	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
31.00 Adjustment for speech pathology costs in excess of	A-8-3	0	SPEECH PATHOLOGY	08.00		31.00
limitation (chapter 14)						
32.00 CAH HIT Adjustment for		0		0.00	0	32.00
Depreciation and Interest		0		0.00	0	32.00
33. 00 MI SCELLANEOUS I NCOME	В	-464-380	ADMINISTRATIVE AND GENERAL	5.04	0	33.00
33. 01 MI SCELLANEOUS I NCOME	В		MAINTENANCE & REPAIRS	6.00	0	33.00
33. 02 MI SCELLANEOUS I NCOME	В		DI ETARY	10.00	0	
33. 03 MI SCELLANEOUS I NCOME	В		CENTRAL SERVICES & SUPPLY	14.00	0	33.02
33. 04 MI SCELLANEOUS I NCOME	В		PHARMACY	14.00	0	33.04
33. 05 MI SCELLANEOUS I NCOME	В		RECOVERY ROOM	51.00	0	
33. 06 MI SCELLANEOUS I NCOME	В		ELECTROCARDI OLOGY	69.00	0	33.06
33. 07 CONTRIBUTION EXPENSE	A		ADMI NI STRATI VE AND GENERAL	5.04	0	33.07
33.08 HAF FEES	A		ADMI NI STRATI VE AND GENERAL	5.04	0	
33.09 ACCRUED PTO TO HO	A		EMPLOYEE BENEFITS DEPARTMEN			33.09
33. 10 BENEFITS TO HO	A		EMPLOYEE BENEFITS DEPARTMEN		0	33.10
33. 11 WEST EXPANSION EXPENSE	A		ADMI NI STRATI VE AND GENERAL	5.04	0	
33. 12 UNWONTED SI TUATI ONS	A		ADMINISTRATIVE AND GENERAL	5.04	0	
33. 13 TELEPHONE EQUI PMENT	A		NURSING ADMINISTRATIVE AND GENERAL	13.00	0	33.12
33. 14 TELEPHONE EQUIPMENT	A		PHARMACY	15.00	0	
33. 15 TELEPHONE EQUI PMENT	A		RADI OLOGY-DI AGNOSTI C	54.00	0	33.14
50.00 TOTAL (sum of lines 1 thru 49)		-389 -28, 492, 432		54.00	0	50.00
(Transfer to Worksheet A,		-20, 472, 432				50.00
column 6, line 200.)						
			1			L

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

(1) bescription - 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.

Heal th	Financial Systems	IU HEALTH WE	ST HOSPI TAL	In Lie	eu of Form CMS-:	2552-10
	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HO	ME Provider CCN: 15-0158	Peri od:	Worksheet A-8	-1
OFFI CE	COSTS			From 01/01/2019 To 12/31/2019	Date/Time Pre	norod.
				10 12/31/2019	6/29/2020 8: 3	
	Line No.	Cost Center	Expense Items	Amount of	Amount	
			Expense r teme	Allowable Cost		
					Wks. A, column	
					5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUST	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED	ORGANI ZATI ONS OR	CLAIMED HOME	
	OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HO CR ALLOCATIONS	540, 316	0	1.00
2.00	1.02	INTEREST	HO CR ALLOCATIONS	16, 417, 941	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HO CR ALLOCATIONS	931, 109	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO CR ALLOCATIONS	11, 477, 631	0	4.00
4.01	5.02	DATA PROCESSING	HO CR ALLOCATIONS	7,011,531	0	4.01
4.02	5.03	PURCHASING RECEIVING AND STO		708, 223	0	4,02
4.03	5.04	ADMI NI STRATI VE AND GENERAL	HO CR ALLOCATIONS	19,067,757	31, 617, 070	4.03
4.04			HO CR ALLOCATIONS	0	159, 221	4.04
4.05			HO CR ALLOCATIONS	606, 428	132, 492	4.05
4.06			HO CR ALLOCATIONS	0	62, 700	4.06
4.07			HO CR ALLOCATIONS	0	19, 110	4.07
4.08		EMPLOYEE BENEFITS DEPARTMENT		12, 791	12, 791	4.08
4.09			INTERCOMPANY	8, 560, 740		4.09
4.10			I NTERCOMPANY	371, 403		4.10
4.11			INTERCOMPANY	2, 125, 795	2, 125, 795	4.11
4.12			INTERCOMPANY	1, 476, 827	1, 476, 827	4.12
4.13			INTERCOMPANY	415, 369	415, 369	4.13
4.14			INTERCOMPANY	16, 499		4.14
4.15			INTERCOMPANY	-139, 575		4.15
4.16			INTERCOMPANY	405, 381	405, 381	4.16
4.17			INTERCOMPANY	1, 303, 917	1, 303, 917	4.17
4.18			INTERCOMPANY	6, 446, 773		4.18
4.19			INTERCOMPANY	18, 975		4.19
4.20			INTERCOMPANY	15, 058		4.20
4.21			INTERCOMPANY	339, 953		4.21
4.22			INTERCOMPANY	12, 500		4.22
4.23			INTERCOMPANY	31, 443		4.23
4.24			INTERCOMPANY	675, 453		4.24
4.25			INTERCOMPANY	242, 257	242, 257	4.25
4.26		OBSERVATION BEDS (DISTINCT P		28, 923		4.26
4.27			INTERCOMPANY	25, 134		4.27
4. 28			INTERCOMPANY	-48, 431	-48, 431	4.28
5.00	0		0	79, 098, 121		5.00
		scripts as appropriato) are :				0.00

* 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			
Symbol (1)	Name	Percentage of	Name	Percentage of			
		Ownershi p		Ownershi p			
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

reimbur	sement under title XVIII.				
6.00	В	IU HEALTH	100.00 IU HEALTH-HO	100.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or	FINANCIAL			100.00
	non-financial) specify:				

(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.

Health Financial Systems	IU HEALTH WEST	HOSPI TAL	In Lieu	J of Form CMS-2552-10
	ROM RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0158		Worksheet A-8-1
OFFICE COSTS			From 01/01/2019 To 12/31/2019	Date/Time Prepared:

			6/29/2020 8:3	
	Net	Wkst. A-7 Ref.		
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUSTME	NTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME	
	OFFICE COSTS:			
1.00	540, 316	9		1.00
2.00	16, 417, 941	11		2.00
3.00	931, 109	9		3.00
4.00	11, 477, 631	0		4.00
4.01	7,011,531	0		4.01
4.02	708, 223	0		4.02
4.03	-12, 549, 313			4.03
4.04	-159, 221	0		4.04
4.05	473, 936	0		4.05
4.06	-62,700			4.06
4.07	-19, 110			4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
5.00	24, 770, 343			5.00
* Tho	amounts on lin	os 1 4 (and subs	crints as annronriate) are transferred in detail to Worksheet A. column 6. Lines as	

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

nas not	been posted to worksneet A,	corumns r and/or 2,	the amount	allowable should	be Indicated	In column 4 of	this part.	
	Related Organization(s)							
	and/or Home Office							
	Turne of Ducingon							
	Type of Business							
	6.00							
	B. INTERRELATIONSHIP TO RELA	ED 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 eimbursement under title XVIII

6. 00 HEALTHCARE	6.00
7.00	7.00
8.00	8.00
9.00	9.00
10.00	10.00
100.00	100.00
(1) los the following symbols to indicate interrelationship	n to related ergenizations:

(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 organi zati on.

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 provi der.

	Financial Syste		IU HEALTH W	EST HOSPI TAL			eu of Form CMS-	
PROVI DE	R BASED PHYSIC	I AN ADJUSTMENT		Provider (CCN: 15-0158	Peri od:	Worksheet A-8	3-2
						From 01/01/2019 To 12/31/2019		
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
	WRSt. A LINE π	I denti fi er	Remuneration	Component	Component	NOL AMOUNT	ider Component	
		ruentirrei		Component	component		Hours	
-	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00		ADMI NI STRATI VE AND GENERAL	9, 320, 062			197, 500		1.00
2.00		ADULTS & PEDIATRICS	1, 947, 641	1, 947, 641		237, 100		
3.00		I NTENSI VE CARE UNI T	1, 456, 827	1, 456, 827		197, 500		3.00
4.00		OPERATING ROOM	510, 914					4.00
5.00		RADI OLOGY-DI AGNOSTI C	-197, 075			271,900		5.00
6.00		RADI OLOGY-THERAPEUTI C	352, 217	352, 217				6.00
7.00		CARDIAC CATHETERIZATION	1, 254, 635			197, 500		
8.00		ELECTROCARDI OLOGY	339, 953			197, 500		8.00
9.00		EMERGENCY	97, 643			197, 500		9.00
9.00 10.00	0.00		97,043	97, 043				
200.00	0.00		15 000 017	-				200.00
200.00	Wkst. A Line #	Cost Center/Physician	15, 082, 817 Unadj usted RCE		Cost of	Provi der	Physician Cost	
	WKSL A LINE #							
		Identifier	Limit	Unadjusted RCE Limit		Component Share of col.	of Malpractice Insurance	
					Continuing		Insurance	
	1.00	2.00	8.00	9.00	Education 12.00	12 13.00	14.00	
1.00		ADMI NI STRATI VE AND GENERAL	8.00			0 0		1.00
2.00		ADULTS & PEDIATRICS		0			-	
2.00		INTENSIVE CARE UNIT		0				2.00
3.00 4.00		OPERATING ROOM					-	4.00
			0	0		-	-	
5.00		RADI OLOGY-DI AGNOSTI C	0	0	0	0		5.00
6.00		RADI OLOGY-THERAPEUTI C	0	0	0	0	-	6.00
7.00		CARDIAC CATHETERIZATION	0	0	0	0		7.00
8.00		ELECTROCARDI OLOGY	0	0		0 0	0	0.00
9.00		EMERGENCY	0	0		0 0	0	9.00
10.00	0.00		0	0	(0 0	-	10.00
200.00			0	0	(00	0	200.00
	Wkst. A Line #	Jan	Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
			14				-	
1.00	1.00	2.00	15.00	16.00	17.00	18.00		1 00
1.00		ADMI NI STRATI VE AND GENERAL	0	, °		9, 320, 062		1.00
2.00		ADULTS & PEDIATRICS	0	0		1, 947, 641		2.00
3.00		INTENSIVE CARE UNIT	0	0		1, 100, 02,		3.00
4.00		OPERATING ROOM	0	0		010, 711	1	4.00
5.00		RADI OLOGY-DI AGNOSTI C	0	0		0 -197,075	•	5.00
6.00		RADI OLOGY-THERAPEUTI C	0	0		352, 217	•	6.00
7.00		CARDI AC CATHETERI ZATI ON	0	0		1, 254, 635		7.00
8.00		ELECTROCARDI OLOGY	0	0		339, 953		8.00
9.00	91.00	EMERGENCY	0	0	(97,643		9.00
10.00	0.00		0	0	(o 0		10.00
200.00			0	0	(15, 082, 817	,	200.00

	ncial Systems TION - GENERAL SERVICE COSTS	IU HEALTH WES	Provider CC		Period:	u of Form CMS-2 Worksheet B	2002
				F	rom 01/01/2019 o 12/31/2019	Part I	epare
				CAPI TAL RE	LATED COSTS	6/29/2020 8:3	35 am
	Cost Center Description	Net Expenses	NEW BLDG &	MOB	INTEREST	NEW MVBLE	-
	cost center bescription	for Cost	FLXT	WOD	TNTEREST	EQUI P	
		Allocation					
		(from Wkst A col. 7)					
		0	1.00	1.01	1.02	2.00	-
	AL SERVICE COST CENTERS				и Т		
	NEW CAP REL COSTS-BLDG & FIXT	4, 876, 609	4, 876, 609				1.
01 00101 02 00102	MOB I NTEREST	832, 518 10, 748, 477	278, 290 0	1, 110, 808 (1.
	NEW CAP REL COSTS-MVBLE EQUIP	5, 402, 908	0	(10, 748, 477	5, 402, 908	
	EMPLOYEE BENEFITS DEPARTMENT	11, 831, 096	40, 794	C	95, 355	0,102,700	
	NONPATIENT TELEPHONES	29, 171	9, 120	C		26, 701	
	DATA PROCESSING	7,033,248	59, 661	C		2, 857	
	PURCHASING RECEIVING AND STORES ADMINISTRATIVE AND GENERAL	967, 285 18, 810, 457	66, 669 165, 502	0 168, 700		0 40 117	
	MAINTENANCE & REPAIRS	2, 388, 541	956, 715	108, 700		62, 117 1, 812, 797	
	OPERATION OF PLANT	4, 990, 056	54, 749	C		468, 509	
	LAUNDRY & LINEN SERVICE	87, 365	14, 873	C	,	365	
	HOUSEKEEPING	1, 721, 774	54,060	4, 881		1, 595	
	DI ETARY CAFETERI A	699, 665 639, 544	59, 385 141, 371	8, 713 (3, 470 8, 259	
	NURSI NG ADMI NI STRATI ON	3, 829, 621	19, 617	0		58, 332	
	CENTRAL SERVICES & SUPPLY	7,027,039	109, 284	C	255, 449	43, 320	
. 00 01500	PHARMACY	2, 979, 440	38, 636	C	90, 312	54, 394	
	SOCIAL SERVICE	25	0	C	-	0	1
		315, 466	0	(00	0	18
	I ENT ROUTINE SERVICE COST CENTERS	11, 159, 737	834, 134	0	1, 949, 772	136, 591	30
	INTENSIVE CARE UNIT	3, 365, 144	177, 865	C		5, 281	
	NEONATAL INTENSIVE CARE UNIT	948, 746	42, 936	C		0	
	NURSERY	407, 569	40, 396		94, 425	17, 880	43
	LARY SERVICE COST CENTERS	3, 517, 963	443, 577		1, 036, 852	471 002	50
	RECOVERY ROOM	2, 672, 965	38, 866	C		671, 892 1, 480	
	DELIVERY ROOM & LABOR ROOM	2, 174, 843	215, 721	C		88, 058	
	RADI OLOGY-DI AGNOSTI C	5, 274, 671	253, 914	C	593, 519	1, 288, 291	54
	RADI OLOGY-THERAPEUTI C	2,086,136	154, 194	C	360, 425	95, 396	
	CARDI AC CATHETERI ZATI ON	1, 155, 650 6, 446, 988	38, 560 65, 980	(202, 939 0	
	BLOOD STORING, PROCESSING, & TRANS.	362, 909	05, 960	(0	
	RESPI RATORY THERAPY	1, 608, 850	35, 240	0	82, 372	41, 992	
	PHYSI CAL THERAPY	1, 832, 504	3, 229	56, 340	7, 547	12, 301	
	OCCUPATIONAL THERAPY	594, 082	3, 229	56, 340		0	
	SPEECH PATHOLOGY	195, 395 922, 918	3, 229 5, 509	56, 340 C		0 60, 121	68
	MEDICAL SUPPLIES CHARGED TO PATIENTS	3, 432, 794	5, 509		12, 870	00, 121	
	IMPL. DEV. CHARGED TO PATIENT	8, 302, 373	0	C	0	0	
	DRUGS CHARGED TO PATIENTS	4, 322, 388	0	C	0	0	73
	OTHER ANCI LLARY SERVICES	0	0	(0	0	
		298, 486	0	34, 329	0 0	0	76
	TIENT SERVICE COST CENTERS	ol	0	C	0	0	90
	BEHAVI ORAL HEALTH	20, 899	0	56, 089	-	0	
. 02 09002	SLEEP LAB	700, 304	2, 479	67,083	5, 794	306	
		5, 457, 807	359, 005	C	839, 168	193, 636	
	OBSERVATION BEDS (NON-DISTINCT PART) OBSERVATION BEDS (DISTINCT PART)	479, 525	89, 820	C	209, 953	1, 509	92
	AL PURPOSE COST CENTERS	479, 525	ο9, 820	L. L	209, 953	1, 509	1 72
	INTEREST EXPENSE						113
8. 00	SUBTOTALS (SUM OF LINES 1 through 117)	152, 951, 951	4, 876, 609	508, 815	10, 748, 477	5, 360, 389	118
	I MBURSABLE COST CENTERS						
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	297,607	0	32,960			190
	PHYSICIANS' PRIVATE OFFICES RETAIL PHARMACY	112, 044	0	313, 633 21, 943			192 192
	MARKETING	408, 027	0	13, 731			192
	BACK AND NECK	81, 068	0	219, 726		42, 519	192
0.00	Cross Foot Adjustments						200
1.00	Negative Cost Centers TOTAL (sum lines 118 through 201)	153, 850, 697	0 4, 876, 609	0 1, 110, 808	-		201
2.00							

	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	IU HEALTH WES	Provi der CC		Period: Trom 01/01/2019	u of Form CMS-: Worksheet B Part I	
					o 12/31/2019	Date/Time Pre 6/29/2020 8:3	
	Cost Center Description	EMPLOYEE BENEFI TS DEPARTMENT	NONPATI ENT TELEPHONES	DATA PROCESSI NG	PURCHASI NG RECEI VI NG AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A. 03	
1 00	GENERAL SERVICE COST CENTERS				1		1 1 00
1.00 1.01	00100 NEW CAP REL COSTS-BLDG & FLXT 00101 MOB						1.00
1.02	00102 I NTEREST						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	11, 967, 245					4.00
5.01	00540 NONPATI ENT TELEPHONES	0	86, 309				5.01
5.02	00550 DATA PROCESSING	0	0	7, 235, 222			5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	0	0	.,	04 007 007	5.03
5.04	00590 ADMINI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS	1, 224, 728	4, 933	413, 565		21, 237, 207	5.04
6.00 7.00	00700 OPERATION OF PLANT	172, 479 143, 873	1, 539 1, 453	129, 003 121, 801		7, 697, 384 5, 908, 417	
8.00	00800 LAUNDRY & LINEN SERVICE	143, 075	1, 433	121,001		138, 992	
9.00	00900 HOUSEKEEPI NG	227, 588	3, 630	304, 277		2, 446, 224	
10.00	01000 DI ETARY	74, 725	1,033	86, 602		1,072,469	
11.00	01100 CAFETERI A	178, 247	2, 460	206, 242	151	1, 506, 726	
13.00	01300 NURSI NG ADMI NI STRATI ON	558, 178	2, 970	249, 003	0	4, 763, 574	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	84, 748	968	81, 111		7, 602, 596	
15.00	01500 PHARMACY	543, 481	3, 046	255, 305		3, 968, 184	
17.00	01700 SOCIAL SERVICE	0	0	0	-	25	
18.00	01080 TRANSPORTATION	55, 208	911	76, 339	0	447, 924	18.00
30.00	03000 ADULTS & PEDIATRICS	2, 278, 964	18, 282	1, 532, 635	59, 176	17, 969, 291	30.00
31.00	03100 I NTENSI VE CARE UNI T	718, 421	4, 744	397, 721		5, 109, 232	
35.00	02080 NEONATAL INTENSIVE CARE UNIT	205, 510	1,069	89, 573		1, 390, 262	
43.00	04300 NURSERY	85, 273	572	47, 982	2, 223	696, 320	43.00
	ANCI LLARY SERVI CE COST CENTERS				1		
50.00	05000 OPERATING ROOM	630, 376	4, 510	378, 096		6, 880, 412	
51.00	05100 RECOVERY ROOM	568, 121	3, 566	298, 966		3, 683, 654	
52.00 54.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	454, 982 958, 132	3, 054 6, 298	256, 025 527, 984		3, 708, 788 8, 940, 943	
55.00	05500 RADI OLOGY-THERAPEUTI C	179, 320	1,049	87, 952		2, 965, 191	
59.00	05900 CARDI AC CATHETERI ZATI ON	248, 741	1, 345	112, 709		1, 877, 950	
60.00	06000 LABORATORY	0	2, 306	193, 279		6, 862, 781	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	22, 274	385, 183	63.00
65.00	06500 RESPI RATORY THERAPY	340, 608	2, 194	183, 917		2, 310, 418	
66.00	06600 PHYSI CAL THERAPY	383, 135	2, 265	189, 858		2, 493, 338	
67.00	06700 OCCUPATIONAL THERAPY	126, 394	673	56, 444		844, 972	
68.00	06800 SPEECH PATHOLOGY	42, 240	214	17, 915 99, 565		322, 913	
69.00 71.00	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	193, 593 0	1, 188 0	99, 505 0		1, 297, 718 3, 643, 489	
	07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0		8, 811, 956	
	07300 DRUGS CHARGED TO PATIENTS	Ő	o	0		4, 322, 388	
	03950 OTHER ANCI LLARY SERVI CES	0	0	0	0	0	
76.97		51, 949	445	37, 269	454	422, 932	76.97
	OUTPATIENT SERVICE COST CENTERS				1		
90.00	09000 CLI NI C	0	0	0		0	
90.01	09001 BEHAVI ORAL HEALTH	0	63	5, 311		82, 362	
90.02	09002 SLEEP LAB	1 000 200	0	701 549	881	776, 847	
91.00 92.00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 098, 208	8, 369	701, 548	40, 561	8, 698, 302 0	1
92.00	09201 OBSERVATION BEDS (NON-DISTINCT PART)	96, 276	619	51, 853	847	930, 402	
72.01	SPECIAL PURPOSE COST CENTERS	70,270		01,000	017	700, 102	/2.01
113.00	11300 INTEREST EXPENSE						113.00
118.00		11, 923, 498	85, 768	7, 189, 850	1, 189, 778	152, 217, 766	118.00
	NONREI MBURSABLE COST CENTERS				1 1		
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22, 059	277	23, 226		376, 131	
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	0	425, 677	
	19201 RETALL PHARMACY 219202 MARKETI NG	0	0	0	0	21, 943 421, 758	192.01
	19202 MARKETING 19203 BACK AND NECK	21, 688	264	22, 146	11	421, 758 387, 422	
200.00		21,000	204	22, 140			200.00
200.00		0	о	0	0		200.00
	TOTAL (sum lines 118 through 201)	0	86, 309	7, 235, 222	1, 189, 791	153, 850, 697	

Health Financial Systems	IU HEALTH WES				u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 15-0158 P F T	eriod: rom 01/01/2019 o 12/31/2019	Worksheet B Part I Date/Time Pre 6/29/2020 8:3	
Cost Center Description	ADMI NI STRATI V I E AND GENERAL	WAI NTENANCE & REPAI RS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
	5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1.01 00101 MOB						1.00
1. 02 00102 INTEREST						1.01
2. 00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 00540 NONPATIENT TELEPHONES						5.01
5. 02 00550 DATA PROCESSI NG						5.02
5. 03 00560 PURCHASING RECEIVING AND STORES	21 227 207					5.03
5. 04 00590 ADMINI STRATI VE AND GENERAL 6. 00 00600 MAI NTENANCE & REPAI RS	21, 237, 207 1, 232, 690	8, 930, 074				5.04 6.00
7.00 00700 OPERATION OF PLANT	946, 198	148, 162				7.00
8. 00 00800 LAUNDRY & LINEN SERVICE	22, 259	40, 250				8.00
9. 00 00900 HOUSEKEEPI NG	391, 748	146, 298			3, 100, 930	9.00
10. 00 01000 DI ETARY	171, 749	160, 709	128, 151	0	57, 978	10.00
11. 00 01100 CAFETERI A	241, 293	382, 578		0	138, 022	
13. 00 01300 NURSI NG ADMI NI STRATI ON	762, 858	53,086			19, 152	
14.00 01400 CENTRAL SERVICES & SUPPLY 15.00 01500 PHARMACY	1, 217, 510 635, 481	295, 744 104, 558	235, 829 83, 375		106, 695 37, 721	•
17. 00 01700 SOCIAL SERVICE	035, 461	104, 558			37,721	1
18. 00 01080 TRANSPORTATI ON	71, 732	0			0	•
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	2, 877, 626	2, 257, 334	1, 800, 018	125, 070	814, 374	30.00
31.00 03100 INTENSIVE CARE UNIT	818, 213	481, 339			173, 652	•
35. 00 02080 NEONATAL INTENSIVE CARE UNIT	222, 642	116, 194			41, 919	•
43. 00 04300 NURSERY ANCI LLARY SERVICE COST CENTERS	111, 511	109, 320	87, 173	0	39, 439	43.00
50. 00 05000 OPERATING ROOM	1, 101, 857	1, 200, 408	957, 216	22, 349	433, 068	50.00
51. 00 05100 RECOVERY ROOM	589, 915	105, 179		0	37,945	1
52.00 05200 DELIVERY ROOM & LABOR ROOM	593, 940	583, 785			210, 611	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 431, 838	687, 142	547, 933	35, 515	247, 899	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	474, 858	417, 279			150, 541	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	300, 742	104, 351			37, 646	
60. 00 06000 LABORATORY 63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	1, 099, 033 61, 685	178, 556 0			64, 417 0	60.00 63.00
65. 00 06500 RESPIRATORY THERAPY	370,000	95, 365		-	34, 405	•
66. 00 06600 PHYSI CAL THERAPY	399, 293	8, 737		0	3, 152	
67.00 06700 OCCUPATI ONAL THERAPY	135, 317	8, 737		0	3, 152	
68.00 06800 SPEECH PATHOLOGY	51, 713	8, 737	6, 967	0	3, 152	•
69. 00 06900 ELECTROCARDI OLOGY	207, 822	14, 907	11, 887	0	5, 378	•
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 IMPL. DEV. CHARGED TO PATIENT	583, 483	0	0	-	0	71.00
73. 00 07200 TMPL. DEV. CHARGED TO PATIENT	1, 411, 182 692, 205	0 0	0	0	0	•
76. 00 03950 OTHER ANCI LLARY SERVICES	072,200	0			0	•
76. 97 07697 CARDI AC REHABI LI TATI ON	67, 730	0	0	18	0	
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		-	0	
90. 01 09001 BEHAVI ORAL HEALTH	13, 190	0	-	-	0	90.01
90. 02 09002 SLEEP LAB 91. 00 09100 EMERGENCY	124, 407 1, 392, 981	6, 708 971, 540			2, 420 350, 500	•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 372, 701	771, 540	//4,/13	45, 540	350, 500	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	148, 998	243, 071	193, 827	0	87, 692	•
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	20, 975, 703	8, 930, 074	7, 002, 777	233, 596	3, 100, 930	118.00
NONREI MBURSABLE COST CENTERS	40.005				0	100.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 192. 00 19200 PHYSI CLANS' PRI VATE OFFICES	60, 235 68, 170	0	-	-		190.00 192.00
192. 01 19201 RETAIL PHARMACY	3, 514	0	0	0		192.00
192. 02 19202 MARKETI NG	67, 542	0	0	o		192.02
192. 03 19203 BACK AND NECK	62, 043	0	0	0		192.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	21, 237, 207	8, 930, 074	7, 002, 777	233, 596	3, 100, 930	J202.00

COST A	Financial Systems LLOCATION - GENERAL SERVICE COSTS	IU HEALTH WEST	Provi der C		eriod: om 01/01/2019	u of Form CMS- Worksheet B	2002 10
				Tc		Part I Date/Time Pre 6/29/2020 8:3	epared:
	Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI O N	CENTRAL SERVI CES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
	00100 NEW CAP KEE COSTS-BEDG & TTXT						1.00
	00102 INTEREST						1.02
	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
	00540 NONPATI ENT TELEPHONES 00550 DATA PROCESSI NG						5.01
	00560 PURCHASING RECEIVING AND STORES						5.02
	00590 ADMINI STRATI VE AND GENERAL						5.04
	00600 MAI NTENANCE & REPAI RS						6.00
	00700 OPERATION OF PLANT						7.00
	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8.00
	01000 DI ETARY	1, 591, 056					9.00
	01100 CAFETERI A	1, 371, 030	2, 573, 691				11.00
	01300 NURSI NG ADMI NI STRATI ON	0	107, 279				13.00
	01400 CENTRAL SERVI CES & SUPPLY	0	34, 945	0	9, 493, 319		14.00
	01500 PHARMACY	0	109, 994		28, 604	5, 016, 318	
	01700 SOCIAL SERVICE	0	0	-	0	0	
18.00	01080 TRANSPORTATION	U	32, 890	0	0	0	18.00
30.00	03000 ADULTS & PEDIATRICS	1, 220, 904	660, 314	2, 263, 616	474, 128	60, 101	30.00
	03100 I NTENSI VE CARE UNI T	249, 801	171, 352		194, 692	23, 661	
35.00	02080 NEONATAL INTENSIVE CARE UNIT	33, 967	38, 591	177, 054	16, 553	2, 518	35.00
43.00	04300 NURSERY	86, 384	20, 672	61, 390	17, 813	0	43.00
	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	0	1/0.007	412 710	1 570 574	E (702	50.00
	05100 RECOVERY ROOM	0	162, 897 128, 805		1, 579, 574 70, 847	56, 793 18, 238	
	05200 DELIVERY ROOM & LABOR ROOM	0	110, 304		95, 024	10, 230	
	05400 RADI OLOGY-DI AGNOSTI C	0	227, 474		305, 539	21, 607	
	05500 RADI OLOGY-THERAPEUTI C	0	37, 893		5, 758	11	
	05900 CARDI AC CATHETERI ZATI ON	0	48, 559		223, 326	17, 763	
	06000 LABORATORY 06300 BLOOD STORING, PROCESSING, & TRANS.	0	83, 271 0		0 178, 466	0	
	06500 RESPI RATORY THERAPY	0	79, 238		122, 150	4, 469	
	06600 PHYSI CAL THERAPY	0	81, 797		49, 346	371	
	06700 OCCUPATI ONAL THERAPY	0	24, 318		2, 110	0	
	06800 SPEECH PATHOLOGY	0	7, 718		266	0	
	06900 ELECTROCARDI OLOGY	0	42, 896		15, 609	2, 976	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		1, 688, 128 4, 082, 818	0 0	
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	4, 062, 818	4, 586, 153	
	03950 OTHER ANCI LLARY SERVICES	0	0	0	0	0	
76.97	07697 CARDI AC REHABI LI TATI ON	0	16, 057	19, 574	3, 638	0	
	OUTPATIENT SERVICE COST CENTERS			1			
	09000 CLINIC	0	0	0	0	0	
	09001 BEHAVI ORAL HEALTH 09002 SLEEP LAB	0	2, 288	3, 381	0 7, 056	0	
	09002 SLEEP LAB 09100 EMERGENCY	0	302, 251	927, 619	324, 979	219, 503	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	002,201	,2,,01,	021,777	217,000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	22, 340	68, 508	6, 789	2, 154	92.01
	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE	4 504 05/	0 554 440	5 740 001	0 400 040	F 01(010	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	1, 591, 056	2, 554, 143	5, 748, 281	9, 493, 213	5, 016, 318	1118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10, 007	0	17	0	190.00
	19200 PHYSI CLANS' PRI VATE OFFI CES	o	.0, 007	0	0		192.00
192.01	19201 RETAIL PHARMACY	0	C	0	0	0	192.01
	19202 MARKETI NG	0	0	0	0		192.02
	19203 BACK AND NECK	0	9, 541	0	89	0	192.03
200.00			0		0	0	200.00 201.00
201.00							

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period:	Worksheet B Part I	
				From 01/01/2019 To 12/31/2019	Date/Time Pre	epared:
					6/29/2020 8:3	3 <u>5</u> am
		OTHER GENERAL SERVI CE				
Cost Center Description	SOCI AL	TRANSPORTATI 0	Subtotal	Intern &	Total	
· · · · · ·	SERVI CE	Ν		Resi dents		
				Cost & Post		
				Stepdown		
	17.00	18.00	24.00	Adjustments 25.00	26.00	
GENERAL SERVICE COST CENTERS	17.00	10.00	24.00	23.00	20.00	
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 MOB						1.01
1. 02 00102 I NTEREST						1.02
2. 00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 00540 NONPATI ENT TELEPHONES						4.00 5.01
5. 02 00550 DATA PROCESSI NG						5.02
5. 03 00560 PURCHASING RECEIVING AND STORES						5.03
5. 04 00590 ADMI NI STRATI VE AND GENERAL						5.04
6.00 00600 MAI NTENANCE & REPAI RS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG						8.00 9.00
10. 00 01000 DI ETARY						9.00
11. 00 01100 CAFETERI A						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
17. 00 01700 SOCIAL SERVICE	29					17.00
18. 00 01080 TRANSPORTATI ON I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	552, 546				18.00
30. 00 03000 ADULTS & PEDI ATRI CS	21	46, 489	30, 569, 280	6 0	30, 569, 286	30.00
31. 00 03100 I NTENSI VE CARE UNI T	5		8, 278, 598		8, 278, 598	
35.00 02080 NEONATAL INTENSIVE CARE UNIT	1	1, 984	2, 134, 602	2 0	2, 134, 602	35.00
43. 00 04300 NURSERY	2	1, 940	1, 231, 964	4 0	1, 231, 964	43.00
ANCI LLARY SERVI CE COST CENTERS		70.00	10 007 ///		10 007 //1	- FO 00
50.00 05000 0PERATING ROOM 51.00 05100 RECOVERY ROOM	0		12, 887, 66 [°] 5, 247, 448		12, 887, 661 5, 247, 448	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0		6, 106, 814		6, 106, 814	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0		12, 617, 654		12, 617, 654	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	26, 668	4, 448, 686	5 0	4, 448, 686	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0		2, 808, 222		2, 808, 222	
60. 00 06000 LABORATORY	0		8, 458, 350		8, 458, 350	
63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 65. 00 06500 RESPI RATORY THERAPY	0	1, 232 6, 976	626, 560 3, 099, 060		626, 566 3, 099, 066	
66. 00 06600 PHYSI CAL THERAPY	0	5, 619	3, 048, 620		3, 048, 620	
67. 00 06700 OCCUPATI ONAL THERAPY	0		1, 027, 110		1, 027, 116	
68.00 06800 SPEECH PATHOLOGY	0		402, 140		402, 140	
69. 00 06900 ELECTROCARDI OLOGY	0	18, 445	1, 659, 81		1, 659, 811	69.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	, . = =	5, 929, 828		5, 929, 828	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENT	0	43, 827	14, 349, 783		14, 349, 783	
73. 00 07300 DRUGS CHARGED TO PATI ENTS 76. 00 03950 OTHER ANCI LLARY SERVI CES	0	30, 869 0	9, 631, 615 (9, 631, 615 C	1
76. 97 07697 CARDIAC REHABILITATION	0		532, 26		532, 267	
OUTPATIENT SERVICE COST CENTERS	. 0	2,510	0.02,20	0		1
90. 00 09000 CLI NI C	0		(0 0	C	
90. 01 09001 BEHAVI ORAL HEALTH	0		101, 30		101, 301	
90. 02 09002 SLEEP LAB	0		929, 300		929, 306	
91.00 09100 EMERGENCY	0	96, 465	14, 104, 39		14, 104, 395	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	1, 728	1, 705, 509		1, 705, 509	92.00
SPECIAL PURPOSE COST CENTERS	0	1,720	1,703,30	0	1, 700, 007	1,2.01
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	29	552, 546	151, 936, 608	3 0	151, 936, 608	118.00
NONREI MBURSABLE COST CENTERS	1	. 1				1.00
190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	-	446, 390		446, 390	
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES 192. 01 19201 RETALL PHARMACY	0	0	493, 84 25, 45		493, 847	192.00
192. 02 1920 MARKETI NG		0	489, 300		489, 300	
192. 03 19203 BACK AND NECK	0	0	459, 095		459, 095	
200.00 Cross Foot Adjustments			(200.00
201.00 Negative Cost Centers	0	0	(0 0		201.00
202.00 TOTAL (sum lines 118 through 201)	29	552, 546	153, 850, 69	7 0	153, 850, 697	202.00

Health Fina	ancial Systems	IU HEALTH WES	T HOSPI TAL		In Lieu	u of Form CMS-2	2552-10
ALLOCATI ON	OF CAPITAL RELATED COSTS		Provider CC		riod: om 01/01/2019	Worksheet B Part II	
				То		Date/Time Pre 6/29/2020 8:3	pared: 5 am
				CAPI TAL REL	ATED COSTS		
	Cost Center Description	Di rectly Assigned New Capital	NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUI P	
		Related Costs 0	1.00	1.01	1.02	2.00	
GENE	RAL SERVICE COST CENTERS	0	1.00	1.01	1.02	2.00	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	00 NEW CAP REL COSTS-BLDG & FIXT 11 MOB 12 INTEREST 10 NEW CAP REL COSTS-MVBLE EQUIP 10 EMPLOYEE BENEFITS DEPARTMENT 10 NONPATIENT TELEPHONES 10 DATA PROCESSING 10 PURCHASING RECEIVING AND STORES 10 ADMINISTRATIVE AND GENERAL 10 MAINTENANCE & REPAIRS 10 DADURY & LINEN SERVICE 10 HOUSEKEEPING 10 DIETARY	0 0 0 0 0 0 0 0 0 0 0	40, 794 9, 120 59, 661 66, 669 165, 502 956, 715 54, 749 14, 873 54, 060 59, 385	0 0 0 168, 700 0 0 0 4, 881 8, 713	95, 355 21, 317 139, 456 155, 837 386, 857 2, 236, 301 127, 975 34, 766 126, 365 138, 812	0 26, 701 2, 857 0 62, 117 1, 812, 797 468, 509 365 1, 595 3, 470	5.01 5.02 5.03 5.04 6.00 7.00 8.00 9.00
11.00011013.00013014.00014015.000150	0 CAFETERI A 0 NURSI NG ADMI NI STRATI ON 0 CENTRAL SERVI CES & SUPPLY 0 PHARMACY 0 SOCI AL SERVI CE	0 0 0 0	141, 371 19, 617 109, 284 38, 636 0	0 0 0 0 0	330, 452 45, 853 255, 449 90, 312 0	8, 259 58, 332 43, 320 54, 394 0	11.00 13.00 14.00 15.00
18.00 0108	O TRANSPORTATI ON	0	0	0	0	0	
30.00 0300 31.00 0310 35.00 0208 43.00 0430	TIENT ROUTINE SERVICE COST CENTERS O ADULTS & PEDIATRICS O INTENSIVE CARE UNIT O NEONATAL INTENSIVE CARE UNIT O NURSERY LLARY SERVICE COST CENTERS	0 0 0 0	834, 134 177, 865 42, 936 40, 396	0 0 0 0	1, 949, 772 415, 757 100, 362 94, 425	136, 591 5, 281 0 17, 880	31.00 35.00
50.00 0500 51.00 0510 52.00 0520 54.00 0540 55.00 0550 60.00 0600 63.00 0630 65.00 0660 67.00 0660 67.00 0670 68.00 0680 69.00 0720 71.00 0710 72.00 0720 73.00 0730 76.00 0395 76.97 0749	0 OPERATING ROOM 0 RECOVERY ROOM 0 RECOVERY ROOM 0 RADIOLOGY-DIAGNOSTIC 0 RADIOLOGY-THERAPEUTIC 0 RADIOLOGY-THERAPEUTIC 0 CARDIAC CATHETERIZATION 0 LABORATORY 0 BLOOD STORING, PROCESSING, & TRANS. 0 RESPIRATORY THERAPY 10 PHYSICAL THERAPY 10 OCCUPATIONAL THERAPY 10 OCCUPATIONAL THERAPY 10 SPEECH PATHOLOGY 10 SECH PATHOLOGY 10 SECH PATHOLOGY 10 MEDICAL SUPPLIES CHARGED TO PATIENTS 10 IMPL. DEV. CHARGED TO PATIENTS 10 OTHER ANCILLARY SERVICES 17 CARDIAC REHABILITATION ATIENT SERVICE COST CENTERS		443, 577 38, 866 215, 721 253, 914 154, 194 38, 560 65, 980 0 35, 240 3, 229 3, 229 3, 229 3, 229 5, 509 0 0 0 0 0 0 0	$\begin{array}{c} 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 56, 340\\ 56, 340\\ 56, 340\\ 56, 340\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 34, 329\end{array}$	$\begin{array}{c} 1,036,852\\ 90,848\\ 504,245\\ 593,519\\ 360,425\\ 90,133\\ 154,228\\ 0\\ 82,372\\ 7,547\\ 7,547\\ 7,547\\ 12,876\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$	671, 892 1, 480 88, 058 1, 288, 291 95, 396 202, 939 0 41, 992 12, 301 0 60, 121 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 51.\ 00\\ 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 97\\ \end{array}$
90. 01 0900 90. 02 0900 91. 00 0910 92. 00 0920 92. 01 0920 92. 01 SPEC	0 CLINIC 1 BEHAVIORAL HEALTH 2 SLEEP LAB 0 EMERGENCY 0 OBSERVATION BEDS (NON-DISTINCT PART) 1 OBSERVATION BEDS (DISTINCT PART) 1 AL PURPOSE COST CENTERS 0 INTEREST EXPENSE	0 0 0	0 0 2, 479 359, 005 89, 820	0 56, 089 67, 083 0 0	0 0 5, 794 839, 168 209, 953	0 0 306 193, 636 <u>1, 509</u>	90.01 90.02 91.00 92.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	4, 598, 319	508, 815	10, 748, 477	5, 360, 389	
190. 00 1900 192. 00 1920 192. 01 1920 192. 02 1920	EIMBURSABLE COST CENTERS O GIFT, FLOWER, COFFEE SHOP & CANTEEN O PHYSICIANS' PRIVATE OFFICES I RETAIL PHARMACY 2 MARKETING 3 BACK AND NECK Cross Foot Adjustments Negative Cost Centers TOTAL (sum lines 118 through 201)	0 0 0 0	0 0 0 0 0 4, 598, 319	32, 960 313, 633 21, 943 13, 731 219, 726 0 1, 110, 808	0 0 0 0 0 10, 748, 477	0 0 42, 519	190. 00 192. 00 192. 01 192. 02 192. 03 200. 00 201. 00 202. 00

Health Financial Systems	IU HEALTH WES	T HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		eriod: rom 01/01/2019	Worksheet B Part II	
			T		Date/Time Pre	pared:
Cost Center Description	Subtotal	EMPLOYEE	NONPATI ENT	DATA	6/29/2020 8: 3 PURCHASI NG	5 am
		BENEFITS	TELEPHONES	PROCESSI NG	RECEI VI NG AND	
	2A	DEPARTMENT 4.00	5.01	5.02	STORES 5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FLXT 1.01 00101 MOB						1.00 1.01
1. 02 00102 I NTEREST						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	136, 149	136, 149				2.00 4.00
5. 01 00540 NONPATIENT TELEPHONES	57, 138	130, 149	57, 138			4.00 5.01
5. 02 00550 DATA PROCESSING	201, 974	0	0	201, 974		5.02
5. 03 00560 PURCHASI NG RECEI VI NG AND STORES 5. 04 00590 ADMI NI STRATI VE AND GENERAL	222, 506 783, 176	0 13, 936	0 3, 266	0 11, 545	222, 506 65	5.03 5.04
6. 00 00600 MAI NTENANCE & REPAI RS	5, 005, 813	1, 963	1, 019	3, 601	2	6.00
7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE	651, 233 50, 004	1, 637 0	962 0	3, 400 0	0 303	7.00 8.00
9. 00 00900 HOUSEKEEPI NG	186, 901	2, 590	2, 403	8, 494	384	9.00
10. 00 01000 DI ETARY	210, 380	850	684	2,418	12	10.00
11. 00 01100 CAFETERIA 13. 00 01300 NURSING ADMINI STRATI ON	480, 082 123, 802	2, 028 6, 351	1, 629 1, 966	5, 757 6, 951	28	11.00 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	408, 053	964	641	2, 264	127	14.00
15. 00 01500 PHARMACY 17. 00 01700 SOCI AL SERVI CE	183, 342 0	6, 184 0	2, 016 0	7, 127 0	668 0	15.00 17.00
18. 00 01080 TRANSPORTATI ON	0	628	603	2, 131	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS	2 020 407	25 000	10 105	40 704	11.0//	20.00
30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T	2, 920, 497 598, 903	25, 909 8, 175	12, 105 3, 141	42, 786 11, 103	11, 066 4, 544	30.00 31.00
35.00 02080 NEONATAL INTENSIVE CARE UNIT	143, 298	2, 338	707	2, 500	386	35.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	152, 701	970	379	1, 339	416	43.00
50. 00 05000 OPERATI NG ROOM	2, 152, 321	7, 173	2, 986	10, 555	36, 868	50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	131, 194 808, 024	6, 465 5, 177	2, 361 2, 022	8, 346 7, 147	1, 654 2, 218	51.00 52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 135, 724	10, 902	4, 170	14, 739	7, 131	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	610, 015	2,040	695	2,455	134	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	331, 632 220, 208	2, 830 0	890 1, 526	3, 146 5, 395	5, 213 0	59.00 60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	4, 165	63.00
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	159, 604 79, 417	3, 876 4, 360	1, 452 1, 499	5, 134 5, 300	2, 851 1, 152	65.00 66.00
67. 00 06700 OCCUPATI ONAL THERAPY	67, 116	1, 438	446	1, 576	49	67.00
68.00 06800 SPEECH PATHOLOGY	67, 116 78, 506	481	141	500	6	68.00
69. 00 06900 ELECTROCARDI OLOGY 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	78, 506 0	2, 203 0	786 0	2, 779 0	364 39, 402	69.00 71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0	0	0	0	95, 303	
73. 00 07300 DRUGS CHARGED TO PATI ENTS 76. 00 03950 OTHER ANCI LLARY SERVICES	0	0	0	0	0	73.00 76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	34, 329	591	294	1, 040		76.97
OUTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC	0	0	0	0	0	90.00
90. 01 09001 BEHAVI ORAL HEALTH	56, 089	0	42	148		90.00
90. 02 09002 SLEEP LAB	75, 662	0	0	0	165	
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	1, 391, 809 0	12, 496	5, 540	19, 584	7, 585	91.00 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	301, 282	1, 096	409	1, 448	158	92.01
SPECIAL PURPOSE COST CENTERS 113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	21, 216, 000	135, 651	56, 780	200, 708	222, 504	
NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	32, 960	251	183	648	0	190.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	313, 633	0	0	048	0	192.00
192. 01 19201 RETALL PHARMACY 192. 02 19202 MARKETI NG	21, 943	0	0	0		192. 01 192. 02
192. 02 19202 MARKETING 192. 03 19203 BACK AND NECK	13, 731 262, 245	247	0 175	618		192.02 192.03
200.00 Cross Foot Adjustments	0					200.00
201.00Negative Cost Centers202.00TOTAL (sum lines 118 through 201)	0 21, 860, 512	0 136, 149	0 57, 138	0 201, 974		201.00
	, 000, 012		57, 100		222,000	

	ncial Systems	IU HEALTH WES				u of Form CMS-2	2552-10
ALLOCATI ON	OF CAPITAL RELATED COSTS		Provider C	-	Period: From 01/01/2019 Fo 12/31/2019		pared: 5 am
	Cost Center Description	ADMI NI STRATI V E AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		5. 04	6.00	7.00	8.00	9.00	
	RAL SERVICE COST CENTERS			1			1 1 00
1.00 00100 1.01 00101	DNEW CAP REL COSTS-BLDG & FIXT						1.00
	2 I NTEREST						1.02
	NEW CAP REL COSTS-MVBLE EQUIP						2.00
	DEMPLOYEE BENEFITS DEPARTMENT						4.00
	D NONPATI ENT TELEPHONES						5.01
	D DATA PROCESSING D PURCHASING RECEIVING AND STORES						5.02 5.03
	O ADMINI STRATI VE AND GENERAL	811, 988					5.03
	D MAI NTENANCE & REPAI RS	47, 131	5, 059, 529				6.00
	OPERATION OF PLANT	36, 177	83, 944	777, 353	3		7.00
	D LAUNDRY & LINEN SERVICE	851	22, 804				8.00
	D HOUSEKEEPI NG	14, 978	82, 888				•
	D DI ETARY D CAFETERI A	6, 567 9, 226	91, 053 216, 758			5, 826 13, 869	•
	D NURSI NG ADMI NI STRATI ON	9, 220 29, 167	30, 077			1, 924	•
	D CENTRAL SERVICES & SUPPLY	46, 551	167, 560			10, 721	•
	D PHARMACY	24, 297	59, 240			3, 790	
	D SOCIAL SERVICE	0	0			0	17.00
	D TRANSPORTATI ON	2, 743	0	(0 0	0	18.00
	TIENT ROUTINE SERVICE COST CENTERS	110.020	1, 278, 945	199, 815	5 41, 507	81, 828	30.00
	DINTENSIVE CARE UNIT	110, 020 31, 284	272, 713				
	D NEONATAL INTENSIVE CARE UNIT	8, 513	65, 832			4, 212	•
	D NURSERY	4, 264	61, 938				•
	LARY SERVICE COST CENTERS						
	O OPERATING ROOM	42, 129	680, 117			43, 516	•
	D RECOVERY ROOM	22, 555	59, 591			3, 813	1
	D DELIVERY ROOM & LABOR ROOM D RADIOLOGY-DIAGNOSTIC	22, 709 54, 745	330, 756 389, 315			21, 163 24, 909	
	D RADI OLOGY-THERAPEUTI C	18, 156	236, 419			15, 127	•
	CARDI AC CATHETERI ZATI ON	11, 499	59, 122			3, 783	•
	DLABORATORY	42, 021	101, 165			6, 473	•
	D BLOOD STORING, PROCESSING, & TRANS.	2, 358	0			0	63.00
	D RESPI RATORY THERAPY	14, 147	54, 031				65.00
	O OCCUPATIONAL THERAPY	15, 267 5, 174	4, 950 4, 950			317	•
	D SPEECH PATHOLOGY	1, 977	4, 950			317	68.00
	D ELECTROCARDI OLOGY	7, 946	8, 446			540	•
	MEDICAL SUPPLIES CHARGED TO PATIENTS	22, 309	0		0 0	0	
	DIMPL. DEV. CHARGED TO PATIENT	53, 956	0		0 0	0	
	D DRUGS CHARGED TO PATIENTS D OTHER ANCILLARY SERVICES	26, 466	0				
	7 CARDI AC REHABI LI TATI ON	2, 590	0		6	0	
	ATIENT SERVICE COST CENTERS	2,0,0			<u> </u>		
90.00 09000		0	0	(0 0	0	90.00
	1 BEHAVI ORAL HEALTH	504	0		-		
	2 SLEEP LAB	4, 757	3, 801				
	DEMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	53, 260	550, 447	85, 998	3 15, 114	35, 219	•
	OBSERVATION BEDS (NON-DISTINCT PART)	5, 697	137, 717	21, 510	5 0	8, 812	92.00 92.01
	AL PURPOSE COST CENTERS	5,077	137,717	21, 510	0	0,012	72.01
	DINTEREST EXPENSE						113.00
	SUBTOTALS (SUM OF LINES 1 through 117)	801, 991	5, 059, 529	777, 353	3 77, 525	· · · · ·	
	D GI FT, FLOWER, COFFEE SHOP & CANTEEN	2, 303	0		0 0		190.00
	D PHYSICIANS' PRIVATE OFFICES 1 RETAIL PHARMACY	2,606	0		0		192.00 192.01
192.011920		134 2, 582					192.01
	3 BACK AND NECK	2, 362	0				192.02
200.00	Cross Foot Adjustments			Ì			200.00
201.00	Negative Cost Centers	0	0		0 0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	811, 988	5, 059, 529	777, 353	3 77, 525	311, 588	202.00

Health Financial Systems	IU HEALTH WES	T HOSPI TAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		eriod: com 01/01/2019 o 12/31/2019	Worksheet B Part II Date/Time Pre 6/29/2020 8:3	
Cost Center Description	DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI O N	CENTRAL SERVI CES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS			T			1
1.00 00100 NEW CAP REL COSTS-BLDG & FLXT 1.01 00101 MOB						1.00
1. 02 00102 I NTEREST						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 00540 NONPATI ENT TELEPHONES						5.01
5. 02 00550 DATA PROCESSI NG 5. 03 00560 PURCHASI NG RECEI VI NG AND STORES						5.02 5.03
5. 04 00590 ADMINI STRATI VE AND GENERAL						5.03
6.00 00600 MAI NTENANCE & REPAI RS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG						8.00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY	332, 016					9.00 10.00
11. 00 01100 CAFETERIA	002,010	763, 242				11.00
13.00 01300 NURSING ADMINISTRATION	0	31, 814				13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY	0	10, 363		673, 422		14.00
15. 00 01500 PHARMACY 17. 00 01700 SOCI AL SERVI CE	0	32, 619 0		2, 029 0	332, 560 0	1
18. 00 01080 TRANSPORTATI ON	0	9, 754	-	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS	1 1					
30. 00 03000 ADULTS & PEDIATRICS	254, 774	195, 821		33, 633	3, 984	
31.00 03100 INTENSI VE CARE UNI T 35.00 02080 NEONATAL INTENSI VE CARE UNI T	52, 128 7, 088	50, 815 11, 444		13, 811 1, 174	1, 569 167	
43. 00 04300 NURSERY	18, 026	6, 131		1, 264	0	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 0PERATING ROOM 51.00 05100 RECOVERY ROOM	0	48, 308 38, 198		112, 049 5, 026	3, 765 1, 209	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	32, 711		6, 741	1, 207	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	67, 459		21, 674	1, 432	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	11, 237		408	1	
59. 00 05900 CARDIAC CATHETERIZATION 60. 00 06000 LABORATORY	0	14, 400 24, 695		15, 842 0	1, 178 0	1
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	21, 070 C		12, 660	0	
65. 00 06500 RESPI RATORY THERAPY	0	23, 498		8, 665	296	
66. 00 06600 PHYSI CAL THERAPY	0	24, 257		3, 500	25	
67. 00 06700 0CCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	7, 212 2, 289		150 19	0	
69. 00 06900 ELECTROCARDI OLOGY	0	12, 721		1, 107	197	1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C	0	119, 750	0	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	0	C	0	289, 619	0	
73. 00 07300 DRUGS CHARGED TO PATI ENTS 76. 00 03950 OTHER ANCI LLARY SERVI CES	0			0	304, 042 0	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	4, 762		258	0	
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C 90. 01 09001 BEHAVI ORAL HEALTH	0	C 679		0	0	
90. 02 09002 SLEEP LAB	0	0/ 9 C	0	501	0	
91.00 09100 EMERGENCY	0	89, 634	38, 205	23, 053	14, 552	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		(())	2 0 2 2	400	140	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) SPECIAL PURPOSE COST CENTERS	0	6, 625	2,822	482	143	92.01
113. 00 11300 I NTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	332, 016	757, 446	236, 751	673, 415	332, 560	118.00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	2, 967	1 0	1	0	190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFICES	0	2, 707		0		192.00
192. 01 19201 RETALL PHARMACY	0	C	0	0	0	192.01
192. 02 19202 MARKETI NG	0	0	0	0		192.02
192.03 19203 BACK AND NECK 200.00 Cross Foot Adjustments	0	2, 829	0	6	C	192.03 200.00
201.00 Negative Cost Centers	0	C	0	0	0	200.00
202.00 TOTAL (sum lines 118 through 201)	332, 016	763, 242	236, 751	673, 422		202.00

Hearth Finance	cial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION 0	OF CAPITAL RELATED COSTS		Provider CC		Period: From 01/01/2019	Worksheet B	
					To 12/31/2019	Date/Time Pre	pared:
			OTHER GENERAL			6/29/2020 8:3	5 am
			SERVICE				
	Cost Center Description	SOCI AL	TRANSPORTATI 0	Subtotal	Intern &	Total	
		SERVI CE	N		Residents		
					Cost & Post Stepdown		
					Adjustments		
		17.00	18.00	24.00	25.00	26.00	
	AL SERVICE COST CENTERS		T			F	
1.00 00100 1.01 00101	NEW CAP REL COSTS-BLDG & FIXT						1.00 1.01
1 1	INTEREST						1.01
1 1	NEW CAP REL COSTS-MVBLE EQUIP						2.00
	EMPLOYEE BENEFITS DEPARTMENT						4.00
	NONPATI ENT TELEPHONES						5.01
	DATA PROCESSI NG PURCHASI NG RECEI VI NG AND STORES						5.02 5.03
	ADMINI STRATI VE AND GENERAL						5.03
	MAINTENANCE & REPAIRS						6.00
	OPERATION OF PLANT						7.00
	LAUNDRY & LI NEN SERVI CE HOUSEKEEPI NG						8.00
	DI ETARY						9.00 10.00
	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
	CENTRAL SERVICES & SUPPLY						14.00
	PHARMACY	0					15.00
1 1	SOCIAL SERVICE TRANSPORTATION	0	15, 859				17.00 18.00
	ENT ROUTINE SERVICE COST CENTERS		10,007				10.00
	ADULTS & PEDIATRICS	0	1, 300	5, 307, 22			30.00
	INTENSIVE CARE UNIT	0	359	1, 135, 784			31.00
	NEONATAL INTENSIVE CARE UNIT NURSERY	0 0	55 54	265, 378 263, 650		265, 378 263, 650	35.00 43.00
	LARY SERVICE COST CENTERS		01	200,000	<u> </u>	200,000	10.00
1 1	OPERATING ROOM	0	2, 219	3, 272, 720		3, 272, 720	50.00
1 1	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	0	477	311, 284	4 0	311, 284	51.00
				1 204 144			
54 00 05400		0	325	1, 304, 140 2, 811, 04	5 0	1, 304, 146	52.00
	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	0 0 0		1, 304, 146 2, 811, 04 936, 810	6 0 7 0		
55.00 05500 59.00 05900	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON	0	325 1, 773 746 953	2, 811, 04	5 0 7 0 5 0	1, 304, 146 2, 811, 047 936, 810 463, 045	52.00 54.00 55.00 59.00
55.00 05500 59.00 05900 60.00 06000	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY	0	325 1, 773 746 953 780	2, 811, 04 936, 810 463, 04 418, 068	5 0 7 0 0 0 5 0 3 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068	52.00 54.00 55.00 59.00 60.00
55.000550059.000590060.000600063.0006300	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS.	0 0 0	325 1, 773 746 953 780 34	2, 811, 04 936, 810 463, 04 418, 068 19, 21	5 0 7 0 5 0 3 0 7 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217	52.00 54.00 55.00 59.00 60.00 63.00
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY	0 0 0	325 1, 773 746 953 780 34 195	2, 811, 04 936, 810 463, 049 418, 068 19, 21 285, 64	5 0 7 0 5 0 3 0 7 0 7 0 7 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647	52.00 54.00 55.00 59.00 60.00
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500 66.00 06600 67.00 06700	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY	0 0 0	325 1, 773 746 953 780 34	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24	5 0 7 0 5 0 7 0 7 0 7 0 7 0 7 0 4 0 4 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500 66.00 06600 67.00 06700 68.00 06800	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY	0 0 0 0 0 0 0 0 0	325 1, 773 746 953 780 34 195 157 43 19	2, 811, 04 936, 810 463, 04 418, 068 19, 21 285, 64 140, 97 89, 24 78, 588	5 0 7 0 5 0 8 0 7 0 7 0 7 0 7 0 4 0 4 0 3 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500 66.00 06600 67.00 06700 68.00 06800 69.00 06900	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY	0 0 0 0 0 0 0 0 0 0 0 0 0 0	325 1, 773 746 953 780 34 195 157 43 19 516	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 588 119, 168	5 0 7 0 5 0 7 0 7 0 7 0 7 0 4 0 4 0 3 0 3 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06500 66.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0 0 0 0 0 0 0 0 0 0 0 0 0 0	325 1, 773 746 953 780 34 195 157 43 19 516 412	2, 811, 04 936, 810 463, 049 418, 066 19, 21 285, 64 140, 97 89, 244 78, 588 119, 166 181, 87	5 0 7 0 5 0 7 0 7 0 7 0 7 0 4 0 4 0 4 0 3 0 3 0 3 0 3 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 71.\ 00\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07200	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY	0 0 0 0 0 0 0 0 0 0 0 0 0 0	325 1, 773 746 953 780 34 195 157 43 19 516	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 588 119, 168	5 0 7 0 5 0 7 0 7 0 7 0 7 0 7 0 7 0 4 0 4 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 71.\ 00\\ \end{array}$
$\begin{array}{ccccc} 55. & 00 & 05500 \\ 59. & 00 & 05900 \\ 60. & 00 & 06300 \\ 63. & 00 & 06300 \\ 65. & 00 & 06500 \\ 66. & 00 & 06600 \\ 67. & 00 & 06900 \\ 71. & 00 & 07100 \\ 72. & 00 & 07200 \\ 73. & 00 & 07300 \\ 76. & 00 & 03950 \end{array}$	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 58 119, 16 181, 87 440, 100 331, 37	5 0 7 0 5 0 7	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 00\\ \end{array}$
$\begin{array}{ccccc} 55.\ 00 & 05500\\ 59.\ 00 & 05900\\ 60.\ 00 & 06000\\ 63.\ 00 & 06300\\ 65.\ 00 & 06500\\ 66.\ 00 & 06600\\ 67.\ 00 & 06700\\ 68.\ 00 & 06800\\ 69.\ 00 & 06900\\ 71.\ 00 & 07100\\ 72.\ 00 & 07200\\ 73.\ 00 & 07300\\ 76.\ 00 & 03950\\ 76.\ 97 & 07697\\ \end{array}$	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON	0 0 0 0 0 0 0 0 0 0 0 0 0 0	325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863	2, 811, 04 936, 810 463, 049 418, 066 19, 21 285, 64 140, 97- 89, 24 78, 588 119, 166 181, 87 440, 100 331, 37	5 0 7 0 5 0 7	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06500 65.00 06500 66.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07200 73.00 07300 76.00 03950 76.97 00TPA	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON FI ENT SERVI CE COST CENTERS		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 588 119, 166 181, 87 440, 10 331, 37 (44, 820	5 0 7 0 5 0 7	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 65.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 07\\ 60.\ 07\\ 76.\ 97\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06600 66.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07200 73.00 07300 76.97 007PA1 90.00 09000	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 58 119, 16 181, 87 440, 100 331, 37	5 0 7 0 5 0 7	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 00\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500 66.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07200 73.00 07300 76.07 00797 0017PA 90.00 90.01 09001 90.02 09002	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLIES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 588 119, 168 181, 87 440, 10 331, 37 (444, 820	5 0 7 0 5 0 7	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 71.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 00\\ 76.\ 97\\ 90.\ 00\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500 65.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07200 73.00 07300 76.97 07697 0UTPA1 90.00 90.01 90012 91.00 09100	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB EMERGENCY		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65 	2, 811, 04 936, 810 463, 049 418, 068 19, 21 285, 64 140, 97- 89, 24 78, 588 119, 168 181, 87 440, 100 331, 37 (44, 820	5 0 7 0 5 0 7	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 73.\ 00\\ 76.\ 97\\ 90.\ 00\\ 90.\ 01\\ 90.\ 02\\ 91.\ 00\\ \end{array}$
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55.00 05500 59.00 05900 60.00 06000 63.00 06500 65.00 06500 66.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07200 73.00 07300 76.00 03950 90.00 09000 90.1 09001 90.20 09002 91.00 09100 92.00 09201 92.01 09201 SPECI / SPECI /	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON-DI STI NCT PART)		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65 0 2 132 3, 107	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 58 119, 16 181, 87 440, 10 331, 37 (44, 820 57, 60 86, 45 2, 345, 60	5 0 7 0 5 0 6 0 7 0 7 0 4 0 3 0 3 0 3 0 3 0 3 0 3 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826 0 57, 603 86, 451 2, 345, 603	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 97\\ 90.\ 00\\ 90.\ 01\\ 90.\ 02\\ 91.\ 00\\ 92.\ 00\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500 65.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07200 73.00 07300 76.97 007PA1 90.00 90900 90.01 09001 90.02 09002 91.00 09100 92.00 09201 SPECI / 113.00 118.00 11300	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLIES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON-DI STI NCT PART) OBSERVATI ON BEDS (DI STI NCT PART) AL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65 0 2 132 3, 107 48	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 58 119, 16 181, 87 440, 10 331, 37 (44, 820 57, 60 86, 45 2, 345, 60	5 0 7 0 5 0 6 0 7 0 7 0 4 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 3 0 0 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826 0 57, 603 86, 451 2, 345, 603	52.00 54.00 55.00 59.00 60.00 63.00 65.00 66.00 67.00 68.00 69.00 71.00 72.00 73.00 76.00 76.97 90.00 90.01 90.02 91.00 92.00 92.01 113.00
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55.00 05500 59.00 05900 60.00 06000 63.00 06500 65.00 06500 65.00 06500 65.00 06500 66.00 06600 67.00 06700 68.00 06800 69.00 06700 72.00 07200 73.00 07300 76.07 07697 0017PA1 09001 90.00 090001 90.00 090001 92.01 092001 92.01 09201 SPECI / 1130.00 1130.00 13000 1180.00 19000	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON-DI STI NCT PART) OBSERVATI ON BEDS (DI STI NCT PART) AL PURPOSE COST CENTERS INTEREST EXPENSE SUBTOTALS (SUM OF LI NES 1 through 117) MBURSABLE COST CENTERS GI FT, FLOWER, COFFEE SHOP & CANTEEN		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65 0 2 132 3, 107 48	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 58 119, 16 181, 87 440, 100 331, 37 (44, 82 (57, 60 86, 45 2, 345, 60 488, 25 21, 198, 07 39, 31	5 0 7 0 5 0 6 0 7 0 7 0 4 0 3 0 3 0 3 0 3 0 5 0 0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 1873 440, 103 331, 371 0 44, 826 0 57, 603 86, 451 2, 345, 603 488, 255 21, 198, 076	$\begin{array}{c} 52.\ 00\\ 54.\ 00\\ 55.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 65.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 73.\ 00\\ 76.\ 00\\ 76.\ 97\\ 90.\ 00\\ 90.\ 01\\ 90.\ 02\\ 91.\ 00\\ 92.\ 01\\ 113.\ 00\\ 113.\ 00\\ 113.\ 00\\ 1190.\ 00\\ \end{array}$
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500 66.00 06500 66.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07300 73.00 07300 76.07 07697 0017PA1 90.00 09001 90.01 09001 90.02 09002 91.00 09100 92.01 <u>SPECL/</u> 113.00 11300 113.00 19000 192.00 19200	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLIES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON-DI STI NCT PART) OBSERVATI ON BEDS (DI STI NCT PART) AL PURPOSE COST CENTERS INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65 0 2 132 3, 107 48 	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97 89, 24 78, 58 119, 16 181, 87 440, 100 331, 37 (44, 820 57, 60 86, 45 2, 345, 60 488, 25 21, 198, 070	5 0 7 0 5 0 6 0 7 0 7 0 4 0 4 0 3 0 3 0 3 0 3 0 5 0 5 0 6 0 7 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826 0 57, 603 86, 451 2, 345, 603 488, 255 21, 198, 076 39, 313 316, 239 22, 077	52.00 54.00 55.00 59.00 60.00 63.00 65.00 66.00 67.00 68.00 69.00 71.00 72.00 73.00 76.00 76.97 90.00 90.01 90.02 91.00 92.00 92.01 113.00 113.00 190.00 192.00 192.01
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06000 66.00 06000 66.00 06000 67.00 06700 68.00 06900 71.00 07100 72.00 07200 73.00 07300 76.00 03950 76.97 00001 90.00 09000 90.1 090001 90.20 092001 91.00 09100 92.01 09201 SPECL# 113.00 118.00 11300 118.00 19000 192.01 19201 192.01 19201 192.01 19201	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLI ES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENT DRUGS CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON-DI STI NCT PART) OBSERVATI ON BEDS (DI STI NCT PART) AL PURPOSE COST CENTERS INTEREST EXPENSE SUBTOTALS (SUM OF LI NES 1 through 117) MBURSABLE COST CENTERS GI FT, FLOWER, COFFEE SHOP & CANTEEN PHYSI CI ANS' PRI VATE OFFI CES RETAI L PHARMACY MARKETI NG		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65 0 2 132 3, 107 48 	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97- 89, 24 78, 588 119, 166 181, 87 440, 10 331, 37 6 44, 826 57, 60 86, 45 2, 345, 60 488, 25 21, 198, 076 39, 31 316, 23 22, 07 16, 31	5 0 7 0 5 0 6 0 7 0 4 0 3 0 4 0 3 0 3 0 3 0 3 0 3 0 3 0 5 0 6 0 7 0 9 0 0 0 7 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826 0 57, 603 86, 451 2, 345, 603 488, 255 21, 198, 076 39, 313 316, 239 22, 077 16, 313	52.00 54.00 55.00 59.00 60.00 63.00 65.00 66.00 67.00 68.00 69.00 71.00 72.00 73.00 76.00 76.00 70.00 90.01 90.02 91.00 92.00 92.01 113.00 113.00 192.00 192.01 192.02
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06000 65.00 06500 66.00 06600 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07200 73.00 07300 76.97 07697 00700 90001 90.00 09001 90.01 09001 90.02 09002 91.00 09001 92.00 09201 SPECI / 113.00 113.00 11300 118.00 11900 192.01 19200 192.02 19202 192.03 19203	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLIES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON-DI STI NCT PART) OBSERVATI ON BEDS (DI STI NCT PART) AL PURPOSE COST CENTERS INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS GI FT, FLOWER, COFFEE SHOP & CANTEEN PHYSI CI ANS' PRI VATE OFFI CES RETAI L PHARMACY MARKETI NG BACK AND NECK		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65 0 2 132 3, 107 48 	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 974 89, 244 78, 588 119, 166 181, 87 440, 10 331, 37 0 444, 820 57, 60 86, 45 2, 345, 60 488, 259 21, 198, 070 39, 31 316, 23 22, 07	5 0 7 0 5 0 6 0 7 0 4 0 3 0 4 0 3 0 3 0 3 0 3 0 3 0 3 0 5 0 6 0 7 0 9 0 0 0 7 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826 0 57, 603 86, 451 2, 345, 603 488, 255 21, 198, 076 39, 313 316, 239 22, 077 16, 313 268, 494	52.00 54.00 55.00 59.00 60.00 63.00 65.00 66.00 67.00 68.00 69.00 71.00 72.00 73.00 76.00 76.00 76.00 70.00 90.01 90.02 91.00 92.00 92.01 113.00 113.00 192.00 192.01 192.02 192.02 192.02
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500 65.00 06500 66.00 06600 67.00 06700 68.00 06900 71.00 07100 72.00 07200 73.00 07300 76.97 07697 00109001 99001 90.00 090002 91.00 090001 92.01 09201 SPECL/ 11300 118.00 NONREI 190.00 19000 192.01 19200 192.02 19202 192.03 19203 200.00 9	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLIES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON-DI STI NCT PART) OBSERVATI ON BEDS (DI STI NCT PART) AL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS GI FT, FLOWER, COFFEE SHOP & CANTEEN PHYSI CI ANS' PRI VATE OFFI CES RETAI L PHARMACY MARKETI NG BACK AND NECK Cross Foot Adj ustments		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65 0 2 132 3, 107 48 	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97- 89, 24 78, 588 119, 166 181, 87 440, 10 331, 37 6 44, 826 57, 60 86, 45 2, 345, 60 488, 25 21, 198, 076 39, 31 316, 23 22, 07 16, 31		1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826 0 57, 603 86, 451 2, 345, 603 488, 255 21, 198, 076 39, 313 316, 239 22, 077 16, 313 268, 49 0	52.00 54.00 55.00 59.00 60.00 63.00 65.00 66.00 67.00 68.00 69.00 71.00 72.00 73.00 76.00 76.00 76.00 90.01 90.02 91.00 92.00 92.01 113.00 118.00 192.00 192.01 192.02 192.03 200.00
55.00 05500 59.00 05900 60.00 06000 63.00 06300 65.00 06500 66.00 06500 67.00 06700 68.00 06800 69.00 06900 71.00 07100 72.00 07200 73.00 07300 76.07 07697 0017PA1 09001 90.00 090001 90.00 090001 92.01 09201 SPECI / 11300 1130.00 19000 192.00 19200 192.01 19201 192.02 19202 192.03 19203 200.00 201.00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON LABORATORY BLOOD STORI NG, PROCESSI NG, & TRANS. RESPI RATORY THERAPY PHYSI CAL THERAPY OCCUPATI ONAL THERAPY SPEECH PATHOLOGY ELECTROCARDI OLOGY MEDI CAL SUPPLIES CHARGED TO PATI ENTS IMPL. DEV. CHARGED TO PATI ENTS OTHER ANCI LLARY SERVI CES CARDI AC REHABI LI TATI ON TI ENT SERVI CE COST CENTERS CLI NI C BEHAVI ORAL HEALTH SLEEP LAB EMERGENCY OBSERVATI ON BEDS (NON-DI STI NCT PART) OBSERVATI ON BEDS (DI STI NCT PART) AL PURPOSE COST CENTERS INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1 through 117) MBURSABLE COST CENTERS GI FT, FLOWER, COFFEE SHOP & CANTEEN PHYSI CI ANS' PRI VATE OFFI CES RETAI L PHARMACY MARKETI NG BACK AND NECK		325 1, 773 746 953 780 34 195 157 43 19 516 412 1, 225 863 0 65 0 2 132 3, 107 48 	2, 811, 04 936, 810 463, 04 418, 066 19, 21 285, 64 140, 97- 89, 24 78, 588 119, 166 181, 87 440, 10 331, 37 6 44, 826 57, 60 86, 45 2, 345, 60 488, 25 21, 198, 076 39, 31 316, 23 22, 07 16, 31	5 0 7 0 6 0 7 0 7 0 7 0 4 0 3 0 3 0 3 0 3 0 5 0 6 0 6 0 7 0 7 0 8 0 9 0 5 0	1, 304, 146 2, 811, 047 936, 810 463, 045 418, 068 19, 217 285, 647 140, 974 89, 244 78, 588 119, 168 181, 873 440, 103 331, 371 0 44, 826 0 57, 603 86, 451 2, 345, 603 488, 255 21, 198, 076 39, 313 316, 239 22, 077 16, 313 268, 49 0 0 0 0 0 0 0 0 0 0 0 0 0	52.00 54.00 55.00 59.00 60.00 63.00 65.00 66.00 67.00 68.00 69.00 71.00 72.00 73.00 76.00 76.00 76.00 90.01 90.01 90.00 92.00 92.01 113.00 113.00 113.00 192.00 192.01 192.02 192.03 200.00 201.00

	ALLOCATION - STATISTICAL BASIS		Provider C	LN: 15-0158 P	eriod: rom 01/01/2019 o 12/31/2019	Worksheet B-1 Date/Time Pre	
				_ATED COSTS	5 12/51/2017	6/29/2020 8: 3	
	Cost Center Description	NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	I NTEREST (SQUARE FEET)	NEW MVBLE EQUI P (DOLLAR VALUE)	EMPLOYEE BENEFI TS DEPARTMENT (GROSS SALARI ES)	
		1.00	1.01	1.02	2.00	4.00	
	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT	318, 700					1
01	00100 MeW CAL KEE COSTS-BEDG & TTXT	18, 187	48, 699				
02	00102 INTEREST	0	0	300, 513			1
00	00200 NEW CAP REL COSTS-MVBLE EQUIP				8, 216, 368	54 047 540	2
00 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATI ENT TELEPHONES	2, 666 596	0	2, 666 596	0 40, 605	51, 347, 513 0	45
02	00550 DATA PROCESSI NG	3, 899	0		4, 345	0	5
03	00560 PURCHASING RECEIVING AND STORES	4, 357	0	.,	0	0	5
04	00590 ADMINI STRATI VE AND GENERAL	10, 816	7, 396		94, 463	5, 254, 901	5
00 00	00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT	62, 524 3, 578	0		2, 756, 779 712, 476	740, 052 617, 311	6
00	00800 LAUNDRY & LINEN SERVICE	972	0		555	017, 311	8
00	00900 HOUSEKEEPI NG	3, 533	214		2, 425	976, 505	9
	01000 DI ETARY	3, 881	382		5, 277	320, 622	10
	01100 CAFETERIA 01300 NURSING ADMINISTRATION	9, 239 1, 282	0		12, 560 88, 707	764, 799 2, 394, 958	
	01400 CENTRAL SERVICES & SUPPLY	7, 142	0		65, 878	363, 625	
	01500 PHARMACY	2, 525	0		82, 718	2, 331, 894	15
		0	0		0	0	17
. 00	01080 TRANSPORTATION	0	0	0	0	236, 880	18
. 00	03000 ADULTS & PEDI ATRI CS	54, 513	0	54, 513	207, 718	9, 778, 314	30
. 00	03100 I NTENSI VE CARE UNI T	11, 624	0	11, 624	8, 031	3, 082, 506	31
	02080 NEONATAL INTENSIVE CARE UNIT	2,806	0		0	881, 776	35
	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	2, 640	0	2,640	27, 190	365, 877	43
		28, 989	0	28, 989	1, 021, 766	2, 704, 735	50
		2, 540	0		2, 251	2, 437, 616	
	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	14, 098 16, 594	0		133, 913 1, 959, 142	1, 952, 177 4, 111, 027	52 54
	05500 RADI OLOGY-THERAPEUTI C	10, 374	0		145,071	769, 404	55
		2, 520	0		308, 616	1,067,263	
	06000 LABORATORY	4, 312	0		0	0	60
. 00 . 00	06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 06500 RESPI RATORY THERAPY	0 2, 303	0		0 63, 859	0 1, 461, 437	63 65
. 00	06600 PHYSI CAL THERAPY	2, 303	2, 470		18, 707	1, 643, 904	66
. 00	06700 OCCUPATI ONAL THERAPY	211	2, 470	211	0	542, 316	67
		211	2, 470		0	181, 238	
	06900 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	360	0	360	91, 428	830, 643 0	69 71
		0	0	0	0	0	72
		0	0	0	0	0	73
		0	0	0	0	0	76
	07697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	0	1, 505	0	0	222, 896	76
. 00	09000 CLINIC	0	0	0	0	0	90
	09001 BEHAVI ORAL HEALTH	0	2, 459		0	0	90
		162 23, 462	2, 941		465 294, 468	0 4, 712, 044	90 91
		23, 402	0	23, 402	274,400	+, / 12, 044	91
	09201 OBSERVATION BEDS (DISTINCT PART)	5, 870	0	5, 870	2, 295	413, 087	92
2 00	SPECIAL PURPOSE COST CENTERS	1					111
3.00 8.00	D11300 INTEREST EXPENSE D SUBTOTALS (SUM OF LINES 1 through 117)	318, 700	22, 307	300, 513	8, 151, 708	51, 159, 807	113 118
	NONREI MBURSABLE COST CENTERS						
	D 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	1, 445		0	94, 649	
	D 19200 PHYSI CLANS' PRI VATE OFFI CES 1 19201 RETALL PHARMACY	0	13, 750 962		0		192 192
	2 19201 RETAIL PHARMACY 2 19202 MARKETING	0	602		0		192
	3 19203 BACK AND NECK	0	9, 633		64, 660	93, 057	
0.00							200
1.00		1 074 400	1 110 000	10 740 477	5 402 000		201
2.00	Cost to be allocated (per Wkst. B, Part I)	4, 876, 609	1, 110, 808	10, 748, 477	5, 402, 908	11, 967, 245	202
3. 00		15. 301566	22. 809668	35. 767095	0. 657579		
4.00						136, 149	204

Health Finar	ncial Systems	IU HEALTH WEST HOSPITAL			In Lieu of Form CMS-2552-10		
COST ALLOCATION - STATISTICAL BASIS			Provider C		Period: From 01/01/2019	Worksheet B-1	
					To 12/31/2019		epared: 5 am
	Cost Center Description	NEW BLDG &	MOB	I NTEREST	NEW MVBLE	EMPLOYEE	
		FLXT	(MOB SQUARE	(SQUARE FEET)		BENEFITS	
		(SQUARE FEET)	FEET)		(DOLLAR	DEPARTMENT	
					VALUE)	(GROSS SALARI ES)	
		1.00	1.01	1.02	2.00	4.00	
205.00	Unit cost multiplier (Wkst. B, Part					0. 002652	205.00
206.00	<pre>II) NAHE adjustment amount to be allocated (per Wkst. B-2)</pre>						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

	Financial Systems LLOCATION - STATISTICAL BASIS	IU HEALTH WES		CN. 15 0150 F		u of Form CMS-	
CUST A	LLUCATION - STATISTICAL BASIS		Provider C	F	Period: From 01/01/2019	Worksheet B-1	
					o 12/31/2019	Date/Time Pre 6/29/2020 8:3	epared: 5 am
	Cost Center Description	NONPATI ENT TELEPHONES	DATA PROCESSI NG	PURCHASING RECEIVING AND	Reconciliatio n	ADMI NI STRATI V E AND GENERAL	
		(FTES)	(FTES)	STORES	11	(ACCUM.	
				(PURCHASED		COST)	
		5. 01	5.02	REQ) 5.03	5A. 04	5.04	
	GENERAL SERVICE COST CENTERS			1			1
1.00 1.01	00100 NEW CAP REL COSTS-BLDG & FLXT 00101 MOB						1.00
1.02	00102 I NTEREST						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.01	00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES	80, 371					4.00
5. 02	00550 DATA PROCESSI NG	0	80, 371				5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	0			122 (12 400	5.03
5.04 6.00	00590 ADMI NI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS	4, 594 1, 433	4, 594 1, 433			132, 613, 490 7, 697, 384	
7.00	00700 OPERATION OF PLANT	1, 353	1, 353			5, 908, 417	
8.00	00800 LAUNDRY & LINEN SERVICE	0	0			138, 992	
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY	3, 380 962	3, 380 962			2, 446, 224 1, 072, 469	
	01100 CAFETERI A	2, 291	2, 291			1, 506, 726	
	01300 NURSI NG ADMI NI STRATI ON	2, 766	2, 766		-	4, 763, 574	
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	901 2, 836	901 2, 836			7, 602, 596 3, 968, 184	
	01700 SOCI AL SERVI CE	0	2,000			25	
18.00		848	848	C C	0 0	447, 924	18.00
30.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	17, 025	17,025	964, 135	0	17, 969, 291	30.00
	03100 I NTENSI VE CARE UNI T	4, 418	4, 418				
	02080 NEONATAL INTENSIVE CARE UNIT	995	995			1, 390, 262	
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	533	533	36, 222	2 0	696, 320	43.00
50.00	05000 OPERATI NG ROOM	4, 200	4, 200	3, 212, 051	0	6, 880, 412	50.00
	05100 RECOVERY ROOM	3, 321	3, 321			3, 683, 654	
	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	2, 844 5, 865	2, 844 5, 865			3, 708, 788 8, 940, 943	
55.00	05500 RADI OLOGY-THERAPEUTI C	977	977			2, 965, 191	
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	1, 252	1, 252			1, 877, 950	
60.00 63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	2, 147 0	2, 147 0		-	6, 862, 781 385, 183	
65.00	06500 RESPI RATORY THERAPY	2, 043	2, 043	248, 391	0	2, 310, 418	65.00
	06600 PHYSI CAL THERAPY	2, 109	2, 109			2, 493, 338	
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	627 199	627 199			844, 972 322, 913	
69.00	06900 ELECTROCARDI OLOGY	1, 106	1, 106	31, 741	0	1, 297, 718	69.00
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0			3, 643, 489	
	07200 I MPL. DEV. CHARGED TO PATI ENT 07300 DRUGS CHARGED TO PATI ENTS	0	0			8, 811, 956 4, 322, 388	
76.00	03950 OTHER ANCI LLARY SERVICES	0	0	-	0	0	76.00
	07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	414	414	7, 398	0	422, 932	76.97
	09000 CLINIC	0	0	C	0	0	90.00
	09001 BEHAVI ORAL HEALTH	59	59		0	82, 362	
	09002 SLEEP LAB 09100 EMERGENCY	0 7, 793	0 7, 793	14, 349 660, 843		776, 847 8, 698, 302	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 143	1, 175	000, 843	0	0, 090, 302	92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	576	576	13, 806	0	930, 402	92.01
	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113.00
118.00		79, 867	79, 867	19, 384, 640	-21, 237, 207	130, 980, 559	
	NONREI MBURSABLE COST CENTERS				_		1
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	258 0	258 0			376, 131 425, 677	
	19200 RETAIL PHARMACY	0	0		0		192.00
	19202 MARKETING	0	0	C	0	421, 758	
192.03 200.00	19203 BACK AND NECK Cross Foot Adjustments	246	246	181	0	387, 422	192.03 200.00
200.00	Negative Cost Centers						200.00
202.00	Cost to be allocated (per Wkst. B,	86, 309	7, 235, 222	1, 189, 791		21, 237, 207	
203.00	Part I) Unit cost multiplier (Wkst. B, Part I)	1.073882	90. 022794	0. 061377	,	0. 160144	203 00
203.00		57, 138	90. 022794 201, 974			811, 988	
	Part II) Unit cost multiplier (Wkst. B, Part	0. 710928	2. 513021	0. 011478		0. 006123	205 25
205.00							

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lieu of Form CMS-2552-10			
COST ALLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1		
				From 01/01/2019 To 12/31/2019		pared: 5 am	
Cost Center Description	NONPATI ENT	DATA	PURCHASI NG	Reconciliatio			
	TELEPHONES	PROCESSI NG	RECEIVING AND) n	E AND GENERAL		
	(FTES)	(FTES)	STORES		(ACCUM.		
			(PURCHASED		COST)		
			REQ)				
	5. 01	5.02	5.03	5A. 04	5.04		
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	

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	IU HEALTH WES	ST HOSPITAL		eriod:	u of Form CMS-: Worksheet B-1	
				rom 01/01/2019 o 12/31/2019	Date/Time Pre	epared:
Cost Center Description	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF	HOUSEKEEPI NG (SQUARE FEET)	6/29/2020 8: 3 DI ETARY (TOTAL PATI ENT DAYS)	<u>5 am</u>
	6.00	7.00	LAUNDRY) 8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						1 00
1.00 00100 NEW CAP REL COSTS-BLDG & FLXT 1.01 00101 MOB 1.02 00102 INTEREST 2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.01 00540 NONPATI ENT TELEPHONES 5.02 00550 DATA PROCESSI NG 5.03 00560 PURCHASI NG RECEI VI NG AND STORES 5.04 00590 ADMI NI STRATI VE AND GENERAL 6.00 00600 MAI NTENANCE & REPAI RS 7.00 00700 OPERATI ON OF PLANT 8.00 00800 LAUNDRY & LI NEN SERVI CE 9.00 00900 HOUSEKEEPI NG 10.00 01000 DI ETARY 11.00 01100 CAFETERI A 13.00 01300 NURSI NG ADMI NI STRATI ON 14.00 01400 CENTRAL SERVI CES & SUPPLY 15.00 01500 PHARMACY 17.00 001080 TRANSPORTATI ON 18.00 01080 TRANSPORTATI ON	215, 655 3, 578 972 3, 533 3, 881 9, 239 1, 282 7, 142 2, 525 0 0	212, 077 972 3, 533 3, 881 9, 239 1, 282 7, 142 2, 525 0 0	822, 666 0 0 0 0 0 0 0 0 0 0	207, 572 3, 881 9, 239 1, 282 7, 142 2, 525 0 0		11.00 13.00 14.00 15.00 17.00 18.00
30. 00 03000 ADULTS & PEDI ATRI CS	54, 513			54, 513		
31.00 03100 INTENSIVE CARE UNIT 35.00 02080 NEONATAL INTENSIVE CARE UNIT	11, 624 2, 806			11, 624 2, 806	4, 942 672	1
43.00 04300 NURSERY	2, 640	2, 640	0	2, 640	1, 709	43.00
ANCI LLARY SERVICE COST CENTERS 50. 00 05000 OPERATI NG ROOM	28, 989	28, 989	78, 709	28, 989	0	50.00
51.00 O5100 RECOVERY ROOM	2, 540			2, 540	0	
52. 00 05200 DELI VERY ROOM & LABOR ROOM 54. 00 05400 RADI OLOGY-DI AGNOSTI C	14, 098 16, 594			14, 098 16, 594	0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	10, 077	10, 077		10, 077	0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 520			2, 520	0	59.00
60.00 06000 LABORATORY 63.00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	4, 312 0	4, 312 0		4, 312	0	60.00 63.00
65. 00 06500 RESPIRATORY THERAPY	2, 303	-		2, 303	0	1
66. 00 06600 PHYSI CAL THERAPY	211	211	0	211	0	1
67.00 06700 OCCUPATI ONAL THERAPY	211	211		211	0	
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	211	211	0	211 360	0	68.00 69.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	1
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	0			-		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76. 00 03950 OTHER ANCI LLARY SERVI CES 76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	0 64	0	0	
OUTPATIENT SERVICE COST CENTERS	0	0	1 04	0	0	,0. ,,
90. 00 09000 CLINIC	0			0	0	1
90. 01 09001 BEHAVI ORAL HEALTH 90. 02 09002 SLEEP LAB	0 162	0 162	-	0 162	0	
90. 02 09002 SLEEP LAB 91. 00 09100 EMERGENCY	23, 462					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	5, 870	5, 870	0	5, 870	0	92.01
SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	215, 655	212, 077	822, 666	207, 572	31, 477	118.00
NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFICES	0	0	0 0	0		192.00
192.01 19201 RETAIL PHARMACY	0	0	0	0		192.01
192. 02 19202 MARKETING 192. 03 19203 BACK_AND_NECK	0		0	0		192.02 192.03
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8, 930, 074	7, 002, 777	233, 596	3, 100, 930	1, 591, 056	202.00
203.00Unit cost multiplier (Wkst. B, Part I)204.00Cost to be allocated (per Wkst. B,	41. 409075 5, 059, 529					
Part II) 205.00 Unit cost multiplier (Wkst. B, Part	23. 461218	3. 665428	0. 094236	1. 501108	10. 547892	205.00
206.00 NAHE adjustment amount to be allocated						206.00
(per Wkst. B-2)	1		I			<u> </u>

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1	
				From 01/01/2019 To 12/31/2019		norod.
				10 12/31/2019	Date/Time Pre 6/29/2020 8:3	
Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	REPAI RS	PLANT	LINEN SERVICE	(SQUARE FEET)	(TOTAL	
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF		PATIENT DAYS)	
			LAUNDRY)			
	6.00	7.00	8.00	9.00	10.00	
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						

	Financial Systems LLOCATION - STATISTICAL BASIS	IU HEALTH WE	ST HOSPITAL Provider CO	°N- 15 0160 1		u of Form CMS-	
CUST A	LLUCATION - STATISTICAL DASIS		Provider CO	1	Period: From 01/01/2019 Fo 12/31/2019	Worksheet B-1 Date/Time Pre	
						6/29/2020 8:3	spareu. 15 am
	Cost Center Description	CAFETERI A (FTES)	NURSI NG ADMI NI STRATI O	CENTRAL SERVICES &	PHARMACY (COSTED	SOCI AL SERVI CE	
			N	SUPPLY	REQUIS.)	(TOTAL	
			(DI RECT NURS FTES)	(PURCHASED REQ)		PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
1.00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.00	00101 MOB						1.00
1.02	00102 INTEREST						1.02
2.00 4.00	00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00
5.01	00540 NONPATI ENT TELEPHONES						5.01
5.02	00550 DATA PROCESSI NG						5.02
5.03 5.04	00560 PURCHASI NG RECEI VI NG AND STORES 00590 ADMI NI STRATI VE AND GENERAL						5.03 5.04
6.00	00600 MAI NTENANCE & REPAI RS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8.00 9.00
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A	66, 358					11.00
13.00 14.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	2, 766 901		19, 304, 582			13.00
	01500 PHARMACY	2, 836		58, 16			15.00
	01700 SOCI AL SERVI CE	0			0 0	31, 477	
18.00	01080 TRANSPORTATION	848	0	[(0 0	0	18.00
30.00	03000 ADULTS & PEDIATRICS	17, 025	12, 721	964, 13	5 56, 644	24, 154	30.00
31.00	03100 I NTENSI VE CARE UNI T	4, 418				4, 942	1
35.00 43.00	02080 NEONATAL INTENSIVE CARE UNIT 04300 NURSERY	995 533				672 1, 709	
43.00	ANCI LLARY SERVICE COST CENTERS		543	50, 22	<u> </u>	1,707	1 43.00
50.00	05000 OPERATING ROOM	4, 200				0	
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	3, 321 2, 844				0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	5, 865				0	
55.00	05500 RADI OLOGY-THERAPEUTI C	977				0	1
59.00 60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	1, 252 2, 147				0	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0			-	0	
65.00	06500 RESPIRATORY THERAPY	2,043				0	
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	2, 109 627				0	
68.00	06800 SPEECH PATHOLOGY	199				0	
69.00	06900 ELECTROCARDI OLOGY	1, 106	237	31, 74		0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENT		0	3, 432, 794 8, 302, 373		0	
	07300 DRUGS CHARGED TO PATIENTS	0			4, 322, 388	0	
	03950 OTHER ANCI LLARY SERVICES	0			0	0	
/6.9/	07697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	414	110	7, 398	3 0	0	76.97
	09000 CLINIC	0			0 0	0	
90. 01 90. 02	09001 BEHAVI ORAL HEALTH 09002 SLEEP LAB	59	19			0	
	09002 SLEEP LAB 09100 EMERGENCY	7, 793	5, 213	14, 349 660, 843		0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	.,	-,			_	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	576	385	13, 800	5 2,030	0	92.01
113.00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	65, 854	32, 304	19, 304, 366	4, 727, 812	31, 477	118.00
100.00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	258	0	3!	5 0	0	190.00
	19000 PHYSI CLANS' PRI VATE OFFICES	230					190.00
192.01	19201 RETAIL PHARMACY	0	0		0 0	0	192.01
	19202 MARKETING 19203 BACK AND NECK	0 246	0	(18 ⁻			192.02 192.03
192.03 200.00		240	0	18	ʻ	0	200.00
201.00	Negative Cost Centers						201.00
202.00		2, 573, 691	5, 748, 281	9, 493, 319	5, 016, 318	29	202.00
203.00	Part I) Unit cost multiplier (Wkst. B, Part I)	38. 784939	177. 943320	0. 49176	1.061023	0.000921	203.00
		763, 242		673, 422			204.00
204.00							
204.00 205.00	Part II)	11. 501884	7. 328845	0. 034884	0. 070341	0.00000	205 00

Health Financial Systems	IU HEALTH WE	ST HOSPI TAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO	CN: 15-0158	Peri od:	Worksheet B-1	
				From 01/01/2019 To 12/31/2019	Date/Time Pre 6/29/2020 8:3	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	SOCI AL	
	(FTES)	ADMI NI STRATI O	SERVICES &	(COSTED	SERVI CE	
		N	SUPPLY	REQUIS.)	(TOTAL	
		(DI RECT	(PURCHASED		PATIENT DAYS)	
		NURS FTES)	REQ)			
	11.00	13.00	14.00	15.00	17.00	
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 ALI	inancial Systems LOCATION - STATISTICAL BASIS	IU HEALTH WES	Provi der CCN: 15-0158	Peri od:	i of Form CMS-2552- Worksheet B-1
				From 01/01/2019 To 12/31/2019	Date/Time Prepared
		OTHER GENERAL			6/29/2020 8:35 am
		SERVI CE			
	Cost Center Description	TRANSPORTATI 0			
		N (GROSS			
		CHARGES)			
-		18.00			
	ENERAL SERVICE COST CENTERS				1.0
	00101 MOB				1.0
	00102 I NTEREST				1.0
	0200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT				2.0
	00540 NONPATIENT TELEPHONES				5.0
02 0	00550 DATA PROCESSI NG				5. C
	00560 PURCHASING RECEIVING AND STORES				5.0
1	00590 ADMI NI STRATI VE AND GENERAL 00600 MAI NTENANCE & REPAI RS				5.0
	00000 OPERATION OF PLANT				7.0
00 0	00800 LAUNDRY & LINEN SERVICE				8.0
1	00900 HOUSEKEEPI NG				9.0
	01000 DI ETARY 01100 CAFETERI A				10.0
	1300 NURSI NG ADMI NI STRATI ON				13.0
	1400 CENTRAL SERVICES & SUPPLY				14. C
	1500 PHARMACY				15.0
	01700 SOCI AL SERVI CE 01080 TRANSPORTATI ON	909, 071, 715			17.0 18.0
	NPATIENT ROUTINE SERVICE COST CENTERS				
	3000 ADULTS & PEDIATRICS	76, 462, 924			30.0
	03100 INTENSIVE CARE UNIT 02080 NEONATAL INTENSIVE CARE UNIT	21, 109, 715 3, 263, 581			31.0 35.0
	4300 NURSERY	3, 190, 648			43.0
	NCILLARY SERVICE COST CENTERS				
	05000 OPERATING ROOM	130, 540, 843			50.0
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	28, 044, 592 19, 091, 912			51.0 52.0
	05400 RADI OLOGY-DI AGNOSTI C	104, 271, 115			54.0
1	5500 RADI OLOGY-THERAPEUTI C	43, 862, 505			55. C
1	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	56, 031, 511 45, 904, 700			59.0 60.0
	6300 BLOOD STORING, PROCESSING, & TRANS.	2, 026, 648			63.0
	06500 RESPI RATORY THERAPY	11, 473, 899			65. C
1	06600 PHYSI CAL THERAPY	9, 241, 432			66.0
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	2, 538, 222 1, 109, 215			67.0 68.0
	6900 ELECTROCARDI OLOGY	30, 337, 157			69.0
1.00 0	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24, 224, 451			71.0
	7200 IMPL. DEV. CHARGED TO PATIENT	72,083,256			72.0
	07300 DRUGS CHARGED TO PATI ENTS 03950 OTHER ANCI LLARY SERVI CES	50, 771, 819 0			73.0
	07697 CARDI AC REHABI LI TATI ON	3, 812, 575			76.9
	UTPATIENT SERVICE COST CENTERS				
)9000 CLI NI C)9001 BEHAVI ORAL HEALTH	0 132, 036			90. C 90. C
	09002 SLEEP LAB	7, 770, 492			90.0
	99100 EMERGENCY	158, 933, 803			91. C
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2 042 774			92.0
-	09201 OBSERVATION BEDS (DISTINCT PART)	2,842,664			92.0
	1300 I NTEREST EXPENSE				113.0
18.00	SUBTOTALS (SUM OF LINES 1 through 117)	909, 071, 715			118. C
	ONREI MBURSABLE COST CENTERS				100.0
	9000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 9200 PHYSICIANS' PRIVATE OFFICES	0			190. 0 192. 0
	9201 RETAIL PHARMACY	0			192.0
92. 02 1	9202 MARKETI NG	0			192.0
	9203 BACK AND NECK	0			192.0
00. 00 01. 00	Cross Foot Adjustments Negative Cost Centers				200. 0 201. 0
02.00	Cost to be allocated (per Wkst. B,	552, 546			201.0
	Part I)				
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000608			203.0
04.00	Cost to be allocated (per Wkst. B, Part II)	15, 859			204.0
205.00	Unit cost multiplier (Wkst. B, Part	0. 000017			205.0

Health Financial Systems	IU HEALTH WEST	HOSPI TAL	In Lieu	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158	Period: From 01/01/2019	Worksheet B-1	
				Date/Time Pre 6/29/2020 8:3	
	OTHER GENERAL				
Cost Center Description	SERVI CE TRANSPORTATI O				
cost center bescription					
	N				
	(GROSS				
	CHARGES)				
	18.00				
206.00 NAHE adjustment amount to be allocated	1				206.00
(per Wkst. B-2)					
207.00 NAHE unit cost multiplier (Wkst. D,					207.00
Parts III and IV)					

Heal th	Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-	2552-10
	ATION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 01/01/2019	Worksheet C	
					To 12/31/2019	Part I Date/Time Pre	epared:
						6/29/2020 8:3	35 am
			Title	XVIII	Hospi tal	PPS	
					Costs	T I I A I	
	Cost Center Description	Total Cost (from Wkst.	Therapy Limit	Total Costs	RCE Di sal I owance	Total Costs	
		B, Part I,	Adj .		DI Sal i owance		
		col. 26)					
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		2.00	0100		0.00	
30.00	03000 ADULTS & PEDIATRICS	30, 569, 286		30, 569, 28	6 0	30, 569, 286	30.00
31.00	03100 I NTENSI VE CARE UNI T	8, 278, 598		8, 278, 59			
35.00	02080 NEONATAL INTENSIVE CARE UNIT	2, 134, 602		2, 134, 60	2 0	2, 134, 602	35.00
43.00	04300 NURSERY	1, 231, 964		1, 231, 96	4 0	1, 231, 964	43.00
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	12, 887, 661		12, 887, 66			
	05100 RECOVERY ROOM	5, 247, 448		5, 247, 44	.8 0	5, 247, 448	51.00
	05200 DELIVERY ROOM & LABOR ROOM	6, 106, 814		6, 106, 81		-, ,	
	05400 RADI OLOGY-DI AGNOSTI C	12, 617, 654		12, 617, 65		, ,	
	05500 RADI OLOGY-THERAPEUTI C	4, 448, 686		4, 448, 68		4, 448, 686	
59.00	05900 CARDI AC CATHETERI ZATI ON	2, 808, 222		2, 808, 22		2, 808, 222	
	06000 LABORATORY	8, 458, 350		8, 458, 35		8, 458, 350	
	06300 BLOOD STORING, PROCESSING, & TRANS. 06500 RESPIRATORY THERAPY	626, 566 3, 099, 066		626, 56 3, 099, 06		626, 566	
	06600 PHYSI CAL THERAPY	3, 099, 088				3, 099, 066 3, 048, 620	
	06700 OCCUPATI ONAL THERAPY	1, 027, 116				1, 027, 116	
	06800 SPEECH PATHOLOGY	402, 140		402, 14		402, 140	
	06900 ELECTROCARDI OLOGY	1, 659, 811		1, 659, 81			
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5, 929, 828		5, 929, 82		5, 929, 828	
	07200 I MPL. DEV. CHARGED TO PATIENT	14, 349, 783		14, 349, 78			
	07300 DRUGS CHARGED TO PATIENTS	9, 631, 615		9, 631, 61		9, 631, 615	
76.00	03950 OTHER ANCI LLARY SERVICES	0			0 0		
76.97	07697 CARDI AC REHABI LI TATI ON	532, 267		532, 26	7 0	532, 267	76.97
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	0			0 0	-	
	09001 BEHAVI ORAL HEALTH	101, 301		101, 30		101, 301	
	09002 SLEEP LAB	929, 306		929, 30	6 0	929, 306	
	09100 EMERGENCY	14, 104, 395		14, 104, 39		14, 104, 395	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 882, 819		2, 882, 81		2, 882, 819	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1, 705, 509		1, 705, 50	09 0	1, 705, 509	92.01
110 00	SPECIAL PURPOSE COST CENTERS	1					112 00
	11300 INTEREST EXPENSE	154 010 407		154 010 42		154 010 407	113.00
200.00 201.00		154, 819, 427 2, 882, 819		154, 819, 42 2, 882, 81		154, 819, 427 2, 882, 819	
201.00		2, 882, 819					
202.00		101, 700, 000	1 0	1 101, 700, 00	0	151, 750, 000	202.00

Health Financial Systems	IU HEALTH WES	T HOSPI TAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Pre 6/29/2020 8:3	epared: 35 am
		Title	XVIII	Hospi tal	PPS	
		Charges				
Cost Center Description	Inpatient	Outpati ent	Total (col.	6 Cost or Other	TEFRA	
			+ col. 7)	Rati o	I npati ent	
					Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	63, 973, 951		63, 973, 9			30.00
31.00 03100 INTENSIVE CARE UNIT	21, 109, 715		21, 109, 7			31.00
35.00 02080 NEONATAL INTENSIVE CARE UNIT	3, 263, 581		3, 263, 58			35.00
43. 00 04300 NURSERY	3, 190, 648		3, 190, 64	18		43.00
ANCILLARY SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
50.00 O5000 OPERATING ROOM	42, 942, 196	87, 598, 647				
51.00 05100 RECOVERY ROOM	5, 496, 940	22, 547, 652			0.00000	
52.00 05200 DELIVERY ROOM & LABOR ROOM	14, 388, 978	4, 702, 934			0.00000	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	20, 125, 268	84, 145, 847				
55. 00 05500 RADI OLOGY-THERAPEUTI C	585, 437	43, 277, 068				
59. 00 05900 CARDI AC CATHETERI ZATI ON	23, 805, 336	32, 226, 175	56, 031, 5 ⁻	0. 050119	0.00000	59.00
60. 00 06000 LABORATORY	20, 991, 369	24, 913, 331	45, 904, 70	0. 184259	0.00000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1, 282, 647	744, 001	2, 026, 64	0. 309164	0.00000	63.00
65. 00 06500 RESPI RATORY THERAPY	5, 892, 147	5, 581, 752	11, 473, 89	0. 270097	0.00000	65.00
66. 00 06600 PHYSI CAL THERAPY	4, 049, 920	5, 191, 512	9, 241, 43	0. 329886	0.00000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	1, 718, 458	819, 764	2, 538, 22	0. 404660	0.00000	67.00
68.00 06800 SPEECH PATHOLOGY	790, 130	319, 085	1, 109, 2	0. 362545	0.00000	68.00
69. 00 06900 ELECTROCARDI OLOGY	13, 481, 126	16, 856, 031	30, 337, 15	0. 054712	0.00000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8, 578, 286	15, 646, 165	24, 224, 45	0. 244787	0.00000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	41, 309, 035	30, 774, 221	72, 083, 25	0. 199072	0.00000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	31,008,168	19, 763, 651		0. 189704	0.00000	73.00
76.00 03950 OTHER ANCI LLARY SERVI CES	0	0		0 0.000000	0.00000	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	43, 532	3, 769, 043	3, 812, 5		0.00000	
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		0 0.000000	0.00000	90.00
90. 01 09001 BEHAVI ORAL HEALTH	0	132,036	132, 03			
90. 02 09002 SLEEP LAB	0	7, 770, 492			0.000000	
91. 00 09100 EMERGENCY	33, 916, 880	125, 016, 923				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	402, 837	12,086,136				
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	55, 739	2, 786, 925				
SPECIAL PURPOSE COST CENTERS		2,.00,720	2, 3.2, 0	0.07707	0.00000	
113. 00 11300 I NTEREST EXPENSE						1113.00
200.00 Subtotal (see instructions)	362, 402, 324	546, 669, 391	909, 071, 7 [.]	15		200.00
201.00 Less Observation Beds	002, 102, 021	2.0,007,071				201.00
202.00 Total (see instructions)	362, 402, 324	546, 669, 391	909, 071, 7 [.]	15		202.00
	1 302, 402, 324	3-0,007,371	1 ,0,,0,1,1		l	1202.00

Health Financial Systems	IU HEALTH WEST	HOSPI TAL	In Lieu	u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Peri od: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Pre 6/29/2020 8:3	
		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00		· · · · ·		
INPATIENT ROUTINE SERVICE COST CENTERS	1				
30. 00 03000 ADULTS & PEDIATRICS					30.00
31.00 03100 INTENSIVE CARE UNIT					31.00
35.00 02080 NEONATAL INTENSIVE CARE UNIT					35.00
43. 00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS	1				
50. 00 05000 OPERATING ROOM	0. 098725				50.00
51.00 05100 RECOVERY ROOM	0. 187111				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 319864				52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 121008				54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 101423				55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 050119				59.00
60. 00 06000 LABORATORY	0. 184259				60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 309164				63.00
65. 00 06500 RESPI RATORY THERAPY	0. 270097				65.00
66. 00 06600 PHYSI CAL THERAPY	0. 329886				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 404660				67.00
68.00 06800 SPEECH PATHOLOGY	0. 362545				68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 054712				69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 244787				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 199072				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 189704				73.00
76.00 03950 OTHER ANCI LLARY SERVICES	0. 000000				76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 139608				76.97
OUTPATIENT SERVICE COST CENTERS					1
90. 00 09000 CLINIC	0.000000				90.00
90. 01 09001 BEHAVI ORAL HEALTH	0. 767223				90.01
90. 02 09002 SLEEP LAB	0. 119594				90.02
91.00 09100 EMERGENCY	0. 088744				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 230829				92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 599969				92.01
SPECIAL PURPOSE COST CENTERS					1
113.00 11300 INTEREST EXPENSE					113.00
200.00 Subtotal (see instructions)					200.00
201.00 Less Observation Beds					201.00

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0158	Period: From 01/01/2019	Worksheet C Part I	
				To 12/31/2019	Date/Time Pre 6/29/2020 8:3	epared:
		Ti tl	e XIX	Hospi tal	PPS	
				Costs		
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst.	Adj.		Di sal I owance		
	B, Part I,					
	col. 26)					
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS				-		
30. 00 03000 ADULTS & PEDI ATRI CS	30, 569, 286		30, 569, 28			
31.00 03100 I NTENSI VE CARE UNI T	8, 278, 598		8, 278, 59		-,,	
35.00 02080 NEONATAL INTENSIVE CARE UNIT	2, 134, 602		2, 134, 60			
43.00 04300 NURSERY	1, 231, 964		1, 231, 96	04 0	1, 231, 964	43.00
ANCI LLARY SERVICE COST CENTERS	12, 887, 661		12, 887, 66	0	12, 887, 661	50.00
51. 00 05100 RECOVERY ROOM	5, 247, 448		5, 247, 44			
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 106, 814		6, 106, 81			
54. 00 05400 RADI OLOGY-DI AGNOSTI C	12, 617, 654		12, 617, 65		-,,	
55. 00 05500 RADI OLOGY - DI AGNOSTI C	4, 448, 686		4, 448, 68		, ,	
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 808, 222		2, 808, 22			
60. 00 06000 LABORATORY	8, 458, 350		8, 458, 35		8, 458, 350	
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	626, 566		626, 56		626, 566	
65. 00 06500 RESPIRATORY THERAPY	3, 099, 066					
66. 00 06600 PHYSI CAL THERAPY	3, 048, 620					
67. 00 06700 OCCUPATI ONAL THERAPY	1, 027, 116					
68. 00 06800 SPEECH PATHOLOGY	402, 140		402, 14			
69. 00 06900 ELECTROCARDI OLOGY	1, 659, 811	-	1, 659, 81			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5, 929, 828		5, 929, 82			
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	14, 349, 783		14, 349, 78			
73.00 07300 DRUGS CHARGED TO PATIENTS	9, 631, 615		9, 631, 61			
76.00 03950 OTHER ANCI LLARY SERVICES	0			0 0		
76. 97 07697 CARDI AC REHABI LI TATI ON	532, 267		532, 26	07 0	532, 267	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0			0 0	0	90.00
90. 01 09001 BEHAVI ORAL HEALTH	101, 301		101, 30	01 0		
90. 02 09002 SLEEP LAB	929, 306		929, 30	06 0	929, 306	90.02
91.00 09100 EMERGENCY	14, 104, 395		14, 104, 39		14, 104, 395	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 882, 819		2, 882, 81		2, 882, 819	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1, 705, 509		1, 705, 50	09 0	1, 705, 509	92.01
SPECIAL PURPOSE COST CENTERS	1		1			
113.00 11300 INTEREST EXPENSE		-				113.00
200.00 Subtotal (see instructions)	154, 819, 427					
201.00 Less Observation Beds	2, 882, 819		2, 882, 81		2, 882, 819	
202.00 Total (see instructions)	151, 936, 608	0	151, 936, 60	0 8	151, 936, 608	202.00

Health Financial Systems	IU HEALTH WES	T HOSPI TAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Pre 6/29/2020 8:3	epared: 35 am
		Ti tl	e XIX	Hospi tal	PPS	
		Charges				
Cost Center Description	Inpatient	Outpati ent	Total (col.	6 Cost or Other	TEFRA	
			+ col. 7)	Rati o	I npati ent	
					Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1 1					
30. 00 03000 ADULTS & PEDI ATRI CS	63, 973, 951		63, 973, 9			30.00
31.00 03100 INTENSIVE CARE UNIT	21, 109, 715		21, 109, 7			31.00
35.00 02080 NEONATAL INTENSIVE CARE UNIT	3, 263, 581		3, 263, 5			35.00
43. 00 04300 NURSERY	3, 190, 648		3, 190, 6	48		43.00
ANCILLARY SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·					
50.00 O5000 OPERATING ROOM	42, 942, 196	87, 598, 647				
51.00 05100 RECOVERY ROOM	5, 496, 940	22, 547, 652			0.00000	
52.00 05200 DELIVERY ROOM & LABOR ROOM	14, 388, 978	4, 702, 934			0.00000	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	20, 125, 268	84, 145, 847				
55. 00 05500 RADI OLOGY-THERAPEUTI C	585, 437	43, 277, 068				
59. 00 05900 CARDI AC CATHETERI ZATI ON	23, 805, 336	32, 226, 175	56, 031, 5	0. 050119	0.00000	59.00
60. 00 06000 LABORATORY	20, 991, 369	24, 913, 331	45, 904, 70	0. 184259	0.00000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1, 282, 647	744, 001	2, 026, 6	48 0. 309164	0.00000	63.00
65. 00 06500 RESPI RATORY THERAPY	5, 892, 147	5, 581, 752	11, 473, 89	0. 270097	0.00000	65.00
66. 00 06600 PHYSI CAL THERAPY	4, 049, 920	5, 191, 512	9, 241, 43	0. 329886	0.00000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	1, 718, 458	819, 764	2, 538, 22	0. 404660	0.00000	67.00
68.00 06800 SPEECH PATHOLOGY	790, 130	319, 085	1, 109, 2	0. 362545	0.00000	68.00
69. 00 06900 ELECTROCARDI OLOGY	13, 481, 126	16, 856, 031	30, 337, 1	0. 054712	0.00000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8, 578, 286	15, 646, 165	24, 224, 4	0. 244787	0.00000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	41, 309, 035	30, 774, 221	72, 083, 2	0. 199072	0.00000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	31,008,168	19, 763, 651		0. 189704	0.00000	73.00
76.00 03950 OTHER ANCI LLARY SERVI CES	0	0		0 0.000000	0.00000	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	43, 532	3, 769, 043	3, 812, 5		0.00000	
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		0 0.000000	0.00000	90.00
90. 01 09001 BEHAVI ORAL HEALTH	0	132,036	132, 0			
90. 02 09002 SLEEP LAB	0	7, 770, 492			0.00000	
91. 00 09100 EMERGENCY	33, 916, 880	125, 016, 923				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	402, 837	12,086,136				
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	55, 739	2, 786, 925				
SPECIAL PURPOSE COST CENTERS	00,107	2,700,720	2,012,0	01077707	0100000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
113. 00 11300 I NTEREST EXPENSE						1113.00
200.00 Subtotal (see instructions)	362, 402, 324	546, 669, 391	909, 071, 7 ⁻	15		200.00
201.00 Less Observation Beds	002, 102, 024	310,007,071	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			200.00
202.00 Total (see instructions)	362, 402, 324	546, 669, 391	909, 071, 7 ⁻	15		201.00
	1 302, 402, 324	340,007,371	1 707,071,7	13		1202.00

Health Financial Systems	IU HEALTH WEST	HOSPI TAL	In Lieu	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	6/29/2020 8:3	
		Title XIX	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS	1				
30. 00 03000 ADULTS & PEDI ATRI CS					30.00
31.00 03100 INTENSIVE CARE UNIT					31.00
35.00 02080 NEONATAL INTENSIVE CARE UNIT					35.00
43. 00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS					
50. 00 05000 OPERATING ROOM	0. 098725				50.00
51.00 05100 RECOVERY ROOM	0. 187111				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 319864				52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 121008				54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 101423				55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 050119				59.00
60. 00 06000 LABORATORY	0. 184259				60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 309164				63.00
65. 00 06500 RESPI RATORY THERAPY	0. 270097				65.00
66.00 06600 PHYSI CAL THERAPY	0. 329886				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 404660				67.00
68.00 06800 SPEECH PATHOLOGY	0. 362545				68.00
69.00 06900 ELECTROCARDI OLOGY	0. 054712				69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 244787				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 199072				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 189704				73.00
76.00 03950 OTHER ANCI LLARY SERVICES	0. 000000				76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 139608				76.97
OUTPATIENT SERVICE COST CENTERS					
90. 00 09000 CLINIC	0. 000000				90.00
90. 01 09001 BEHAVI ORAL HEALTH	0. 767223				90.01
90. 02 09002 SLEEP LAB	0. 119594				90.02
91. 00 09100 EMERGENCY	0. 088744				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 230829				92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 599969				92.01
SPECIAL PURPOSE COST CENTERS	0.077707				1
113. 00 11300 I NTEREST EXPENSE					113.00
200.00 Subtotal (see instructions)					200.00
201.00 Less Observation Beds					200.00
202.00 Total (see instructions)					201.00
	I I				1202.00

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-	2552-10
CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RA	ATIOS NET OF	Provider C	CN: 15-0158	Peri od:	Worksheet C	
REDUCTIONS FOR MEDICAID ONLY				From 01/01/2019 To 12/31/2019		narod
				10 12/31/2019	6/29/2020 8: 3	5 am
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Total Cost	Capital Cost	Operating	Capi tal	Operating	
	(Wkst. B,	(Wkst. B,	Cost Net of	Reduction	Cost	
	Part I, col.	Part II col.	Capital Cos	t	Reducti on	
	26)	26)	(col. 1 -		Amount	
			col. 2)			
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	T	I				
50.00 05000 OPERATI NG ROOM	12, 887, 661				0	
51.00 05100 RECOVERY ROOM	5, 247, 448					
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 106, 814				0	
54.00 05400 RADI OLOGY-DI AGNOSTI C	12, 617, 654				0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	4, 448, 686				0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 808, 222				0	
60. 00 06000 LABORATORY	8, 458, 350				0	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	626, 566				0	
65. 00 06500 RESPI RATORY THERAPY	3, 099, 066				0	
66. 00 06600 PHYSI CAL THERAPY	3, 048, 620				0	
67.00 06700 OCCUPATI ONAL THERAPY	1, 027, 116				0	67.00
68.00 06800 SPEECH PATHOLOGY	402, 140	78, 588	323, 5	52 0	0	
69. 00 06900 ELECTROCARDI OLOGY	1, 659, 811	119, 168	1, 540, 64	43 0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5, 929, 828	181, 873	5, 747, 9	55 0	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14, 349, 783	440, 103	13, 909, 6	80 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9, 631, 615	331, 371	9, 300, 24	44 0	0	
76.00 03950 OTHER ANCI LLARY SERVICES	0	0		0 0	0	
76. 97 07697 CARDIAC REHABILITATION	532, 267	44, 826	487, 44	41 0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0			0 0	0	
90. 01 09001 BEHAVI ORAL HEALTH	101, 301				0	
90. 02 09002 SLEEP LAB	929, 306				0	
91.00 09100 EMERGENCY	14, 104, 395				0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 882, 819				0	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1, 705, 509	488, 255	1, 217, 2	54 0	0	92.01
SPECIAL PURPOSE COST CENTERS	1					
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (sum of lines 50 thru 199)	112, 604, 977					200.00
201.00 Less Observation Beds	2, 882, 819					201.00
202.00 Total (line 200 minus line 201)	109, 722, 158	14, 226, 043	95, 496, 1	15 0	0	202.00

lealth Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lieu	u of Form CMS-2	2552-10
CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE R	ATIOS NET OF	Provider C	CN: 15-0158	Period:	Worksheet C	
REDUCTIONS FOR MEDICAID ONLY				From 01/01/2019 To 12/31/2019	Part II Date/Time Pre	narod
				10 12/31/2019	6/29/2020 8: 3	5 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost Net of	Total Charges	Outpati ent			
	Capital and	(Worksheet C,	Cost to			
	Operati ng	Part I,	Charge Rati	D		
	Cost	column 8)	(col. 6 /			
	Reduction		col. 7)			
	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS				-		
50.00 05000 OPERATING ROOM	12, 887, 661					50.00
51.00 05100 RECOVERY ROOM	5, 247, 448					51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 106, 814					52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	12, 617, 654	104, 271, 115	0. 1210	28 2		54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	4, 448, 686	43, 862, 505	0. 1014:	23		55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	2, 808, 222	56, 031, 511				59.00
50. 00 06000 LABORATORY	8, 458, 350	45, 904, 700				60.00
53.00 06300 BLOOD STORING, PROCESSING, & TRANS.	626, 566	2, 026, 648	0. 3091	64		63.00
55. 00 06500 RESPI RATORY THERAPY	3, 099, 066			97		65.00
56. 00 06600 PHYSI CAL THERAPY	3, 048, 620	9, 241, 432	0. 3298	36		66.00
57. 00 06700 OCCUPATI ONAL THERAPY	1, 027, 116	2, 538, 222	0. 4046	60		67.00
58.00 06800 SPEECH PATHOLOGY	402, 140	1, 109, 215	0. 3625	45		68.00
59. 00 06900 ELECTROCARDI OLOGY	1, 659, 811	30, 337, 157	0. 0547	12		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5, 929, 828	24, 224, 451	0. 2447	87		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14, 349, 783	72, 083, 256	0. 1990	72		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9, 631, 615	50, 771, 819	0. 1897	D4		73.00
76.00 03950 OTHER ANCI LLARY SERVICES	0	0	0.0000	00		76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	532, 267	3, 812, 575	0. 1396	28		76.97
OUTPATIENT SERVICE COST CENTERS						
20. 00 09000 CLINIC	0	0	0.0000	00		90.00
PO. 01 09001 BEHAVI ORAL HEALTH	101, 301	132, 036	0. 7672	23		90.01
20. 02 09002 SLEEP LAB	929, 306	7, 770, 492	0. 1195	94		90.02
91.00 09100 EMERGENCY	14, 104, 395	158, 933, 803	0. 0887	44		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 882, 819	12, 488, 973	0. 2308	29		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1, 705, 509	2, 842, 664	0. 5999	69		92.01
SPECIAL PURPOSE COST CENTERS			-			
113.0011300 INTEREST EXPENSE						113.00
200.00 Subtotal (sum of lines 50 thru 199)	112, 604, 977	817, 533, 820				200.00
201.00 Less Observation Beds	2, 882, 819	0				201.00
Total (line 200 minus line 201)	109, 722, 158					202.00

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider C		Period: From 01/01/2019 To 12/31/2019		
			XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem	
	Related Cost	Adjustment	Capi tal	Days	(col. 3 /	
	(from Wkst.		Related Cost	t	col. 4)	
	B, Part II,		(col. 1 -			
	col. 26)		col. 2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1	r	·			
30.00 ADULTS & PEDIATRICS	5, 307, 221		5, 307, 22			
31.00 INTENSIVE CARE UNIT	1, 135, 784		1, 135, 78			
35.00 NEONATAL INTENSIVE CARE UNIT	265, 378		265, 37			
43.00 NURSERY	263, 650		263, 65			•
200.00 Total (lines 30 through 199)	6, 972, 033		6, 972, 03	33, 992		200.00
Cost Center Description	I npati ent	Inpatient				
	Program days	Program				
		Capital Cost				
		(col. 5 x				
		col. 6)	-			
	6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS						-
30.00 ADULTS & PEDIATRICS	9, 195					30.00
31.00 INTENSIVE CARE UNIT	1, 973	453, 435				31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0				35.00
43.00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	11, 168	2, 283, 240	1			200.00

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019		
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
	(from Wkst.	C, Part I,	(col. 1 ÷	Charges	column 4)	
	B, Part II,	col. 8)	col. 2)	-		
	col. 26)					
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3, 272, 720	130, 540, 843			413, 486	
51.00 05100 RECOVERY ROOM	311, 284	28, 044, 592	0. 01110	2, 098, 490	23, 293	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 304, 146	19, 091, 912	0. 06830	09 61, 556	4, 205	52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	2, 811, 047	104, 271, 115	0. 02695	59 7, 752, 571	209, 002	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	936, 810	43, 862, 505	0. 0213	58 137, 228	2, 931	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	463, 045	56, 031, 511	0.00820	7, 801, 946	64, 475	59.00
60. 00 06000 LABORATORY	418, 068	45, 904, 700	0.00910	7, 413, 282	67, 513	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	19, 217	2, 026, 648	0.00948	32 575, 049	5, 453	63.00
65. 00 06500 RESPI RATORY THERAPY	285, 647	11, 473, 899	0. 02489	2, 451, 804	61, 038	65.00
66.00 06600 PHYSI CAL THERAPY	140, 974	9, 241, 432	0. 0152	55 1, 799, 421	27, 450	66.00
67.00 06700 OCCUPATI ONAL THERAPY	89, 244	2, 538, 222	0. 03516	50 750, 957	26, 404	67.00
68.00 06800 SPEECH PATHOLOGY	78, 588	1, 109, 215	0. 0708	50 414, 793	29, 388	68.00
69.00 06900 ELECTROCARDI OLOGY	119, 168	30, 337, 157	0. 00392	5, 782, 841	22, 715	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	181, 873	24, 224, 451	0.00750	2, 870, 073	21, 549	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	440, 103	72, 083, 256	0.00610	16, 676, 491	101, 810	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	331, 371	50, 771, 819	0.00652	10, 774, 722	70, 327	73.00
76.00 03950 OTHER ANCI LLARY SERVICES	0			0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	44, 826	3, 812, 575	0. 01175	13, 995	165	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0	0	0.0000	0 00	0	90.00
90. 01 09001 BEHAVI ORAL HEALTH	57,603	132, 036	0. 43620	57 0	0	90.01
90. 02 09002 SLEEP LAB	86, 451	7, 770, 492	0. 01112	26 0	0	90.02
91.00 09100 EMERGENCY	2, 345, 603	158, 933, 803	0. 01475	58 12, 821, 716	189, 223	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	500, 495	12, 488, 973	0. 0400	75 143, 573	5, 754	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	488, 255	2, 842, 664	0. 17176	8, 019	1, 377	92.01
200.00 Total (lines 50 through 199)	14, 726, 538	817, 533, 820		96, 841, 766		

Health Financial Systems	IU HEALTH WES	T HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COST				Worksheet D Part III Date/Time Pre 6/29/2020 8:3	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursi ng School	Allied Healt Post-Stepdow Adjustments	n Allied Health n Cost	All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS 30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T 35. 00 02080 NEONATAL I NTENSI VE CARE UNI T	000	0		0 0 0 0	0 0 0	30.00 31.00 35.00
43.00 04300 NURSERY 200.00 Total (lines 30 through 199)		0 0 Total Costs	Total Patien	0 0 0 0 t Per Diem	0	43.00 200.00
Cost Center Description	Amount (see instructions) r	(sum of cols. 1 through 3, minus col. 4)	Days	(col. 5 ÷ col. 6)	Program Days	
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 35.00 02080 NEONATAL INTENSIVE CARE UNIT 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	0	0 0 0 0 0 0	26, 66 4, 94 67 1, 70 33, 99	2 0.00 2 0.00 9 0.00	9, 195 1, 973 0 0 11, 168	31.00 35.00 43.00
Cost Center Description INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00					20,00
30.00 03000 ADULIS & PEDIALRICS 31.00 03100 INTENSI VE CARE UNIT 35.00 02080 NEONATAL INTENSIVE CARE UNIT 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	0 0 0 0					30.00 31.00 35.00 43.00 200.00

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		S Provider C	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019		
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursi ng	Nursi ng	Allied Health	Allied Health	
	Anestheti st	School	School	Post-Stepdown		
	Cost	Post-Stepdown		Adjustments		
		Adjustments				
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 0	0	63.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69.00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	73.00
76.00 03950 OTHER ANCI LLARY SERVI CES	0	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS						1
90. 00 09000 CLINIC	0	0		0 0	0	90.00
90. 01 09001 BEHAVI ORAL HEALTH	0	0		0 0	0	90.01
90. 02 09002 SLEEP LAB	0	0		0 0	0	90.02
91.00 09100 EMERGENCY	0	0		0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0	92.01
200.00 Total (lines 50 through 199)	0	0		0 0	0	200.00

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-2	2552-10
PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS		S Provider C	Provider CCN: 15-0158		Worksheet D	
THROUGH COSTS				From 01/01/2019	Part IV	
				To 12/31/2019	Date/Time Pre 6/29/2020 8:3	pared: 5 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst.	to Charges	
	Educati on	1, 2, 3, and	Cost (sum of		(col. 5 ÷	
	Cost	4)	col s. 2, 3,	col. 8)	col. 7)	
			and 4)		(see	
					instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS				0 100 540 040	0.000000	50.00
50.00 05000 OPERATING ROOM	0			0 130, 540, 843		
51.00 05100 RECOVERY ROOM	0	0		0 28, 044, 592		
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 19,091,912		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 104, 271, 115		
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 43, 862, 505		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 56,031,511	0.000000	
	0	0		0 45, 904, 700		
63. 00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 2,026,648		
65. 00 06500 RESPIRATORY THERAPY	0	0		0 11, 473, 899		
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 0CCUPATI ONAL THERAPY	0			0 9, 241, 432		
67.00 06700 OCCUPATI ONAL THERAPY 68.00 06800 SPEECH PATHOLOGY	0			0 2, 538, 222 0 1, 109, 215		
69. 00 106800 SPEECH PATHOLOGY 69. 00 106900 ELECTROCARDI OLOGY	0			0 1, 109, 215	0.000000	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			0 24, 224, 451	0.000000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0			0 72, 083, 256		
73. 00 07200 TMPL. DEV. CHARGED TO PATIENT 73. 00 07300 DRUGS CHARGED TO PATIENTS	0			0 72,083,250		
76. 00 03950 OTHER ANCI LLARY SERVICES	0			0 50,771,819	0.000000	
76. 97 07697 CARDI AC REHABI LI TATI ON		-		0 3, 812, 575	0.000000	
OUTPATIENT SERVICE COST CENTERS	0	0		0 3,012,373	0.000000	70.77
90. 00 09000 CLINIC	0	0		0 0	0.000000	90.00
90. 01 09001 BEHAVI ORAL HEALTH	0	-		0 132,036		
90. 02 09002 SLEEP LAB	0	0		0 7, 770, 492		
91. 00 09100 EMERGENCY	0	0		0 158, 933, 803		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 12, 488, 973		
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 2, 842, 664		
200.00 Total (lines 50 through 199)	0	0		0 817, 533, 820		200.00
	'	,			•	

Health Financial Systems	IU HEALTH WEST	HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SET THROUGH COSTS	APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0158		Worksheet D Part IV Date/Time Pre 6/29/2020 8:3	
			XVIII	Hospi tal	PPS	
Cost Center Description	Outpati ent	Inpatient	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷		Costs (col.	8	Costs (col. 9	
	col. 7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS	r					
50.00 05000 OPERATING ROOM	0. 000000	16, 493, 239		0 14, 284, 878		50.00
51.00 05100 RECOVERY ROOM	0. 000000	2,098,490		0 4, 604, 368	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	61, 556		0 3, 94	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	7, 752, 571		0 17, 549, 194	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	137, 228		0 15,004,089	0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	7, 801, 946		0 7, 959, 130	0	59.00
60.00 06000 LABORATORY	0. 000000	7, 413, 282		0 2,074,11	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000	575, 049		0 199, 192	0	63.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	2, 451, 804		0 1, 586, 809	0	65.00
66.00 06600 PHYSI CAL THERAPY	0. 000000	1, 799, 421		0 266, 412	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	750, 957		0 9,868	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	414, 793		0 3, 518	0	68.00
69.00 06900 ELECTROCARDI OLOGY	0. 000000	5, 782, 841		0 6, 134, 097	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	2, 870, 073		0 3, 486, 695	0	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0. 000000	16, 676, 491		0 7, 248, 058	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	10, 774, 722		0 4, 177, 508	0	73.00
76.00 03950 OTHER ANCI LLARY SERVICES	0. 000000	0		0 0	0 0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	13, 995		0 1, 149, 169	0	76.97
OUTPATIENT SERVICE COST CENTERS			•			1
90. 00 09000 CLINIC	0.000000	0		0 (0 0	90.00
90. 01 09001 BEHAVI ORAL HEALTH	0. 000000	0		0 9,675	0	90.01
90. 02 09002 SLEEP LAB	0. 000000	0		0 1, 563, 702	0	90.02
91.00 09100 EMERGENCY	0.000000	12, 821, 716		0 17, 281, 269		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	143, 573		0 1, 773, 589		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	8,019		0 554, 556	0	92.01
200.00 Total (lines 50 through 199)		96, 841, 766		0 106, 923, 828		200. 00

Health Financial Systems	IU HEALTH WE			In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AN	D VACCINE COST	Provider C		Period:	Worksheet D	
				From 01/01/2019 To 12/31/2019	Part V Date/Time Pre	narod
				10 12/31/2019	6/29/2020 8: 3	5 am
		Title	xviii	Hospi tal	PPS	
			Charges		Costs	
Cost Center Description	Cost to	PPS	Cost	Cost	PPS Services	
	Charge Ratio	Reimbursed	Reimbursed	Reimbursed	(see inst.)	
	From	Services (see	Servi ces	Services Not		
	Worksheet C,	inst.)	Subject To	Subject To		
	Part I, col.		Ded. & Coins.			
	9		(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVICE COST CENTERS			1	-		
50. 00 05000 OPERATI NG ROOM	0. 098725			0 2	1, 410, 275	
51.00 05100 RECOVERY ROOM	0. 187111			0 0	861, 528	•
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 319864			0 0	1, 261	
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 121008			0 0	2, 123, 593	
55.00 05500 RADI OLOGY-THERAPEUTI C	0. 101423			0 0	1, 521, 760	
59.00 05900 CARDI AC CATHETERI ZATI ON	0. 050119			0 0	398, 904	•
60. 00 06000 LABORATORY	0. 184259				382, 174	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 309164				61, 583	
65.00 06500 RESPIRATORY THERAPY	0. 270097			0 0	428, 592	
66.00 06600 PHYSI CAL THERAPY	0. 329886			0 0	87, 886	
67.00 06700 OCCUPATI ONAL THERAPY	0. 404660			0 0	3, 993	
68.00 06800 SPEECH PATHOLOGY	0. 362545			0 0	1, 275	•
69.00 06900 ELECTROCARDI OLOGY	0.054712			0 0	335, 609	
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 244787			0 0	853, 498	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 199072			0 0	1, 442, 885	
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 189704			0 34, 448	792, 490	
76.00 03950 OTHER ANCI LLARY SERVICES	0.00000			0 0 0 0	0	76.00
76. 97 O7697 CARDI AC REHABI LI TATI ON	0. 139608	1, 149, 169		0 0	160, 433	76.97
0UTPATIENT SERVICE COST CENTERS 90.00 09000 CLINIC	0.000000	0		0 0	0	90.00
	0. 767223			0 0		•
90. 01 09001 BEHAVI ORAL HEALTH 90. 02 09002 SLEEP_LAB	0. 119594				7, 423 187, 009	
90. 02 09002 SLEEP LAB 91. 00 09100 EMERGENCY	0. 088744			0 0 0 168	1, 533, 609	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 230829			0 0		
92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 230829			0 0	409, 396 332, 716	
200.00 Subtotal (see instructions)	0. 399909	106, 923, 828			13, 337, 892	
201.00 Less PBP Clinic Lab. Services-Program		100, 923, 828	1,80		13, 337, 892	200.00
201.00 Less PBP CITRIC Lab. Services-Program Only Charges				0		201.00
202.00 Net Charges (line 200 - line 201)		106, 923, 828	1, 86	0 34, 618	13, 337, 892	202 00
	1	1 100, 720, 020	1,00	51,010	10,007,072	1-02.00

Health Financial Systems	IU HEALTH WES	T HOSPI TAL		In Lieu	ı of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	D VACCINE COST	Provider C	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Pre 6/29/2020 8:3	epared: 35 am
		Title	XVIII	Hospi tal	PPS	
	Cos	ts				
Cost Center Description	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00				
ANCILLARY SERVICE COST CENTERS	I					
ANDIELEVATING 50.00 05000 OPERATING ROOM 51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM 54.00 05400 RADIOLOGY-DIAGNOSTIC 55.00 05500 RADIOLOGY-THERAPEUTIC 59.00 05900 CARDIAC CATHETERIZATION 60.00 06000 LABORATORY 63.00 06300 BLOOD STORING, PROCESSING, & TRANS. 65.00 06500 RESPIRATORY THERAPY 66.00 06600 PHYSICAL THERAPY 67.00 06700 OCCUPATIONAL THERAPY 68.00 06800 SPEECH PATHOLOGY 69.00 06900 ELECTROCARDIOLOGY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 IMPL. DEV. CHARGED TO PATIENT 73.00 07300 RRUGS CHARGED TO PATIENTS 76.00 03950 OTHER ANCILLARY SERVICES 76.97 07697 CARDIAC REHABILITATION	0 0 0 0 3377 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				$\begin{array}{c} 50.\ 00\\ 51.\ 00\\ 52.\ 00\\ 54.\ 00\\ 59.\ 00\\ 60.\ 00\\ 63.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 71.\ 00\\ 72.\ 00\\ 73.\ 00\\ 76.\ 07\\ 69.\ 70\\ 76.\ 07\\ 76.\ 97\\ \end{array}$
OUTPATIENT SERVICE COST CENTERS	0	0				/0. 9/
90.00 O9000 CLINIC 90.01 09001 BEHAVIORAL HEALTH 90.02 09002 SLEEP LAB 91.00 09100 EMERGENCY 92.00 0952RVATION BEDS (NON-DISTINCT PART) 92.01 09201 OBSERVATION BEDS (DISTINCT PART) 200.00 Subtotal (see instructions)	0 0 0 0 0 346	0 0 15 0 0 6, 550				90.00 90.01 90.02 91.00 92.00 92.01 200.00
201.00Less PBP Clinic Lab. Services-Program Only Charges202.00Net Charges (line 200 - line 201)	346	6, 550				201. 00 202. 00

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider C		Period: From 01/01/2019 To 12/31/2019		epared: 5 am	
		Ti tl	e XIX	Hospi tal	PPS		
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem		
	Related Cost	Adjustment	Capi tal	Days	(col. 3 /		
	(from Wkst.		Related Cost		col. 4)		
	B, Part II,		(col. 1 -				
	col. 26)		col. 2)				
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS	1		1	-1			
30. 00 ADULTS & PEDIATRICS	5, 307, 221		5, 307, 22				
31.00 INTENSIVE CARE UNIT	1, 135, 784		1, 135, 78			1	
35.00 NEONATAL INTENSIVE CARE UNIT	265, 378		265, 37			1	
43.00 NURSERY	263, 650		263, 65		154.27	1	
200.00 Total (lines 30 through 199)	6, 972, 033		6, 972, 03	3 33, 992		200.00	
Cost Center Description	I npati ent	Inpatient					
	Program days	Program					
		Capital Cost					
		(col. 5 x					
		col. 6)	-				
	6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS			1				
30.00 ADULTS & PEDIATRICS	492					30.00	
31.00 INTENSIVE CARE UNIT	363					31.00	
35.00 NEONATAL INTENSIVE CARE UNIT	36					35.00	
43.00 NURSERY	796					43.00	
200.00 Total (lines 30 through 199)	1, 687	318, 349				200.00	

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C		Period: From 01/01/2019 To 12/31/2019	Date/Time Pre 6/29/2020 8:3	pared: 5 am
			e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
	(from Wkst.	C, Part I,	(col. 1 ÷	Charges	column 4)	
	B, Part II,	col. 8)	col. 2)			
	col. 26)					
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS	1		1			
50.00 05000 OPERATI NG ROOM	3, 272, 720					
51.00 05100 RECOVERY ROOM	311, 284					
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 304, 146					
54. 00 05400 RADI OLOGY-DI AGNOSTI C	2, 811, 047					
55. 00 05500 RADI OLOGY-THERAPEUTI C	936, 810				0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	463, 045					
60. 00 06000 LABORATORY	418, 068	45, 904, 700	0.00910			60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	19, 217					63.00
65. 00 06500 RESPI RATORY THERAPY	285, 647				3, 732	
66.00 06600 PHYSI CAL THERAPY	140, 974	9, 241, 432	0. 01525	5 33, 677	514	66.00
67.00 06700 OCCUPATI ONAL THERAPY	89, 244	2, 538, 222	0. 03516	0 17, 944	631	67.00
68.00 06800 SPEECH PATHOLOGY	78, 588	1, 109, 215	0. 07085	0 17, 049	1, 208	68.00
69. 00 06900 ELECTROCARDI OLOGY	119, 168	30, 337, 157	0.00392	.8 154, 444	607	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	181, 873	24, 224, 451	0.00750	78, 960	593	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	440, 103	72, 083, 256	0.00610	88, 229	539	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	331, 371	50, 771, 819	0. 00652	537, 154	3, 506	73.00
76.00 03950 OTHER ANCI LLARY SERVICES	0	0	0.0000	0 0	0	76.00
76. 97 07697 CARDIAC REHABILITATION	44, 826	3, 812, 575	0. 01175	57 0	0	76.97
OUTPATIENT SERVICE COST CENTERS			_			
90. 00 09000 CLINIC	0	0	0.0000	0 0	0	90.00
90. 01 09001 BEHAVI ORAL HEALTH	57,603	132, 036	0. 43626	07 0	0	90.01
90. 02 09002 SLEEP LAB	86, 451	7, 770, 492	0. 01112	.6 0	0	90.02
91.00 09100 EMERGENCY	2, 345, 603	158, 933, 803	0. 01475	68 405, 918	5, 991	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	500, 495	12, 488, 973	0.04007	4, 093	164	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	488, 255	2, 842, 664	0. 17176	0 0	0	92.01
200.00 Total (lines 50 through 199)	14, 726, 538	817, 533, 820	1	2, 861, 667	51, 350	200.00

Health Financial Systems	IU HEALTH WEST	F HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	R PASS THROUGH COST				Worksheet D Part III Date/Time Pre 6/29/2020 8:3	pared: 5 am
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Nursing School Post-Stepdown Adjustments	School	Post-Stepdown Adjustments		All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATI ENT ROUTI NE SERVI CE COST CENTERS 30.00 03000 ADULTS & PEDI ATRI CS 31.00 03100 INTENSI VE CARE UNI T 35.00 02080 NEONATAL INTENSI VE CARE UNI T 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	000000000000000000000000000000000000000	0 0 0 0			000000000000000000000000000000000000000	30. 00 31. 00 35. 00 43. 00 200. 00
Cost Center Description	Adjustment (Amount (see instructions) m		Total Patien ⁻ Days	(col. 5 ÷ col. 6)	Inpatient Program Days	200100
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 35.00 02080 NEONATAL INTENSIVE CARE UNIT 43.00 04300 NURSERY 200.00 Total (Lines 30 through 199)	0	0 0 0 0 0	26, 66 4, 94 67 1, 70 33, 99	2 0.00 2 0.00 9 0.00	492 363 36 796 1, 687	35.00
Cost Center Description	I npati ent Program Pass-Through Cost (col. 7 <u>x col. 8</u>) 9.00					30.00
31.00 03100 INTENSIVE CARE UNIT 35.00 02080 NEONATAL INTENSIVE CARE UNIT 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	0 0 0 0					31.00 35.00 43.00 200.00

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SET THROUGH COSTS			Provider CCN: 15-0158		Worksheet D Part IV Date/Time Pre 6/29/2020 8:3		
		Ti tl	e XIX	Hospi tal	PPS		
Cost Center Description	Non Physician	Nursi ng	Nursi ng		Allied Health		
	Anesthetist	School	School	Post-Stepdown			
	Cost	Post-Stepdown		Adjustments			
		Adjustments					
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0		0 0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0		0 0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00	
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	59.00	
60.00 06000 LABORATORY	0	0		0 0	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0 0	0	63.00	
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00	
66.00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00	
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0)	0 0	0	68.00	
69.00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	71.00	
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0	0		0 0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	73.00	
76.00 03950 OTHER ANCI LLARY SERVICES	0	0		0 0	0	76.00	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90. 00 09000 CLINIC	0	0		0 0	0	90.00	
90. 01 09001 BEHAVI ORAL HEALTH	0	0		0 0	0	90.01	
90. 02 09002 SLEEP LAB	0	0		0 0	0	90.02	
91. 00 09100 EMERGENCY	0	l o		0 0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0	92.01	
200.00 Total (lines 50 through 199)	0	0		0 0	0	200.00	
······································							

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PAS	S Provider C	CN: 15-0158	Peri od:	Worksheet D	
THROUGH COSTS				From 01/01/2019	Part IV	
				To 12/31/2019	Date/Time Pre 6/29/2020 8:3	pared: 5 am
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst.	to Charges	
	Educati on	1, 2, 3, and	Cost (sum of	C, Part I,	(col. 5 ÷	
	Cost	4)	col s. 2, 3,	col. 8)	col. 7)	
			and 4)		(see	
					instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS			1		0.00000	
50.00 05000 OPERATING ROOM	0			0 130, 540, 843		
51.00 05100 RECOVERY ROOM	0	0		0 28, 044, 592		
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 19,091,912		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 104, 271, 115		
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 43, 862, 505		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 56,031,511	0.000000	
	0	0		0 45, 904, 700		
63. 00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS. 65. 00 06500 RESPI RATORY THERAPY	0			0 2,026,648		
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	0			0 11, 473, 899 0 9, 241, 432		
67. 00 06700 0CCUPATI ONAL THERAPY	0			0 9, 241, 432		
68. 00 06800 SPEECH PATHOLOGY	0			0 2, 538, 222		
69. 00 106800 SPEECH PATHOLOGY	0			0 30, 337, 157	0.000000	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			0 24, 224, 451	0.000000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0			0 72, 083, 256		
73. 00 07300 DRUGS CHARGED TO PATIENTS				0 50, 771, 819		
76. 00 03950 OTHER ANCI LLARY SERVICES	0	0		0 0 0	0.000000	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	-		0 3, 812, 575	0.000000	
OUTPATIENT SERVICE COST CENTERS			1	0,012,070	0.000000	10.77
90. 00 09000 CLINIC	0	0		0 0	0.000000	90.00
90. 01 09001 BEHAVI ORAL HEALTH	0	-		0 132,036		
90. 02 09002 SLEEP LAB	0	0		0 7, 770, 492		
91.00 09100 EMERGENCY	0	0		0 158, 933, 803		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 12, 488, 973		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 2, 842, 664		92.01
200.00 Total (lines 50 through 199)	0	0		0 817, 533, 820		200.00

Health Financial Systems	IU HEALTH WEST	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER THROUGH COSTS				Period: From 01/01/2019 To 12/31/2019	Date/Time Pre 6/29/2020 8:3	
			e XIX	Hospi tal	PPS	
Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷		Costs (col.	8	Costs (col. 9	
	col. 7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0. 000000	273, 008		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	39, 199		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	188, 302		0 0	0	52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	331, 178		0 0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	0		0 0	0	55.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	177, 036		0 0	0	59.00
60.00 06000 LABORATORY	0. 000000	356, 356		0 0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0. 000000	9, 207		0 0	0	63.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	149, 913		0 0	0	65.00
66.00 06600 PHYSI CAL THERAPY	0. 000000	33, 677		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	17, 944		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	17,049		0 0	0	68.00
69.00 06900 ELECTROCARDI OLOGY	0. 000000	154, 444		0 0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	78, 960		0 0	0	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENT	0. 000000	88, 229		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 000000	537, 154		0 0	0	73.00
76.00 03950 OTHER ANCI LLARY SERVICES	0. 000000	0		0 0	0	76.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	0		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0. 000000	0		0 0	0	90.00
90. 01 09001 BEHAVI ORAL HEALTH	0, 000000	0		0 0	0	90.01
90. 02 09002 SLEEP LAB	0. 000000	0		0 0	0	90.02
91. 00 09100 EMERGENCY	0. 000000	405, 918		0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	4, 093		0 0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0		0 0	0	92.01
200.00 Total (lines 50 through 199)		2, 861, 667		0 0	0	200.00

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0158	Period: From 01/01/2019	Worksheet D-1	
			To 12/31/2019	Date/Time Pre 6/29/2020 8:3	
	Cost Center Description	Title XVIII	Hospi tal	PPS	
	PART I - ALL PROVIDER COMPONENTS			1.00	
~~	I NPATI ENT DAYS			04.440	
00 00	Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing			26, 669 26, 669	1
00	Private room days (excluding swing-bed and observation bed day		orivate room days,	0	3
00	do not complete this line.			24, 154	
00 00	Semi-private room days (excluding swing-bed and observation l Total swing-bed SNF type inpatient days (including private ro		er 31 of the cost	24, 154	4
	reporting period			-	
00	Total swing-bed SNF type inpatient days (including private reporting period (if calendar year, enter 0 on this line)	oom days) after December	31 of the cost	0	6
00	Total swing-bed NF type inpatient days (including private roo	om days) through Decembe	er 31 of the cost	0	7
	reporting period				
00	Total swing-bed NF type inpatient days (including private roor reporting period (if calendar year, enter 0 on this line)	om days) after December	31 of the cost	0	8
00	Total inpatient days including private room days applicable	to the Program (excludir	ig swing-bed and	9, 195	9
~ ~	newborn days) (see instructions)				
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of through December 31 of the cost reporting period (see instruct		room days)	0	10
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of		room days) after	0	11
	December 31 of the cost reporting period (if calendar year, o				
. 00	Swing-bed NF type inpatient days applicable to titles V or X through December 31 of the cost reporting period	IX only (Including priva	ite room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or X	IX only (including priva	ite room days)	0	13
~~	after December 31 of the cost reporting period (if calendar			0	
	Medically necessary private room days applicable to the Progr Total nursery days (title V or XIX only)	ram (excluding swing-bed	i days)	0	
	Nursery days (title V or XIX only)			0	
00	SWING BED ADJUSTMENT	and through December 21	of the cost	0.00	1 1 7
. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	ces inrough December 31	of the cost	0.00	
. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	ces after December 31 of	the cost	0.00	18
. 00	Medicaid rate for swing-bed NF services applicable to service	es through December 31 c	of the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	es after December 31 of	the cost	0.00	20
00	reporting period Total general inpatient routine service cost (see instruction			20 540 204	1 21
	Swing-bed cost applicable to SNF type services through Decem		tina period (line	30, 569, 286 0	21
	5 x line 17)	·	0, ,		
. 00	Swing-bed cost applicable to SNF type services after December x line 18)	r 31 of the cost reporti	ng period (line 6	0	23
. 00	Swing-bed cost applicable to NF type services through December	er 31 of the cost report	ing period (line	0	24
	7 x line 19)				
. 00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reportir	ng period (line 8	0	25
. 00	Total swing-bed cost (see instructions)			0	26
. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		30, 569, 286	27
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-be	ed and observation bed o	harges)	0	28
	Private room charges (excluding swing-bed charges)		indi ges)	0	29
	Semi -private room charges (excluding swing-bed charges)			0	30
	General inpatient routine service cost/charge ratio (line 27 Average private room per diem charge (line 29 ÷ line 3)	÷line 28)		0.000000	
	Average semi-private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mi	inus line 33)(see instru	icti ons)	0.00	
	Average per diem private room cost differential (line 34 x li	ine 31)		0.00	
	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost	and private room cost of	lifferential (lind	0 30, 569, 286	36
	27 minus line 36)	and private room cost (interentiar (TINe	50, 507, 200	''
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD. Adjusted general inpatient routine service cost per diem (see		I	1, 146. 25	38
	Program general inpatient routine service cost per diem (ser	•		1, 146. 25	
. 00	Medically necessary private room cost applicable to the Progr	ram (line 14 x line 35)		0	40
00	Total Program general inpatient routine service cost (line 3	9 + line 40)		10, 539, 769	41

alth Financial Systems MPUTATION OF INPATIENT OPERATING COST	10 112/12/11 1120	Provider C	CN: 15-0158	Peri od:	u of Form CMS- Worksheet D-	
				From 01/01/2019		
				To 12/31/2019	Date/Time Pre 6/29/2020 8:3	
			e XVIII	Hospi tal	PPS	
Cost Center Description	Total	Total	Average Per		Program Cost	
	Inpatient Cost	Inpatient Days	Diem (col. * col. 2)		(col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
2.00 NURSERY (title V & XIX only)	0	() 42.
Intensive Care Type Inpatient Hospital Uni						
3. 00 INTENSIVE CARE UNIT	8, 278, 598	4, 942	2 1, 675. 1	5 1, 973	3, 305, 071	
1. OO NEONATAL INTENSIVE CARE UNIT 5. OO BURN INTENSIVE CARE UNIT						44.
5. 00 SURGICAL INTENSIVE CARE UNIT						46.
7. 00 NEONATAL INTENSIVE CARE UNIT	2, 134, 602	672	3, 176. 4	19 0	C	47.
Cost Center Description						
3.00 Program inpatient ancillary service cost (Wkat D 2 aal 2) === 200)			1.00	7 40
3.00 Program inpatient ancillary service cost (9.00 Total Program inpatient costs (sum of line			ons)		14, 198, 077 28, 042, 917	
PASS THROUGH COST ADJUSTMENTS			0113)		20, 042, 717	
0.00 Pass through costs applicable to Program i	npatient routine	services (fro	m Wkst. D, su	m of Parts I and	2, 283, 240	50.
111)						
I.00 Pass through costs applicable to Program i	npatient ancillar	ry services (f	rom Wkst. D,	sum of Parts II	1, 347, 558	3 51.
and IV) 2.00 Total Program excludable cost (sum of line	s 50 and 51)				3, 630, 798	3 52.
8.00 Total Program inpatient operating cost exc		elated, non-ph	ysician anest	hetist, and	24, 412, 119	
medical education costs (line 49 minus lin		•				
TARGET AMOUNT AND LIMIT COMPUTATION						
1.00 Program discharges 5.00 Target amount per discharge					0. 00	
5.00 Target amount (line 54 x line 55)					0.00	
7.00 Difference between adjusted inpatient oper	ating cost and ta	arget amount (line 56 minus	line 53)		
8.00 Bonus payment (see instructions)	,	C	58.			
0.00 Lesser of lines 53/54 or 55 from the cost	0.00) 59.				
market basket	r agat rapart ur	datad by the	markat backat		0.00	
0.00 Lesser of lines 53/54 or 55 from prior yea 1.00 If line 53/54 is less than the lower of li					0. 00 C	
which operating costs (line 53) are less t						01.
amount (line 56), otherwise enter zero (se		,		5		
2.00 Relief payment (see instructions)		C				
3.00 Allowable Inpatient cost plus incentive pa	yment (see instru	ictions)			C) 63.
PROGRAM INPATIENT ROUTINE SWING BED COST 4.00 Medicare swing-bed SNF inpatient routine c	osts through Dece	mber 31 of th	e cost report	ing period (See	C	64.
instructions)(title XVIII only)	un ough boot			ing period (bee		
5.00 Medicare swing-bed SNF inpatient routine c	osts after Decemb	per 31 of the	cost reportin	g period (See	C) 65.
instructions)(title XVIII only)			(=) (
5.00 Total Medicare swing-bed SNF inpatient rou CAH (see instructions)	tine costs (line	64 plus line	65)(title XVI	II only). For	C) 66.
7.00 Title V or XIX swing-bed NF inpatient rout	ine costs through	December 31	of the cost r	eporting period	C	67.
(line 12 x line 19)	···· ····			-p-:	-	
3.00 Title V or XIX swing-bed NF inpatient rout	ine costs after D	December 31 of	the cost rep	orting period	C	68.
(line 13 x line 20)		(1) (7	(0)			
2.00 Total title V or XIX swing-bed NF inpatien PART III - SKILLED NURSING FACILITY, OTHER		•			C) 69.
0.00 Skilled nursing facility/other nursing fac)		70.
1.00 Adjusted general inpatient routine service				,		71.
2.00 Program routine service cost (line 9 x lin	e 71)					72.
3.00 Medically necessary private room cost appl	Ũ	•	,			73.
1.00 Total Program general inpatient routine se 5.00 Capital-related cost allocated to inpatien				Part II column		74.
26, line 45)	LI OULTHE SELVICE	COSIS (ITUII	NOT KOHEEL D,	iaitii, cuiumn		/ / .
5.00 Per diem capital-related costs (line 75 ÷	line 2)					76.
7.00 Program capital-related costs (line 9 x li	· ·					77.
. 00 Inpatient routine service cost (line 74 mi						78.
.00 Aggregate charges to beneficiaries for exc .00 Total Program routine service costs for co	• •			nus line 70)		80
.00 Inpatient routine service costs for co	•			103 THE 17)		81
.00 Inpatient routine service cost limitation)				82
.00 Reasonable inpatient routine service costs	(see instruction					83
. 00 Program inpatient ancillary services (see						84
5.00 Utilization review - physician compensation						85.
5.00 Total Program inpatient operating costs (s PART IV - COMPUTATION OF OBSERVATION BED P.		n ougn 85)				86.
7.00 Total observation bed days (see instructio					2, 515	5 87.
3.00 Adjusted general inpatient routine cost pe		line 2)			1, 146. 25	5 88.
0.00 Observation bed cost (line 87 x line 88) (2, 882, 819	

Health Financial Systems IU HEALTH WEST HOSPITAL					In Lieu of Form CMS-2552-10			
COMPUTATION OF INPATIENT OPERATING COST		Provider C	Provider CCN: 15-0158		Worksheet D-1			
				From 01/01/2019 To 12/31/2019				
		Title	XVIII	Hospi tal	PPS			
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on			
		(from line	column 2	Observati on	Bed Pass			
		21)		Bed Cost	Through Cost			
				(from line	(col. 3 x			
				89)	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	5, 307, 221	30, 569, 286	0. 17361	3 2, 882, 819	500, 495	90.00		
91.00 Nursing School cost	0	30, 569, 286	0.00000	0 2, 882, 819	0	91.00		
92.00 Allied health cost	0	30, 569, 286	0.00000	0 2, 882, 819	0	92.00		
93.00 All other Medical Education	0	30, 569, 286	0.00000	0 2, 882, 819	0	93.00		

OMPUT	Financial Systems IU HEALTH WEST TATION OF INPATIENT OPERATING COST	HOSPITAL Provider CCN: 15-0158	Period:	u of Form CMS-2 Worksheet D-1	
			From 01/01/2019 To 12/31/2019	Date/Time Pre	nar
				6/29/2020 8:3	
	Cost Center Description	Title XIX	Hospi tal	PPS	
				1.00	
	PART I - ALL PROVIDER COMPONENTS				-
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed day	vs. excludina newborn)		26, 669	1 1
00	Inpatient days (including private room days, excluding swing			26, 669	2
00	Private room days (excluding swing-bed and observation bed days	ays). If you have only p	rivate room days,	0	3
00	do not complete this line. Semi-private room days (excluding swing-bed and observation l	bod dave)		24, 154	
00	Total swing-bed SNF type inpatient days (including private ro		er 31 of the cost	24, 154	5
	reporting period				
00	Total swing-bed SNF type inpatient days (including private re	oom days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private roo	om days) through Decembe	r 31 of the cost	0	-
00	reporting period			0	'
00	Total swing-bed NF type inpatient days (including private roo	om days) after December	31 of the cost	0	8
00	reporting period (if calendar year, enter 0 on this line)	to the Dreason (aveluation	a owing had and	402	ļ
00	Total inpatient days including private room days applicable newborn days) (see instructions)	to the Program (excludin	g swing-bed and	492	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII	only (including private	room days)	0	10
00	through December 31 of the cost reporting period (see instruction of the cost reporting bed SNE to be instructed and set of the set			0	1.
. 00	Swing-bed SNF type inpatient days applicable to title XVIII of December 31 of the cost reporting period (if calendar year, of		room days) after	0	1
2.00	Swing-bed NF type inpatient days applicable to titles V or X		te room days)	0	12
	through December 31 of the cost reporting period				
. 00	Swing-bed NF type inpatient days applicable to titles V or X after December 31 of the cost reporting period (if calendar			0	1:
00	Medically necessary private room days applicable to the Prog			0	14
	Total nursery days (title V or XIX only)		aage)	1, 709	
. 00	Nursery days (title V or XIX only)			796	10
00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	cos through Docombor 21	of the cost	0.00	1 1-
. 00	reporting period	ces thiough becember 31	of the cost	0.00	I.
3. 00	Medicare rate for swing-bed SNF services applicable to service	ces after December 31 of	the cost	0.00	18
	reporting period	thursuph December 21 -	6 + +	0.00	1
1.00	Medicaid rate for swing-bed NF services applicable to service reporting period	es through December 31 o	r the cost	0.00	
0. 00	Medicaid rate for swing-bed NF services applicable to service	es after December 31 of	the cost	0.00	20
	reporting period	、 、			
	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decem		ting pariod (ling	30, 569, 286	22
. 00	5 x line 17)	bei 31 01 the cost repor	ting period (ine	0	
3.00	Swing-bed cost applicable to SNF type services after December	r 31 of the cost reporti	ng period (line 6	0	23
	x line 18)			0	
4.00	Swing-bed cost applicable to NF type services through December 7×1 ine 19)	er 31 of the cost report	ing period (line	0	24
5.00	Swing-bed cost applicable to NF type services after December	31 of the cost reportin	g period (line 8	0	25
	x line 20)			_	
5.00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 30, 569, 286	
. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(The 21 minus The 20)		30, 309, 200	2
3. 00	General inpatient routine service charges (excluding swing-be	ed and observation bed c	harges)	0	28
	Private room charges (excluding swing-bed charges)			0	29
	Semi-private room charges (excluding swing-bed charges)	· Lino 20)		0	30
	General inpatient routine service cost/charge ratio (line 27	÷ TINE 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	
	Average per diem private room charge differential (line 32 mi	inus line 33)(see instru	ctions)	0.00	
	Average per diem private room cost differential (line 34 x li			0.00	
	Private room cost differential adjustment (line 3 x line 35)	- /		0.00	30
	General inpatient routine service cost net of swing-bed cost	and private room cost d	ifferential (line		
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.	IUSTMENTS			
. 00	Adjusted general inpatient routine service cost per diem (see			1, 146. 25	38
	Program general inpatient routine service cost (line 9 x line	-		563, 955	
0. 00	Medically necessary private room cost applicable to the Program	. ,		0	40
-	Total Program general inpatient routine service cost (line 3)	1) . Line (0)		563, 955	. 4 *

	Financial Systems TATION OF INPATIENT OPERATING COST	IU HEALTH WES	T HOSPITAL Provider CO	N. 15_0158	In Lie Period:	u of Form CMS- Worksheet D-1	
	ATTON OF THEATTENT OF ERATING COST		FIOVIDEI CO		rom 01/01/2019		
					To 12/31/2019	Date/Time Pre 6/29/2020 8:3	
		.		e XIX	Hospi tal	PPS	
	Cost Center Description	Total Inpatient	Total Inpati ent	Average Per Diem (col. 1	Program Days	Program Cost (col. 3 x	
		Cost	Days	÷ col. 2)		col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1, 231, 964	1, 709	720. 8	7 796	573, 813	42. C
43.00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	8, 278, 598	4, 942	1, 675. 1	5 363	608, 079	43.0
44.00	NEONATAL INTENSIVE CARE UNIT	0,270,370	4, 742	1, 075. 1.	505	000,077	44.0
	BURN INTENSIVE CARE UNIT						45. C
46.00	SURGI CAL I NTENSI VE CARE UNI T						46. C
47.00	NEONATAL INTENSIVE CARE UNIT Cost Center Description	2, 134, 602	672	3, 176. 49	36	114, 354	47.0
	cost center bescription					1.00	
48.00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3	, line 200)			461, 228	48.0
19.00	Total Program inpatient costs (sum of lines	41 through 48)(see instructio	ons)		2, 321, 429	49. C
-0.00	PASS THROUGH COST ADJUSTMENTS			What Dave	ef Dente I en	210 240	
50.00	Pass through costs applicable to Program inpulli	atrent routine	services (IIO	n wkst. D, Sun	I OF PARTS I AND	318, 349	50. C
51.00	Pass through costs applicable to Program inp	atient ancillar	y services (fi	rom Wkst. D, s	um of Parts II	51, 350	51.0
	and IV)						
52.00 53.00	Total Program excludable cost (sum of lines Total Program inpatient operating cost exclu		lated non sh	cician anacth	otict and	369, 699 1, 951, 730	
JJ. UU	medical education costs (line 49 minus line	5 1	nateu, non-pny	yaru dhestr	וכנוסו, מווע	1, 701, 730	1 53.0
	TARGET AMOUNT AND LIMIT COMPUTATION						
	Program di scharges					0	
5.00 6.00	Target amount per discharge Target amount (line 54 x line 55)					0.00	
7.00	Difference between adjusted inpatient operat	ing cost and ta	rget amount (I	ine 56 minus	line 53)		
8.00	Bonus payment (see instructions)					0	
9.00	Lesser of lines 53/54 or 55 from the cost re	porting period	ending 1996, ι	updated and co	mpounded by the	0.00	59.0
0 00	market basket	and report up	datad by the r	norkat bookat		0.00	60.0
50.00 51.00	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of line				the amount by	0.00	
51.00	which operating costs (line 53) are less that						
	amount (line 56), otherwise enter zero (see	instructions)			0		
52.00	Relief payment (see instructions)					0	
53.00	Allowable Inpatient cost plus incentive payme PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see Instru	ctions)			0	63.0
54.00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	mber 31 of the	e cost reporti	ng period (See	0	64.0
	instructions)(title XVIII only)	0					
65.00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	er 31 of the o	cost reporting	period (See	0	65.0
66.00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 nlus line (55)(title XVII	lonly) For	C	66.0
50.00	CAH (see instructions)				r onry). ror		
67.00	Title V or XIX swing-bed NF inpatient routing	e costs through	December 31 d	of the cost re	porting period	0	67.C
40 00	(line 12 x line 19)	o costs ofter D	locombor 21 of	the cost rope	sting pariod	C	68.0
68.00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)			the cost rept	n tring period	0	00.0
69.00	Total title V or XIX swing-bed NF inpatient	routine costs (line 67 + line	e 68)		0	69. C
	PART III - SKILLED NURSING FACILITY, OTHER NU						1
70.00 71.00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service of						70.0
72.00	Program routine service cost (line 9 x line		The 70 Trifle	2)			72.0
3.00	Medically necessary private room cost application	able to Program	(line 14 x li	ne 35)			73.0
4.00	Total Program general inpatient routine serv	•					74.0
75.00	Capital-related cost allocated to inpatient 26, line 45)	routine service	COSTS (from)	worksneet B, F	αrτιί, column		75.0
6.00	Per diem capital-related costs (line 75 ÷ lin	ne 2)					76.0
7.00	Program capital-related costs (line 9 x line	76)					77.0
8.00	Inpatient routine service cost (line 74 minu:	,					78.0
9.00 0.00	Aggregate charges to beneficiaries for excess Total Program routine service costs for comp	• •		· · · · · · · · · · · · · · · · · · ·	us line 70)		79. 80.
1.00	Inpatient routine service cost per diem limi				(d) 1116 /7)		81.
2.00	Inpatient routine service cost limitation (I	ine 9 x line 81					82.
3.00	Reasonable inpatient routine service costs (s)				83.
34.00 35.00	Program inpatient ancillary services (see in:		ne)				84. 85.
	Utilization review - physician compensation Total Program inpatient operating costs (sum						85.
	PART IV - COMPUTATION OF OBSERVATION BED PASS						
37.00	Total observation bed days (see instructions)					2, 515	
38.00	Adjusted general inpatient routine cost per observation bed cost (line 87 x line 88) (see					1, 146. 25 2, 882, 819	
		= 1 USU UCU 00S)					

Health Financial Systems	IU HEALTH WES	ST HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period:	Worksheet D-1	
				From 01/01/2019 To 12/31/2019		pared: 5 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line	column 2	Observati on	Bed Pass	
		21)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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	5, 307, 221	30, 569, 286	0. 17361	3 2, 882, 819	500, 495	90.00
91.00 Nursing School cost	0	30, 569, 286	0. 00000	0 2, 882, 819	0	91.00
92.00 Allied health cost	0	30, 569, 286	0. 00000	0 2, 882, 819	0	92.00
93.00 All other Medical Education	0	30, 569, 286	0. 00000	0 2, 882, 819	0	93.00

NPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0158	Peri od:	Worksheet D-3	3
			From 01/01/2019		
			To 12/31/2019		epared
			lleen! tel	6/29/2020 8:3	35 am
Cast Contan Description		XVIII Ratio of Cos	Hospi tal	PPS	
Cost Center Description				Inpatient	
		To Charges		Program Costs	
			Charges	(col. 1 x	
		1.00	2.00	<u>col.2)</u> 3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	5.00	
0. 00 03000 ADULTS & PEDIATRICS			23, 853, 850		30.0
1. 00 03100 I NTENSI VE CARE UNI T			8, 332, 729		31.0
5. 00 02080 NEONATAL INTENSIVE CARE UNIT			0, 332, 727		35.0
3. 00 04300 NURSERY			0		43.0
ANCI LLARY SERVI CE COST CENTERS					43.0
0. 00 05000 OPERATING ROOM		0. 09872	25 16, 493, 239	1, 628, 295	50.0
1. 00 05100 RECOVERY ROOM		0. 1871			
2.00 05200 DELIVERY ROOM & LABOR ROOM		0. 31986			
4. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 12100			
5. 00 05500 RADI OLOGY-THERAPEUTI C		0. 10142			
9. 00 05900 CARDI AC CATHETERI ZATI ON		0. 0501			
0. 00 06000 LABORATORY		0. 1842			
3. 00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 30910			
5. 00 06500 RESPIRATORY THERAPY		0. 2700			
6. 00 06600 PHYSICAL THERAPY		0. 32988		593, 604	
7. 00 06700 OCCUPATIONAL THERAPY		0. 32988			
8. 00 06800 SPEECH PATHOLOGY		0.36254			
9.00 06900 ELECTROCARDI OLOGY		0.0547		316, 391	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 24478			
2.00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 1990			
3.00 07300 DRUGS CHARGED TO PATIENTS		0. 1897(
6.00 03950 OTHER ANCI LLARY SERVICES		0.0000			
6. 97 07697 CARDI AC REHABI LI TATI ON		0. 13960	08 13, 995	1, 954	76.9
OUTPATIENT SERVICE COST CENTERS				-	
0. 00 09000 CLINIC		0.0000		0	
0. 01 09001 BEHAVI ORAL HEALTH		0. 76722		-	
0. 02 09002 SLEEP LAB		0. 11959		0	
1. 00 09100 EMERGENCY		0. 08874			
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 23082			
2.01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 59990	69 8, 019	4, 811	92.0
00.00 Total (sum of lines 50 through 94 and 96 through			96, 841, 766	14, 198, 077	200. 0
01.00 Less PBP Clinic Laboratory Services-Program only	charges (line 61)		0		201.0
02.00 Net charges (line 200 minus line 201)	/		96, 841, 766		202.0

eal th Financial Systems IU HEALTH V NPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0158	Peri od:	u of Form CMS- Worksheet D-3	
		011. 10 0100	From 01/01/2019		,
			To 12/31/2019		
				6/29/2020 8: 3	35 am
	Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges		Program Costs	
			Charges	(col. 1 x	
				col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1			
30. 00 03000 ADULTS & PEDIATRICS			918, 558		30.0
31.00 03100 INTENSIVE CARE UNIT			615, 871		31.0
35. 00 02080 NEONATAL INTENSIVE CARE UNIT			290, 731		35.0
13. 00 04300 NURSERY			161, 551		43.0
ANCI LLARY SERVI CE COST CENTERS		1			
50. 00 05000 OPERATING ROOM		0. 0987		26, 953	
1.00 05100 RECOVERY ROOM		0. 1871		7, 335	
2.00 05200 DELIVERY ROOM & LABOR ROOM		0. 3198		60, 231	
4. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 1210	08 331, 178	40, 075	54.
5. 00 05500 RADI OLOGY-THERAPEUTI C		0. 1014	23 0	0	55.0
9.00 05900 CARDI AC CATHETERI ZATI ON		0. 0501	19 177, 036	8, 873	59.0
0.00 06000 LABORATORY		0. 1842	59 356, 356	65, 662	60.0
3.00 06300 BLOOD STORING, PROCESSING, & TRANS.		0. 3091	64 9, 207	2, 846	63.0
5. 00 06500 RESPI RATORY THERAPY		0. 2700	97 149, 913	40, 491	65.0
6. 00 06600 PHYSI CAL THERAPY		0. 3298	86 33, 677	11, 110	66.0
57. 00 06700 OCCUPATI ONAL THERAPY		0. 4046	60 17, 944	7, 261	67.0
8.00 06800 SPEECH PATHOLOGY		0.3625		6, 181	
9.00 06900 ELECTROCARDI OLOGY		0.0547		8, 450	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 2447		19, 328	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT		0. 1990		17, 564	
3. 00 07300 DRUGS CHARGED TO PATIENTS		0. 1897		101, 900	
76. 00 03950 OTHER ANCI LLARY SERVICES		0.0000		0	
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 1396		0	
OUTPATIENT SERVICE COST CENTERS		0.1370	00 0	0	/ /0.
0. 00 09000 CLINIC		0.0000	00 0	0	90.0
0. 01 09001 BEHAVI ORAL HEALTH		0. 7672		0	
0. 02 09001 SEEP LAB		0. 7872		0	
		1		-	
1.00 09100 EMERGENCY		0.0887		36, 023	
22.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 2308		945	
2.01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 5999		0	1
00.00 Total (sum of lines 50 through 94 and 96 through 98			2, 861, 667	461, 228	
201.00 Less PBP Clinic Laboratory Services-Program only ch	arges (line 61)		0		201.0
202.00 Net charges (line 200 minus line 201)			2, 861, 667		202. (

	Financial Systems IU HEALTH WEST			u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Date/Time Pre	
		Title XVIII	Hospi tal	6/29/2020 8: 3 PPS	5 am
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00 1.01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occur instructions)	ring prior to October 1	(see	0 15, 002, 493	
1.02	DRG amounts other than outlier payments for discharges occur instructions)	rring on or after October	1 (see	4, 873, 797	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI 1 (see instructions)	for discharges occurring	prior to October	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI October 1 (see instructions)	for discharges occurring	on or after	0	1.04
2.00 2.01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			0	2.00 2.01
2.01	Outlier payment for discharges for Model 4 BPCI (see instruc	ctions)		0	2.01
2.03	Outlier payments for discharges occurring prior to October 1			208, 031	2.03
2.04	Outlier payments for discharges occurring on or after Octobe	er 1 (see instructions)		67, 593	
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost rep Indirect Medical Education Adjustment	orting period (see instr	uctions)	115.73	4.00
5.00	FTE count for allopathic and osteopathic programs for the mo or before 12/31/1996. (see instructions)	ost recent cost reporting	period ending or	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet new programs in accordance with 42 CFR 413.79(e)	the criteria for an add-	on to the cap for	0.00	6.00
7. 00 7. 01	MMA Section 422 reduction amount to the IME cap as specified ACA § 5503 reduction amount to the IME cap as specified under t			0.00 0.00	•
8.00	cost report straddles July 1, 2011 then see instructions. Adjustment (increase or decrease) to the FTE count for allop affiliated programs in accordance with 42 CFR 413.75(b), 413			0.00	8.00
8.01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap s report straddles July 1, 2011, see instructions.	slots under § 5503 of the	ACA. If the cost	0.00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap s under § 5506 of ACA. (see instructions)	slots from a closed teach	ing hospital	0.00	8. 02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus li instructions)	nes (8, 8,01 and 8,02)	(see	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the cur	rrent year from your reco	ords	0.00	•
11.00	FTE count for residents in dental and podiatric programs.			0.00	
12.00 13.00	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.			0.00 0.00	
14.00	Total allowable FTE count for the penultimate year if that y	year ended on or after Se	ptember 30, 1997,	0.00	
	otherwise enter zero.				
15.00	Sum of lines 12 through 14 divided by 3.				15.00
	Adjustment for residents in initial years of the program Adjustment for residents displaced by program or hospital cl	OSURA		0.00	
	Adjusted rolling average FTE count	USUI C		0.00	•
	Current year resident to bed ratio (line 18 divided by line	4).		0.000000	
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	•
	IME payment adjustment (see instructions)			0	•
22.01 23.00	IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for § 4 Number of additional elements or adjustment in LME ETE regi		CED 412 105	0.00	1
23.00	Number of additional allopathic and osteopathic IME FTE resi $(f)(1)(iv)(C)$. IME FTE Resident Count Over Cap (see instructions)	uent cap siots under 42	UTK 412, 100	0.00	
	If the amount on line 24 is greater than -0-, then enter the instructions)	e lower of line 23 or lir	e 24 (see	0.00	
26.00	Resident to bed ratio (divide line 25 by line 4)			0. 000000	26.00
	IME payments adjustment factor. (see instructions)			0.00000	•
	IME add-on adjustment amount (see instructions)	>		0	•
	IME add-on adjustment amount - Managed Care (see instruction	15)		0	•
29. 00 29. 01	Total IME payment (sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28. Disproportionate Share Adjustment	01)		0	29.00 29.01
30.00	Percentage of SSI recipient patient days to Medicare Part A	patient days (see instru	ictions)	2.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		,	15.62	•
	Sum of lines 30 and 31				32.00
	Allowable disproportionate share percentage (see instruction	ns)		4.74	1
34.00	Disproportionate share adjustment (see instructions)			235, 535	34.00

Hoal th	Financial Systems IU HEALTH WEST		Inlia	u of Form CMS-2	2552-10
	ATION OF REIMBURSEMENT SETTLEMENT		Peri od:	Worksheet E	1002 10
			From 01/01/2019 To 12/31/2019		narodi
			10 12/31/2019	6/29/2020 8: 3	
		Title XVIII	Hospi tal	PPS	
			<u>Pri or to 10/1</u> 1.00	0n/After 10/1 2.00	
	Uncompensated Care Adjustment		1.00	2.00	
35.00	Total uncompensated care amount (see instructions)			8, 350, 599, 096	
35.01	Factor 3 (see instructions)		0.000178773		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enterinstructions)	er zero on this line) (see	e 1, 478, 968	1, 370, 530	35.02
35.03	Pro rata share of the hospital uncompensated care payment amo	ount (see instructions)	1, 106, 187	344, 505	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.0		1, 450, 692		36.00
40.00	Additional payment for high percentage of ESRD beneficiary di Total Medicare discharges on Worksheet S-3, Part I excluding		Jh 46) 0		40.00
40.00	652, 682, 683, 684 and 685 (see instructions)	ui scharges for M3-DRGS	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 6	683, 684 an 685. (see	0		41.00
	instructions)				
41.01	Total ESRD Medicare covered and paid discharges excluding MS- an 685. (see instructions)	-DRGs 652, 682, 683, 684	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not quali	fy for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 68		0		43.00
44 00	instructions)	by line 11 divided by 7	0,000000		44 00
44.00	Ratio of average length of stay to one week (line 43 divided days)	by The 41 divided by 7	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions	5)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 47	1.01)	0		46.00
47.00 48.00	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and MDH, s	mall sural bosnitals	21, 838, 141		47.00 48.00
46.00	only. (see instructions)	silari rurar nosprtars	0		40.00
				Amount	
10.00				1.00	40.00
49.00 50.00	Total payment for inpatient operating costs (see instructions Payment for inpatient program capital (from Wkst. L, Pt. I ar			21, 838, 141 1, 713, 327	49.00 50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt.			1, 713, 327	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, li	ne 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00 54.01	Special add-on payments for new technologies Islet isolation add-on payment			0	54.00 54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 6	59)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intr	-		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. I		nrough 35).	0	57.00
58.00 59.00	Ancillary service other pass through costs from Wkst. D, Pt. Total (sum of amounts on lines 49 through 58)	IV, COL. II II he 200)		0 23, 551, 468	58.00 59.00
60.00	Primary payer payments			23, 331, 400	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus	s line 60)		23, 551, 468	
62.00	Deductibles billed to program beneficiaries			2, 273, 260	
63.00 64.00	Coinsurance billed to program beneficiaries Allowable bad debts (see instructions)			67, 105 169, 930	
	Adjusted reimbursable bad debts (see instructions)			110, 455	
	Allowable bad debts for dual eligible beneficiaries (see inst	tructions)		14, 671	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			21, 321, 558	67.00
68.00 69.00	Credits received from manufacturers for replaced devices for Outlier payments recognizing (sum of lines 02, 05 and 04)			0	68.00 69.00
70.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	(FOI SCH SEE TISTI UCTIONS	<i>)</i>	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonst	tration) adjustment (see i	nstructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration		-	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	tructione		0	70.88
70. 89 70. 90	Pioneer ACO demonstration payment adjustment amount (see inst HSP bonus payment HVBP adjustment amount (see instructions)	tructions)		0	70. 89 70. 90
70.90	HSP bonus payment HRR adjustment amount (see instructions)			0	70.90
70. 92	Bundled Model 1 discount amount (see instructions)			0	70. 92
70.93	HVBP payment adjustment amount (see instructions)			159, 549	
70.94 70.95	HRR adjustment amount (see instructions) Recovery of accelerated depreciation			-111, 947	70. 94 70. 95
, 0. , 0					, 0. 75

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider C	CN: 15-0158	Peri od:	Worksheet E	
				From 01/01/2019 To 12/31/2019	Part A Date/Time Pre 6/29/2020 8:3	
		Title	XVIII	Hospi tal	PPS	Jaili
				(уууу)	Amount	
				0	1.00	
70. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column O		0	0	70.9
70. 97	the corresponding federal year for the period prior to 10/1) Low volume adjustment for federal fiscal year (yyyy) (Enter i the corresponding federal year for the period ending on or af			0	0	70.9
70. 98	Low Volume Payment-3	,			0	70.9
0.99	HAC adjustment amount (see instructions)				0	
1.00	Amount due provider (line 67 minus lines 68 plus/minus lines	69 & 70)			21, 369, 160	
1.01	Sequestration adjustment (see instructions)				427, 383	
1.02	Demonstration payment adjustment amount after sequestration				0	
1.03	Sequestration adjustment-PARHM pass-throughs				20 072 402	71.0
2.00 2.01	Interim payments Interim payments-PARHM				20, 872, 483	72.0
73.00	Tentative settlement (for contractor use only)				0	
73.00	Tentative settlement-PARHM (for contractor use only)				0	73.0
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.0)2 72 and			69, 294	
	73)	, , <u>,</u> , <u>,</u> , <u>,</u> , <u>,</u> , <u>,</u>			0,72,71	
74.01	Balance due provider/program-PARHM (see instructions)					74.0
75.00	Protested amounts (nonallowable cost report items) in accorda	ance with			503, 244	75.0
	CMS Pub. 15-2, chapter 1, §115.2					
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1			
0.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum	of 2.03			0	90.0
	plus 2.04 (see instructions)					
1.00	Capital outlier from Wkst. L, Pt. I, line 2				0	91.0
2.00	Operating outlier reconciliation adjustment amount (see instruction adjustment amount (see instruction)				0	92.0 93.0
3.00						
	Capital outlier reconciliation adjustment amount (see instruction adjustment amount (see instruction adjustment amount (see instruction))				-	
94.00	The rate used to calculate the time value of money (see instr	ructions)			0.00	94.0
94.00 95.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions)	ructions)			-	94.0 95.0
94.00	The rate used to calculate the time value of money (see instr	ructions)		Prior to 10/1	0. 00 0 0	94. 0 95. 0
4.00 5.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct	ructions)		Prior to 10/1 1.00	0. 00 0 0	94. 0 95. 0
94.00 95.00 96.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount	ructions)		1.00	0.00 0 00/After 10/1 2.00	94.0 95.0 96.0
94.00 95.00 96.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions)	ructions)			0.00 0 00/After 10/1 2.00	94.0 95.0 96.0
4.00 5.00 <u>6.00</u> 00.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment	ructions)		1.00	0.00 0 0n/After 10/1 2.00 0	94. C 95. C 96. C
94.00 95.00 96.00 00.00 01.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)	ructions)) ctions)		0. 0000000000	0.00 0 0 0n/After 10/1 2.00 0 0 0.0000000000	94.0 95.0 96.0 100.0
94.00 95.00 96.00 00.00 01.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction	ructions)) ctions)		1.00	0.00 0 0 0n/After 10/1 2.00 0 0 0.0000000000	94.0 95.0 96.0 100.0
4.00 5.00 6.00 00.00 01.00 02.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)	ructions)) ctions)		0. 0000000000	0.00 0 0 0n/After 10/1 2.00 0 0 0.0000000000	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0
4.00 5.00 6.00 00.00 01.00 02.00 03.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions)	ructions) ctions) ns) s)		1.00 0 0.0000000000 0	0.00 0 0n/After 10/1 2.00 0 0.000000000 0 0.000000000 0	94. C 95. C 96. C 100. C 101. C 102. C 103. C
4. 00 5. 00 6. 00 00. 00 01. 00 02. 00 03. 00 04. 00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst	ructions) () () () () () () () () () () () () ()		1.00 0 0.000000000 0 0.0000	0.00 0 0n/After 10/1 2.00 0 0.000000000 0 0.000000000 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0
4. 00 5. 00 6. 00 00. 00 01. 00 02. 00 03. 00 04. 00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe	ructions) () () () () () () () () () () () () ()		1.00 0 0.000000000 0 0.0000	0.00 0 0 0n/After 10/1 2.00 0 0.000000000 0 0.000000000 0 0.0000 0	94. C 95. C 96. C 100. C 101. C 102. C 103. C 104. C
4. 00 5. 00 6. 00 00. 00 01. 00 02. 00 03. 00 04. 00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment for HSP bonus payment Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no.	ructions) () () () () () () () () () () () () ()		1.00 0 0.000000000 0 0.0000	0.00 0 0 0n/After 10/1 2.00 0 0.000000000 0 0.000000000 0 0.0000 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0 104. 0
04.00 05.00 06.00 01.00 02.00 03.00 04.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instructions) HVBP adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HIRR adjustment for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement	ructions) () () () () () () () () () () () () ()		1.00 0 0.000000000 0 0.0000	0.00 0 0 0n/After 10/1 2.00 0 0 0.000000000 0 0 0.0000 0 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0 104. 0 200. 0
4.00 5.00 6.00 00.00 01.00 02.00 03.00 04.00 00.00 00.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir	ructions) () () () () () () () () () () () () ()		1.00 0 0.000000000 0 0.0000	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0 104. 0 200. 0 201. 0
4.00 5.00 6.00 00.00 01.00 02.00 03.00 04.00 00.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment for HSP bonus payment (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir Medicare di scharges (see instructions)	ructions) () () () () () () () () () () () () ()		1.00 0 0.000000000 0 0.0000	0.00 0 0 0n/After 10/1 2.00 0 0.000000000 0 0.000000000 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0 104. 0 200. 0 200. 0 201. 0 202. 0
04.00 05.00 00.00 01.00 02.00 03.00 04.00 200.00 201.00 202.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instructions) HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir Medicare discharges (see instructions) Case-mix adjustment factor (see instructions)	ns) ration) Adju ration) Adju ration Adju ration Adju	the 21st	1.00 0.000000000 0 0.0000 0	0.00 0 0n/After 10/1 2.00 0 0.000000000 0 0.0000 0 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0 104. 0 200. 0 200. 0 201. 0 202. 0
4.00 5.00 6.00 00.00 01.00 02.00 03.00 04.00 00.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instructions) HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Cost Rei mbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in	ns) ration) Adju ration) Adju ration Adju ration Adju	the 21st	1.00 0.000000000 0 0.0000 0	0.00 0 0n/After 10/1 2.00 0 0.000000000 0 0.0000 0 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0 104. 0 200. 0 200. 0 201. 0 202. 0
4.00 5.00 6.00 00.00 01.00 02.00 03.00 04.00 00.00 00.00 00.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruct HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment HRR Adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HVBP adjustment for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)	ns) ration) Adju ration) Adju ration Adju ration Adju	the 21st	1.00 0.000000000 0 0.0000 0	0.00 0 0 0n/After 10/1 2.00 0 0.000000000 0 0.0000 0 0 0.0000 0 0 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0
4.00 5.00 6.00 00.00 01.00 02.00 03.00 04.00 02.00 03.00 04.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instructions) HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Cost Rei mbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in	ns) ration) Adju ration) Adju ration Adju ration Adju	the 21st	1.00 0.000000000 0 0.0000 0	0.00 0 0n/After 10/1 2.00 0 0.000000000 0 0.0000 0 0 0.0000	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0 104. 0 200. 0 201. 0 202. 0 203. 0
4.00 5.00 6.00 00.00 01.00 02.00 03.00 04.00 01.00 02.00 03.00 04.00 03.00 04.00 05.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instructions) HVP value of money for capital related expenses (see instructions) HVP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus payment (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir Medicare di scharges (see instructions) Case-mix adjustment factor (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount	ns) ration) Adju ration) Adju ration) Adju ration year ne 49)	the 21st	1.00 0.000000000 0 0.0000 0	0.00 0 0 0 0 0 0 0.000000000 0 0.0000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0 104. 0 200. 0 201. 0 202. 0 203. 0 203. 0
4.00 5.00 6.00 00.00 01.00 02.00 03.00 04.00 02.00 03.00 04.00 03.00 04.00 05.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instructions) HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment for HSP Bonus Payment HVBP adjustment for HSP Bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) Computing Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	ns) ration) Adju ration) Adju ration) Adju ration year ne 49)	the 21st	1.00 0.000000000 0 0.0000 0	0.00 0 0 0 0 0 0 0.000000000 0 0.0000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	94.0 95.0 96.0 100.0 101.0 102.0 103.0 104.0 200.0 201.0 202.0 203.0 203.0 204.0 205.0
4.00 5.00 6.00 00.00 01.00 02.00 03.00 00.00 01.00 02.00 03.00 00.00 01.00 02.00 00.00 01.00 02.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instructions) HVBP adjustment for capital related expenses (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst	ns) ration) Adju ration) Adju ration) Adju ration Adju ration Adju ration Adju ration Adju	the 21st	1.00 0.000000000 0 0.0000 0	0.00 0 0 0n/After 10/1 2.00 0 0.000000000 0 0.0000 0 0 0.0000 0 0	94. 0 95. 0 96. 0 100. 0 101. 0 102. 0 103. 0 200. 0 201. 0 202. 0 203. 0 204. 0 205. 0 206. 0 207. 0
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4.00 5.00 6.00 00.00 01.00 02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00 06.00 07.00 08.00 09.00 10.00 09.00 10.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instructions) HVBP adjustment for capital related expenses (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus Payment (see instructions) HRR adjustment for HSP Bonus Payment Kadjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use	ructions) ctions) ctions) ns) s) rration) Adju eriod under he 49) h first year htructions) line 59)	the 21st	1.00 0.000000000 0 0.0000 0	0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	94. C 95. C 96. C 101. C 101. C 102. C 103. C 104. C 200. C 200. C 203. C 203. C 204. C 205. C 206. C 207. C 207. C 208. C 209. C
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4.00 5.00 6.00 00.00 01.00 02.00 03.00 04.00 02.00 03.00 01.00 02.00 03.00 04.00 05.00 06.00 07.00 08.00 07.00 08.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 01.00 00.00 01.00 00.00 01.00 00.00 01.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.000000	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instructions) HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	ructions) ctions) ctions) ms) s) cration) Adju eriod under he 49) h first year h first year h first year h first year h first year	the 21st	1.00 0.000000000 0 0.0000 0	0.00 0 0 0n/After 10/1 2.00 0 0.000000000 0 0.0000 0 0 0.0000	94. C 95. C 96. C 100. C 101. C 102. C 103. C 104. C 200. C 205. C 206. C 206. C 207. C 208. C 209. C 208. C 209. C 201. C 201. C 201. C 201. C 201. C 201. C 202. C 203. C 204. C 205. C 206. C 207. C 208. C 201.
4. 00 5. 00 6. 00 00. 00 01. 00 02. 00 03. 00 04. 00 00. 00 0	The rate used to calculate the time value of money (see instr Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instructions) HVBP adjustment for capital related expenses (see instructions) HVBP adjustment for HSP Bonus Payment HVBP adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus Payment HRR adjustment for Gee instructions) HRR adjustment for HSP bonus payment (see instructions) HRR adjustment for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	ructions) <u>stions</u> <u>s</u> <u>s</u>) <u>s</u> <u>s</u>) <u>s</u> <u>s</u>) <u>s</u> <u>s</u>) <u>s</u> <u>s</u>) <u>s</u> <u>s</u>) <u>s</u> <u>s</u>) <u>s</u> <u>s</u>) <u>s</u> <u>s</u>) <u>s</u> <u>s</u> <u>s</u> <u>s</u>) <u>s</u> <u>s</u> <u>s</u> <u>s</u> <u>s</u> <u>s</u> <u>s</u> <u>s</u>	of the curre	1.00 0.000000000 0 0.0000 0	0.00 0 0 0n/After 10/1 2.00 0 0.000000000 0 0.0000 0 0 0.0000 0 0	94. C 95. C 96. C 100. C 101. C 102. C 103. C 104. C 200. C 201. C 202. C 203. C 204. C 205. C 206. C 207. C

W VC	DLUME CALCULATION EXHIBIT 4			Provider C		Period: From 01/01/2019 To 12/31/2019		pare
		l i ne	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	0n/After 10/01	PPS Total (Col 2 through 4)	
00	DRG amounts other than outlier	0	1.00	2.00	3.00	4.00	<u>5.00</u> 0	1.
00	payments	1.00	0	0		0 0	0	1.
01	DRG amounts other than outlier payments for discharges	1.01	15, 002, 493	0	15, 002, 49	93	15, 002, 493	1.
02	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	4, 873, 797	0		4, 873, 797	4, 873, 797	1.
)3	1 DRG for Federal specific operating payment for Model 4 BPCL occurring prior to	1.03	O	0		0	0	1.
04	October 1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	O	0		O	0	1
00	Outlier payments for	2.00						2
0.1	discharges (see instructions)	2 22						
01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0		0 0	0	2
02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	208, 031	0	208, 03	1	208, 031	2
)3	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67, 593	0		67, 593	67, 593	2
00	Operating outlier	2. 01	0	0		0 0	0	3
	reconciliation		_	_		_		
00	Managed care simulated payments	3.00	0	0		0 0	0	4
	Indirect Medical Education Adju	Istment						
00	Amount from Worksheet E, Part	21.00	0. 000000	0. 000000	0.00000	0.00000		5
00	A, line 21 (see instructions) IME payment adjustment (see	22.00	0	0		0 0	0	6
00	i nstructi ons)	22.00	0	0		0	0	
)1	IME payment adjustment for managed care (see instructions)	22.01	0	0		0 0	0	6
	Indirect Medical Education Adju	stment for th	e Add-on for Se	ection 422 of	the MMA			
00	IME payment adjustment factor	27.00	0. 000000	0.00000		0.00000		7
)0	(see instructions) IME adjustment (see	28.00	0	0		0 0	0	8
0	instructions)	28.00	0	0		0 0	0	
)1	IME payment adjustment add on for managed care (see instructions)	28.01	0	0		0 0	0	8
00	Total IME payment (sum of lines 6 and 8)	29.00	0	0		0 0	0	
)1	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0		0 0	0	9
00	Disproportionate Share Adjustme Allowable disproportionate	ent 33.00	0. 0474	0. 0474	0. 047	0.0474		110
	share percentage (see instructions)			0. 0474				
00	Disproportionate share adjustment (see instructions)	34.00	235, 535	0	177, 78	57, 755	235, 535	11
01	Uncompensated care payments	36.00	1, 450, 692	0	1, 581, 89	372, 781	1, 954, 673	11
	Additional payment for high per							
00	Total ESRD additional payment (see instructions)	46.00	0	0	1	0 0	0	12
00	Subtotal (see instructions)	47.00	21, 838, 141	0	16, 466, 21	5 5, 371, 926	21, 838, 141	13
00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	48.00	0	0		0 0	0	
00	(see instructions) Total payment for inpatient operating costs (see	49.00	21, 838, 141	0	16, 466, 21	5 5, 371, 926	21, 838, 141	15

_OW VO	LUME CALCULATION EXHIBIT 4			Provider C	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibi Date/Time Pre 6/29/2020 8:3	pared
				Title	XVIII	Hospi tal	PPS	_
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	r Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
6.00	Payment for inpatient program	50,00	1, 713, 327	2.00			1, 713, 327	16 0
	capital (from Wkst. L, Pt. I, if applicable)			-	.,,			
7.00	Special add-on payments for new technologies	54.00	0	0		0 0	0	17.0
7.01	Net organ aquisition cost							17.0
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0		0 0	0	17.C
8.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0		0 0	0	18. C
19 00	SUBTOTAL			0	17, 765, 42	5, 786, 043	23, 551, 468	19 0
7.00		W/S L, line	(Amounts from L)		17,700,12		20,001,100	
		0	1.00	2.00	3.00	4.00	5.00	
20. 00 20. 01	Capital DRG other than outlier Model 4 BPCI Capital DRG other		1, 609, 364 0	0 0	.,===,=,	52 388, 712 0 0	1, 609, 364 0	
21.00	than outlier Capital DRG outlier payments	2.00	42, 807	0	32, 17	73 10, 634	42, 807	21.0
1.01	Model 4 BPCI Capital DRG outlier payments	2.00	0	0		0 0	42,007	
2.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.000	0.0000		22. (
3.00	Indirect medical education adjustment (see instructions)	6.00	0	0		0 0	0	23.
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0380	0. 0380	0. 038	0. 0380		24.0
25.00	Disproportionate share adjustment (see instructions)	11.00	61, 156	0	46, 38	35 14, 771	61, 156	25.0
26.00	Total prospective capital payments (see instructions)	12.00	1, 713, 327	0	1, 299, 21	10 414, 117	1, 713, 327	26.0
		W/S E, Part A	(Amounts to					
		line	E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
7.00 8.00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E,	70. 96			0. 00000	0.000000 0	0	27. 28.
9. 00	Pt. A, line) Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29. (
00.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. (

OSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5			Period: From 01/01/2019 To 12/31/2019	Date/Time Pre 6/29/2020 8:3	pared:
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt.	XVIII Period to 10/01	Hospital Period on after 10/01	PPS Total (cols. 2 and 3)	
		0	A) 1.00	2.00	3.00	4.00	
00 01	DRG amounts other than outlier payments DRG amounts other than outlier payments for	1. 00 1. 01	15, 002, 493			15, 002, 493	1.00 1.01
02	discharges occurring prior to October 1 DRG amounts other than outlier payments for	1. 02	4, 873, 797		4, 873, 797	4, 873, 797	1.02
03	discharges occurring on or after October 1 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1. 03	0		0	0	1. 03
04	1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1.04	0		0	0	1.04
00	October 1 Outlier payments for discharges (see instructions)	2.00					2.00
01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0 0	0	2.01
02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	208, 031	208, 03	1	208, 031	2. 02
03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67, 593		67, 593	67, 593	2.03
00	Operating outlier reconciliation Managed care simulated payments	2. 01 3. 00	0		0 0 0 0		3.00 4.00
00	Indirect Medical Education Adjustment Amount from Worksheet E, Part A, Line 21	21.00	0. 000000	0. 00000	0.00000		5.00
00	(see instructions) IME payment adjustment (see instructions)	21.00	0.000000		0 0		6.00
01	IME payment adjustment (see instructions) instructions)		0		0 0	0	6.01
	Indirect Medical Education Adjustment for the						1
00	IME payment adjustment factor (see instructions)	27.00	0. 000000	0. 00000	0 0.000000		7.00
00 01	IME adjustment (see instructions) IME payment adjustment add on for managed	28. 00 28. 01	0		0 0 0 0	0 0	8. 00 8. 01
00 01	care (see instructions) Total IME payment (sum of lines 6 and 8) Total IME payment for managed care (sum of	29. 00 29. 01	0		0 0 0 0	0	9. 00 9. 01
	lines 6.01 and 8.01)						
0. 00	Disproportionate Share Adjustment Allowable disproportionate share percentage (see instructions)	33.00	0. 0474	0. 047	0. 0474		10.00
1.00	Disproportionate share adjustment (see	34.00	235, 535	177, 78	57, 755	235, 535	11.00
. 01	instructions) Uncompensated care payments Additional payment for high percentage of ESI	36.00	1, 450, 692	1, 581, 89	371, 762	1, 953, 654	11.01
2. 00	Total ESRD additional payment (see instructions)	46. 00	0		0 0	0	12.00
8. 00 4. 00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	47.00 48.00	21, 838, 141 0	16, 467, 23	4 5, 370, 907 0 0	21, 838, 141 0	13.00 14.00
5. 00	instructions) Total payment for inpatient operating costs	49.00	21, 838, 141	16, 467, 23	4 5, 370, 907	21, 838, 141	15.00
5.00	(see instructions) Payment for inpatient program capital (from	50.00	1, 713, 327	1, 299, 21	0 414, 117	1, 713, 327	16.00
7.00 7.01	Wkst. L, Pt. I, if applicable) Special add-on payments for new technologies	54.00	0		0 0	0	
7.01 7.02	Net organ acquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0		0 0	0	17.01 17.02
3. 00	Capital outlier reconciliation adjustment	93.00	0		0 0	0	18.00
9.00	amount (see instructions) SUBTOTAL			17, 766, 44	4 5, 785, 024	23, 551, 468	19 00

HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	ATION EXHIBIT 5	Provider C		Period: From 01/01/2019 To 12/31/2019		pared:
			Title	XVIII	Hospi tal	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	1, 609, 364	1, 220, 65	2 388, 712	1, 609, 364	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	42, 807	32, 17	3 10, 634	42, 807	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	0.0000	0.000	0 0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6. 00	0		0 0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0380	0. 038	0. 0380		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	61, 156	46, 38	5 14, 771	61, 156	25.00
26. 00	Total prospective capital payments (see instructions)	12.00	1, 713, 327	1, 299, 21	0 414, 117	1, 713, 327	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00 28.00 29.00 30.00 30.01	Low volume adjustment prior to October 1 Low volume adjustment on or after October 1 HVBP payment adjustment (see instructions) HVBP payment adjustment for HSP bonus payment (see instructions)	70. 96 70. 97 70. 93 70. 90	0 0 159, 549 0		0 2 42, 487 0 0	, s	29.00 30.00
31. 00 31. 01	HRR adjustment (see instructions) HRR adjustment for HSP bonus payment (see instructions)	70. 94 70. 91	-111, 947 0	-90, 01	5 -21, 932 0 0	-111, 947 0	
	· · · · · · · · · · · · · · · · · · ·					(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
	HAC Reduction Program adjustment (see instructions)	70. 99			0 0	0	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

	Financial Systems IU HEALTH WEST HOS ATION OF REIMBURSEMENT SETTLEMENT Pr	PLTAL Tovider CCN: 15-0158	Peri od:	u of Form CMS-2 Worksheet E	2552-10
			From 01/01/2019 To 12/31/2019	Date/Time Pre	
		Title XVIII	Hospi tal	6/29/2020 8:3 PPS	5 am
	· · · · · · · · · · · · · · · · · · ·			FF3	
				1.00	
1.00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			6, 896	1.00
2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instruction	ons)		13, 337, 892	
3.00	OPPS payments			14, 017, 972	
4.00 4.01	Outlier payment (see instructions) Outlier reconciliation amount (see instructions)			9, 181	
5.00	Enter the hospital specific payment to cost ratio (see instructi	ons)		0.000	
6.00	Line 2 times line 5			0	
7.00 8.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV,	col. 13. line 200		0	
10.00	Organ acquisitions	··· ·, · ··		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			6, 896	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				-
	Ancillary service charges			36, 478	12.00
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line	e 69)		0	
14.00	Total reasonable charges (sum of lines 12 and 13) Customary charges			36, 478	14.00
15.00	Aggregate amount actually collected from patients liable for pay	ment for services or	a charge basi s	0	15.00
16.00	Amounts that would have been realized from patients liable for p	ayment for services	on a chargebasi s	0	16.00
17.00	had such payment been made in accordance with 42 CFR §413.13(e) Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17 00
18.00	Total customary charges (see instructions)			36, 478	
19.00	Excess of customary charges over reasonable cost (complete only	if line 18 exceeds l	ine 11) (see	29, 582	19.00
20.00	instructions) Excess of reasonable cost over customary charges (complete only	if line 11 exceeds l	ine 18) (see	0	20.00
20.00	instructions)			0	20.00
	Lesser of cost or charges (see instructions)				21.00
22.00 23.00	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see instruc	tions)		0	22.00 23.00
	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	(1013)		14, 027, 153	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00 26.00	Deductibles and coinsurance amounts (for CAH, see instructions) Deductibles and Coinsurance amounts relating to amount on line 2	1 (for CAH soo inst	ructions)	433 2, 702, 144	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plu			11, 331, 472	
	instructions)	>			
	Direct graduate medical education payments (from Wkst. E-4, line ESRD direct medical education costs (from Wkst. E-4, line 36)	9 50)		0	
30.00	Subtotal (sum of lines 27 through 29)			11, 331, 472	
	Primary payer payments			2, 598	
32.00	Subtotal (line 30 minus line 31) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		11, 328, 874	32.00
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	/		0	33.00
	Allowable bad debts (see instructions)			422, 186	
35.00 36.00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instruc	tions)		274, 421 264, 379	
	Subtotal (see instructions)			11, 603, 295	
	MSP-LCC reconciliation amount from PS&R			497	
39.00 39.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			0	39.00 39.50
	Demonstration payment adjustment amount before sequestration			0	
39.98	Partial or full credits received from manufacturers for replaced	l devices (see instru	ctions)	0	
39.99 40.00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0 11, 602, 798	
40.00	Sequestration adjustment (see instructions)			232, 056	
	Demonstration payment adjustment amount after sequestration			0	
40.03 41.00	Sequestration adjustment-PARHM pass-throughs Interim payments			11, 375, 107	40.03 41.00
	Interim payments Interim payments-PARHM			11, 575, 107	41.00
42.00	Tentative settlement (for contractors use only)			0	
42.01 43.00	Tentative settlement-PARHM (for contractor use only) Balance due provider/program (see instructions)			-4,365	42.01 43.00
43.00	Balance due provider/program-PARHM (see instructions)			-4, 305	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub. 15-2,	chapter 1,	6, 068	
	§115.2 TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	92.00 93.00
					93.00

	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider C	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019		pared
		Title	XVIII	Hospi tal	PPS	<u>o am</u>
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00 00	Total interim payments paid to provider 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 List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate		20, 872, 4	33 0	11, 375, 107 0	1.0 2.0 3.0
	for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider	I	<u> </u>			
01	ADJUSTMENTS TO PROVIDER			0	0	3.0
02				0	0	3. (
03				0	0	3.
04 05				0	0	3. 3.
05	Provider to Program			0	0	3.
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	3.
52				0	0	3.
53 54				0	0	3. 3.
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3.
00	3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		20, 872, 4	83	11, 375, 107	4.
	TO BE COMPLETED BY CONTRACTOR	1			1	
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.
	Program to Provider					
01	TENTATI VE TO PROVIDER			0	0	5.
02 03				0	0	5. 5.
00	Provider to Program	l	<u> </u>		0) D.
50	TENTATI VE TO PROGRAM			0	0	5.
51				0	0	
52	Subtatal (sum of lines E 01 E 40 minus sum of lines			0	0	5.
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			U	0	5.
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
01	SETTLEMENT TO PROVIDER		69, 2	94	0	6
02	SETTLEMENT TO PROGRAM			0	4, 365	6
00	Total Medicare program liability (see instructions)		20, 941, 7		11, 370, 742	7.
				Contractor Number	NPR Date (Mo/Day/Yr)	
		()	1.00	2.00	

2.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.3.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.4.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-124.5.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.6.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.7.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.	Heal th	Financial Systems IU HEALTH WEST	HOSPI TAL	In Lie	u of Form CMS.	2552-10
To 12/31/2019 Date/Time Prepare 6/29/2020 8: 35 am Title XVIII Hospital PPS Title XVIII Hospital PPS Interview of the purchase of certified HIT technology Wkst. S-2, Pt. I To 12/31/2019 Date/Time Prepare 6/29/2020 8: 35 am Title XVIII Hospital To Prepare 6/29/2020 8: 35 am To To Prepare 6/29/2020 8: 35 am To To To 1.00 To To To To 1.00	CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0158			1
Image: Complete Display Contractor FOR NONSTANDARD COST REPORTS Image: Complete Display Contractor FOR NONSTANDARD COST REPORTS Image: Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14 1.00 1.00 Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14 1. 2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12 2. 3.00 Medicare HMO days from Wkst. S-3, Pt. I, col. 8 line 2 3. 4.00 Total inpatient days from Wkst. S-1, col. 8 line 200 4. 5.00 Total hospital charity care charges from Wkst. S-10, col. 3 line 20 5. 7.00 CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I 7.						epared
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 2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12 3.00 Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2 4.00 Total hospital charges from Wkst. S-3, Pt. I, col. 8 sum of lines 1, 8-12 5.00 Total hospital charges from Wkst C, Pt. I, col. 8 line 200 6.00 Total hospital charges from Wkst. S-10, col. 3 line 20 7.00 CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I						
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTSHEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 142.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-123.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 24.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-125.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2006.00Total hospital charity care charges from Wkst. S-10, col. 3 line 207.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I		· · · · · · · · · · · · · · · · · · ·	Title XVIII	Hospi tal	PPS	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTSHEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 142.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-123.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 24.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-125.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2006.00Total hospital charity care charges from Wkst. S-10, col. 3 line 207.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I						
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.2.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.3.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.4.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-124.5.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.6.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.7.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.					1.00	
1.00Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 141.2.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.3.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.4.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-124.5.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.6.00Total hospital charity care charges from Wkst. S-10, col. 3 line 205.7.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.						_
2.00Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-122.3.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.4.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-124.5.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.6.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.7.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.	1 00			. 1.1		1 1 00
3.00Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 23.4.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-124.5.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.6.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.7.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.				e 14		1.00
4.00Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-124.5.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.6.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.7.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.			3-12			2.00
5.00Total hospital charges from Wkst C, Pt. I, col. 8 line 2005.6.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.7.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.						3.00
6.00Total hospital charity care charges from Wkst. S-10, col. 3 line 206.7.00CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I7.			3-12			4.00
7.00 CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. 7.						5.00
						6.00
	7.00	CAH only - The reasonable cost incurred for the purchase of c line 168	certified HIT technology	Wkst. S-2, Pt. I		7.00
8.00 Calculation of the HIT incentive payment (see instructions) 8.	8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00 Sequestration adjustment amount (see instructions) 9.	9.00	Sequestration adjustment amount (see instructions)				9.00
10.00 Calculation of the HIT incentive payment after sequestration (see instructions) 10.	10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)			10.00
I NPATI ENT HOSPI TAL SERVICES UNDER THE I PPS & CAH		INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00 Initial/interim HIT payment adjustment (see instructions) 30.	30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
31.00 Other Adjustment (specify) 31.	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.	32.00	Balance due provider (line 8 (or line 10) minus line 30 and l	ine 31) (see instructio	ns)		32.00

Purpose Fund Fu	1/01/2019 2/31/2019 Dat 6/2	Form CMS-2 ksheet G e/Time Prep 9/2020 8:35	bared:
URRENT ASSETS 424.586.518 0 1.00 Cash on hand in banks 424.586.518 0 2.00 Temporary investments 424.586.518 0 0.00 Accounts recelvable 25.866.837 0 0.01 Accounts recelvable 25.866.837 0 0.01 Notes recelvable 8.00 97.837 0 0.01 Notes recelvable 9.00 0 1.330.092 0 0.01 Ottortory 90 0 0 0 0 0.010 Total current assets 80.0 0 0 0 1.000 Land inprovements 6.800.703 0 1 1.001 Total current assets (sum of lines 1-10) 11.667.224 0 1 1.001 Lassehold inprovements 1.188.064 0 0 0 1.001 Lassehold inprovements 1.188.066 0 0 0 0 1.001 Lassehold inprovements 1.188.066 0 0 0	lowment Pla Fund	ant Fund	
1.00 Cash on hand in banks 424,586,518 0 20 Temporary investments 0 0 3.00 Notes receivable 0 0 5.00 Other receivable -8,149,975 0 6.00 Other receivable -8,149,975 0 7.00 Inventory 1,330,092 0 7.00 Other current assets 0 0 0 0.00 Defrom other fruncisum of lines 1-10) 444,531,300 0 11.00 Defrom other fruncisum of lines 1-10) 444,531,300 0 12.00 Extra depreciation -5,320,664 0 13.00 Properietation -5,320,664 0 14.00 Accumulated depreciation -62,3,720 0 16.00 Buil dings 0 0 0 17.00 Leasehold i mprovements 1,188,608 0 17.00 Leasehold i mprovements 1,88,608 0 0.00 Accumulated depreciation -62,813,839 0	3.00	4.00	
3.00 Notes receivable 0 0 4.00 Accounts receivable -8, 149, 975 0 5.00 Other receivable -8, 149, 975 0 6.01 Iowances for uncollectible notes and accounts receivable 0 0 7.00 Inventory 87, 837 0 9.00 Other current assets 0 0 10.00 Due from other funds 0 0 11.00 Ead Current assets (sum of lines 1-10) 444, 531, 300 0 11.00 Land 0 0 0 12.00 Land improvements 6, 800, 703 0 14.00 Accumulated depreciation -5, 320, 664 0 10.00 Casselid improvements 1, 186, 608 0 10.00 Casselid improvements 1, 186, 608 0 10.00 Accumulated depreciation -823, 720 0 10.01 Accumulated depreciation 0 0 0 10.01 Accumulated depreciation 0 0	0	0	1.00
4.00 Accounts receivable 25, 866, 837 0 6.00 Allowances for uncollectible notes and accounts receivable 0 0 6.00 Allowances for uncollectible notes and accounts receivable 0 0 7.00 Inventory 1,300,092 0 8.00 Prepaid expenses 897,837 0 0.00 Due form other funds 0 0 0.00 Land improvements 0 0 0.00 Land improvements 6,800,703 0 110.00 Land improvements 1,188,608 0 12.00 Land improvements 1,188,608 0 13.00 Leasehold improvements 1,188,608 0 14.00 Accumitated depreciation -623,720 0 10.00 Accumitated depreciation 0 0 0 12.00 Accumitated depreciation -54,813,839 0 13.00 Incerestional eduipment 69,866,078 0 14.00 Accumitated depreciation 0 0	о	0	2.00
5.00 Other receivable -6, 149, 975 0 7.00 Inventory 1, 330, 092 0 7.00 Inventory 1, 330, 092 0 9.00 Other current assets 0 0 9.01 Other current assets 0 0 10.00 Due from other fruds 0 0 11.00 Cand improvements 6, 800, 703 0 12.00 Land improvements 6, 800, 703 0 14.00 Accumul ated depreciation -41, 449, 597 0 15.00 Accumul ated depreciation -823, 720 0 16.00 Accumul ated depreciation -823, 720 0 17.00 Leasehold improvements 1, 186, 608 0 18.00 Accumul ated depreciation -623, 720 0 10.00 Fixed depreciation -54, 813, 839 0 10.01 Accumul ated depreciation -54, 813, 839 0 10.01 Accumulated depreciation 0 0 10.01 <td< td=""><td>0</td><td>0</td><td>3.00</td></td<>	0	0	3.00
6.00 Allowances for uncollectible notes and accounts receivable 0 0 0 Inventory 1,330,092 0 8.00 Prepaid expenses 897,837 0 0.00 Uter current assets 0 0 10.00 Did accurrent assets (sum of lines 1-10) 444,531,309 0 11.00 Total current assets (sum of lines 1-10) 444,531,309 0 12.00 Land -5,532,064 0 13.00 Laod improvements -6,80,7,644 0 15.00 Buildings 111,687,224 0 0 Account ated depreciation -54,817,877 0 14.00 Account ated depreciation -823,720 0 15.00 Maccunul ated depreciation -823,720 0 0 Account ated depreciation -823,720 0 0 Account ated depreciation -823,720 0 0 Account ated depreciation -64,813,839 0 21.00 Account ated depreciation 0 0	0	0	4.00 5.00
7.00 Inventory 1,330,092 0 9.00 Other current assets 0 0 0.00 Decreption 0 0 0.01 Other current assets (sum of lines 1-10) 444,531,309 0 1.10 Land inprovements 6,800,703 0 1.200 Land depreciation -5,320,664 0 1.00 Accumul ated depreciation -41,449,577 0 1.00 Accumulated depreciation -823,720 0 1.00 Accumulated depreciation -823,720 0 1.00 Accumulated depreciation -823,720 0 0.00 Accumulated depreciation -64,813,839 0 0.01 Accumulated depreciation -54,813,839 0 0.01 Accumulated depreciation -54,813,839 0 24.00 Accumulated depreciation -54,813,839 0 25.00 Macumulated depreciation 0 0 0 26.00 Accumulated depreciation 0 0	0	0	6.00
9.00 0 ther current assets 0 0 10.00 Due frikted ASSETS 0 0 12.00 Land 0 0 13.00 Land inprovements 6, 800, 703 0 13.00 Land inprovements 6, 800, 703 0 14.00 Accumul ated depreciation -5, 320, 664 0 15.00 Ruil dings 111, 687, 224 0 16.00 Accumul ated depreciation -823, 720 0 17.00 Leasehold improvements 1, 188, 668 0 18.00 Accumul ated depreciation -823, 720 0 10.00 Accumul ated depreciation 0 0 10.00 Accumul ated depreciation 0 0 20.00 Major movable e quipment 69, 866, 078 0 21.00 Major movable e quipment 0 0 0 22.00 Accumul ated depreciation 0 0 0 23.00 Major movable e quipment 0 0 0	0	0	7.00
10.00 Due from other funds 0 0 10.01 Total current assets (sum of lines 1-10) 444,531,309 0 12.00 Land improvements 6,800,703 0 13.00 Land improvements 6,800,703 0 15.00 Buil dings 111,687,224 0 16.00 Accumulated depreciation -41,449,597 0 17.00 Leasehold improvements 1,188,608 0 18.00 Accumulated depreciation -823,720 0 0.01 Accumulated depreciation 0 0 0 0.01 Accumulated depreciation 0 0 0 0.01 Accumulated depreciation 0 0 0 0.01 Accumulated depreciation -54,813,839 0 0 0.01 Total depreciation 0 0 0 0 0.01 Total depreciation 0 0 0 0 0 0.00 Maccumulated depreciation 0 0 0	0	0	8.00
11.00 Total current assets (sum of lines 1-10) 444, 531, 309 0 12.00 Land improvements 0 0 0 13.00 Land improvements 6, 800, 703 0 14.00 Accumulated depreciation -5, 320, 664 0 15.00 Buildings 111, 687, 224 0 16.00 Accumulated depreciation -41, 449, 597 0 17.00 Leasehold improvements 1, 188, 608 0 10.00 Accumulated depreciation -823, 720 0 10.00 Accumulated depreciation -823, 720 0 11.00 Automobiles and trucks 42, 686 0 0 21.00 Automobile equipment 69, 866, 078 0 0 23.00 Major movable equipment 69, 866, 078 0 0 23.00 Mainted depreciation -54, 813, 839 0 0 24.00 Accumulated depreciation 0 0 0 0 25.00 Minor equipment-nondepreciable 0	0	0	9.00
EIXED ASETS 0 0 13:00 Land improvements 6,800,703 0 14:00 Accumulated depreciation -5,320,664 0 15:00 Buil alings 111,687,224 0 16:00 Accumulated depreciation -41,449,597 0 16:00 Accumulated depreciation -41,449,597 0 17:00 Leasehold improvements 1,188,608 0 18:00 Accumulated depreciation -823,720 0 00:00 Accumulated depreciation 0 0 10:00 Accumulated depreciation 0 0 20:00 Accumulated depreciation 0 0 20:00 Major movable equipment 69,866,078 0 20:00 Major equipment depreciation 0 0 0 20:00 Major equipment depreciation 0 0 0 20:00 Major equipment depreciation 0 0 0 20:00 Major equipment elegistestion 0 0 0 <td>0</td> <td>0</td> <td>10.00 11.00</td>	0	0	10.00 11.00
12.00 Land 0 0 12.00 Land improvements 6.800,703 0 14.00 Accumulated depreciation -5.320,664 0 15.00 Buildings 111,687,224 0 16.00 Accumulated depreciation -41,449,597 0 17.00 Leasehold improvements 1,188,608 0 18.00 Accumulated depreciation -823,720 0 19.00 Fixed equipment 0 0 20.00 Automobiles and trucks 42,686 0 21.00 Automobile equipment 69,866,078 0 22.00 Major movable equipment -54,813,839 0 23.00 Minor equipment depreciable 0 0 23.00 Minor equipment-nondepreciable 0 0 24.00 Minor equipment-nondepreciable 0 0 25.00 Minor equipment-sets (sum of lines 12-29) 87,177,479 0 0 Other assets 0 0 0 23.00 Due from owners/officers 0 0 0 24	0		11.00
14.00 Accumulated depreciation -5.320, 664 0 15.00 Buildings 11, 667, 224 0 16.00 Accumulated depreciation -41, 449, 597 0 17.00 Leasehold Improvements 1, 188, 608 0 18.00 Accumulated depreciation -623, 720 0 19.00 Fixed equipment 0 0 10.00 Accumulated depreciation 0 0 20.00 Accumulated depreciation -54, 813, 839 0 21.00 Accumulated depreciation -54, 813, 839 0 22.00 Major movable equipment 69, 866, 078 0 23.00 Major movable equipment depreciable 0 0 24.00 Accumulated depreciation -54, 813, 839 0 25.00 Minor equipment-nondepreciable 0 0 28.00 Accumulated depreciation 0 0 30.00 Total fixed assets 0 0 30.00 Investments 0 0 0 30.00 Defrom owners/officers 0 0	0	0	12.00
15:00 Buil dings 111,687,224 0 16:00 Accumulated depreciation -41,449,597 0 17:00 Leasehold improvements 1,188,608 0 18:00 Accumulated depreciation -623,720 0 00 O Accumulated depreciation 0 0 01:00 Atcumulated depreciation 0 0 02:00 Accumulated depreciation 0 0 02:00 Accumulated depreciation -54,813,839 0 02:00 Accumulated depreciation -54,813,839 0 03:00 Major movable equipment 69,866,078 0 04:00 Accumulated depreciation 0 0 05:00 Minor equipment-nondepreciable 0 0 05:00 Minor equipment-nondepreciable 0 0 00 Divestments 0 0 0 01 Investments 0 0 0 02:00 Deposits on leases 0 0 0 03:00 Total other assets (sum of lines 31-34) 48,929,281 0 </td <td>0</td> <td>0</td> <td>13.00</td>	0	0	13.00
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17. 00 Leasehold improvements 1.188, 608 0 18. 00 Accumulated depreciation -823, 720 0 19. 00 Fixed equipment 0 0 10. 00 Accumulated depreciation 0 0 20. 00 Accumulated depreciation 0 0 21. 00 Automobiles and trucks 42, 686 0 22. 00 Accumulated depreciation -54, 813, 839 0 24. 00 Accumulated depreciation -54, 813, 839 0 25. 00 Minor equipment depreciable 0 0 26. 00 Accumulated depreciation 0 0 27. 00 HIT designated Assets 0 0 28. 00 Accumulated depreciation 0 0 29. 00 Minor equipment-nondepreciable 0 0 20. 01 Accumulated sests 0 0 21. 00 Investments 0 0 22. 00 Deposits on leases 0 0 23. 00 Due from owners/officers 0 0 23. 00 Dither assets (sum of li	0	0	15.00 16.00
18. 00 Accumulated depreciation -823, 720 0 19.00 Fixed equipment 0 0 20.00 Accumulated depreciation 0 0 21.00 Actombiles and trucks 42, 686 0 22.00 Accumulated depreciation 0 0 23.00 Major movable equipment 69, 866, 078 0 24.00 Accumulated depreciation -54, 813, 839 0 25.00 Minor equipment depreciation 0 0 26.00 Accumulated depreciation 0 0 27.00 HiT designated Assets 0 0 28.00 Accumulated depreciation 0 0 29.00 Minor equipment-nondepreciable 0 0 30.00 Total fixed assets (sum of lines 12-29) 87, 177, 479 0 01 Other assets 0 0 0 31.00 Investments 48, 929, 281 0 0 32.00 Depromovers/officers 48, 929, 281 0 0 33.00 Date from owners/officers 0 0	o	o	17.00
20.00 Accumulated depreciation 0 0 21.00 Automobiles and trucks 42,686 0 22.00 Accumulated depreciation 69,866,078 0 23.00 Major movable equipment 69,866,078 0 24.00 Accumulated depreciation -54,813,839 0 25.00 Minor equipment depreciation 0 0 26.00 Accumulated depreciation 0 0 27.00 HIT designated Assets 0 0 28.00 Accumulated depreciation 0 0 29.00 Minor equipment-nondepreciable 0 0 00 Total fixed assets (sum of lines 12-29) 87,177,479 0 01 Torvestments 0 0 0 30.00 Due from owners/officers 0 0 0 31.00 Total assets (sum of lines 31-34) 48,929,281 0 32.00 Paconts payable 17,877,227 0 33.00 Salaries, wages, and fees payable 0 0	0	0	18.00
21.00 Automobiles and trucks 42,686 0 22.00 Accumulated depreciation 69,866,078 0 23.00 Major movable equipment 69,866,078 0 24.00 Accumulated depreciation -54,813,839 0 25.00 Minor equipment depreciable 0 0 26.00 Accumulated depreciation 0 0 27.00 HIT designated Assets 0 0 28.00 Accumulated depreciation 0 0 27.00 HIT designated Assets 0 0 28.00 Accumulated depreciation 0 0 29.00 Minor equipment-nondepreciable 0 0 20.01 Total fixed assets (sum of lines 12-29) 87,177,477 0 20.02 Deposits on leases 0 0 0 31.00 Investments 0 0 0 32.00 Deposits on leases 0 0 0 33.00 Det from owners/officers 0 0 0 36.00 Total assets (sum of lines 31-34) 48,929,281	0	0	19.00
22.00 Accumulated depreciation 0 0 23.00 Major movable equipment 69,866,078 0 24.00 Accumulated depreciation -54,813,839 0 25.00 Minor equipment depreciation 0 0 26.00 Accumulated depreciation 0 0 27.00 HIT designated Assets 0 0 28.00 Accumulated depreciation 0 0 29.00 Minor equipment-nondepreciable 0 0 30.00 Total fixed assets (sum of lines 12-29) 87,177,479 0 01.00 Total fixed assets (sum of lines 31-34) 48,929,281 0 31.00 Investments 0 0 0 32.00 Det from owners/officers 0 0 0 33.00 Total assets (sum of lines 31-34) 48,929,281 0 0 34.00 Other assets (sum of lines 11, 30, and 35) 580,638,069 0 0 0 CURRENT LIABILITIES	0	0	20.00
23.00 Maj or movable equipment 69, 866, 078 0 24.00 Accumulated depreciation -54, 813, 839 0 25.00 Minor equipment depreciable 0 0 26.00 Accumulated depreciation 0 0 26.00 Accumulated depreciation 0 0 27.00 HT designated Assets 0 0 28.00 Accumulated depreciation 0 0 29.00 Minor equipment-nondepreciable 0 0 20.00 Total fixed assets (sum of lines 12-29) 87, 177, 479 0 0 Investments 0 0 0 00 Deposits on leases 0 0 0 31.00 Due from owners/officers 0 0 0 32.00 Otal assets (sum of lines 31-34) 48, 929, 281 0 0 33.00 Defrom owners/officers 0 0 0 0 33.00 Payroli taxes payable 17, 877, 227 0 0 34.00 Otes and loans payable (short term) 86, 565, 780 0 0	0	0	21.00 22.00
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26 00 Accumul ated depreciation 0 0 27.00 HIT designated Assets 0 0 28.00 Accumul ated depreciation 0 0 29.00 Minor equipment-nondepreciable 0 0 00 Total fixed assets (sum of lines 12-29) 87, 177, 479 0 01 Total fixed assets (sum of lines 12-29) 87, 177, 479 0 01 Investments 0 0 0 31.00 Investments 0 0 0 32.00 Deposits on leases 0 0 0 33.00 Other assets (sum of lines 31-34) 48, 929, 281 0 36.00 Total other assets (sum of lines 31-34) 48, 929, 281 0 36.00 Total other assets (sum of lines 31-34) 48, 929, 281 0 37.00 Accounts payable 17, 877, 227 0 37.00 Accounts payable 0 0 48.029, 281 0 0 0 40.00 Notes payable 0 0 40.00 Notes payable 0 0	0	0	24.00
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28.00 Accumulated depreciation 0 0 29.00 Minor equipment-nondepreciable 0 0 000 Total fixed assets (sum of lines 12-29) 87,177,479 0 0111 OTHER ASSETS 0 0 02000 Total fixed assets (sum of lines 12-29) 87,177,479 0 02000 Deposits on leases 0 0 0 03:00 Other assets 0 0 0 03:00 Other assets (sum of lines 31-34) 48,929,281 0 04:00 Other assets (sum of lines 11, 30, and 35) 580,638,069 0 05:00 Total assets (sum of lines 11, 30, and 35) 580,638,069 0 05:00 Total assets (sum of lines 31-34) 48,929,281 0 36:00 Total assets (sum of lines 31-34) 48,929,281 0 37:00 Accounts payable 17,877,227 0 38:00 Salaries, wages, and fees payable 0 0 00 Deferred income 0 0 0 10:0 Deferred income 0 0 0 10:0	0	0	26.00
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30.00 Total fixed assets (sum of lines 12-29) 87, 177, 479 0 OTHER ASSETS 0 0 100 Investments 0 0 32.00 Deposits on leases 0 0 32.01 Deposits on leases 0 0 33.00 Due from owners/officers 0 0 34.00 Other assets 0 0 35.00 Total other assets (sum of lines 31-34) 48, 929, 281 0 36.00 Total other assets (sum of lines 11, 30, and 35) 580, 638, 069 0 37.00 Accounts payable 17, 877, 227 0 37.00 Accounts payable 0 0 90 Payrol I taxes payable 0 0 91.00 Deferred income 0 0 92.00 Accelerated payments 0 0 93.00 Due to other funds 0 0 93.00 Deferred income 0 0 93.00 Deterent liabilitities 0 0 </td <td>o</td> <td>o</td> <td>29.00</td>	o	o	29.00
31.00 Investments 0 0 32.00 Due from owners/officers 0 0 33.00 Due from owners/officers 0 0 33.00 Other assets 48,929,281 0 35.00 Total other assets (sum of lines 31-34) 48,929,281 0 36.00 Total assets (sum of lines 11, 30, and 35) 580,638,069 0 CURRENT LIABILITIES 7.00 Accounts payable 17,877,227 0 38.00 Salaries, wages, and fees payable 4,967,690 0 0 900 Payrol I taxes payable (short term) 86,565,780 0 0 42.00 Accelerated payments 0 0 0 43.00 Due to other funds 0 0 0 44.00 Other current liabilities 2,564,230 0 0 45.00 Total current liabilities (sum of lines 37 thru 44) 111,974,927 0 LONG TERM LIABILITIES 0 0 0 0 46.00 Mortgage payable 0 0 0 46.00 Insecured Loans 0	0	0	30.00
32.00 Deposits on leases 0 0 33.00 Due from owners/officers 0 0 34.00 Other assets 48,929,281 0 35.00 Total other assets (sum of lines 31-34) 48,929,281 0 36.00 Total other assets (sum of lines 11, 30, and 35) 580,638,069 0 37.00 Accounts payable 17,877,227 0 38.00 Salaries, wages, and fees payable 4,967,690 0 99.00 Payrol I taxes payable 0 0 00 Notes and loans payable (short term) 86,565,780 0 01.00 Notes and loans payable (short term) 86,565,780 0 01.00 Deferred income 0 0 03.00 Ue to other funds 0 0 01.00 Deterret liabilities 2,564,230 0 01.01 Other current liabilities (sum of lines 37 thru 44) 111,974,927 0 100 Insequered loans 0 0 0 01.01 Other long term liabilities 4,824,663 0 0 02.00 Total			
33.00 Due from owners/officers 0 0 34.00 Other assets 48,929,281 0 35.00 Total other assets (sum of lines 31-34) 48,929,281 0 36.00 Total assets (sum of lines 11, 30, and 35) 580,638,069 0 CURRENT LIABILITIES 17,877,227 0 37.00 Accounts payable 17,877,227 0 38.00 Sal aries, wages, and fees payable 4,967,690 0 90 Payrol1 taxes payable 0 0 40.00 Notes and loans payable (short term) 86,565,780 0 41.00 Deferred income 0 0 42.00 Accelerated payments 0 0 43.00 Due to other funds 0 0 45.00 Total current liabilities (sum of lines 37 thru 44) 111,974,927 0 46.00 Mortgage payable 0 0 0 47.00 Notes payable 0 0 0 48.00 Unsecured loans 0 0 0 49.00 Other lines (sum of lines 46 thru 49) 4,824,663<	0	0	31.00 32.00
34.00 Other assets 48, 929, 281 0 35.00 Total other assets (sum of lines 31-34) 48, 929, 281 0 36.00 Total assets (sum of lines 11, 30, and 35) 580, 638, 069 0 CURRENT LIABILITIES 37.00 Accounts payable 17, 877, 227 0 38.00 Sal aries, wages, and fees payable 4, 967, 690 0 90 Payroll taxes payable 0 0 41.00 Deferred income 0 0 42.00 Accelerated payments 0 0 43.00 Due to other funds 0 0 44.00 Other current liabilities 2, 564, 230 0 45.00 Total current liabilities 0 0 46.00 Mortgage payable 0 0 46.00 Mortgage payable 0 0 47.00 Notes payable 0 0 46.00 Mortgage payable 0 0 46.00 Mortgage payable 0 0 47.00 Notes payable 0 0 0	0	0	32.00
36.00 Total assets (sum of lines 11, 30, and 35) 580, 638, 069 0 CURRENT LIABILITIES 37.00 Accounts payable 17, 877, 227 0 38.00 Salaries, wages, and fees payable 4, 967, 690 0 90.00 Payroli taxes payable 0 0 40.00 Notes and Loans payable (short term) 86, 565, 780 0 41.00 Deferred income 0 0 42.00 Accelerated payments 0 0 43.00 Due to other funds 0 0 44.00 Other current liabilities 2, 564, 230 0 45.00 Total current liabilities (sum of lines 37 thru 44) 111, 974, 927 0 LONG TERM LIABLLTIES 0 0 0 46.00 Mortgage payable 0 0 70.00 Notes payable 0 0 0 48.00 Unsecured loans 0 0 0 49.00 Other long term liabilities 4, 824, 663 0 0 51.00 Total long term liabilities (sum of lines 46 thru 49) 4, 824, 663	o	o	34.00
CURRENT LIABILITIES 37.00 Accounts payable 17,877,227 0 38.00 Salaries, wages, and fees payable 4,967,690 0 90.00 Payroll taxes payable 0 0 40.00 Notes and loans payable (short term) 86,565,780 0 41.00 Deferred income 0 0 42.00 Accelerated payments 0 0 43.00 Due to other funds 0 0 43.00 Other current liabilities 2,564,230 0 45.00 Total current liabilities (sum of lines 37 thru 44) 111,974,927 0 LONG TERM LIABILITIES 0 0 0 46.00 Mortgage payable 0 0 47.00 Notes payable 0 0 46.00 Mortgage payable 0 0 46.00 Mortgage payable 0 0 46.00 Mortgage payable 0 0 46.00 Unsecured loans 0 0 50.00	О	0	35.00
37. 00 Accounts payable 17, 877, 227 0 38. 00 Salaries, wages, and fees payable 4, 967, 690 0 99. 00 Payrol I taxes payable (short term) 86, 565, 780 0 40. 00 Notes and Ioans payable (short term) 86, 565, 780 0 41. 00 Deferred income 0 0 42. 00 Accelerated payments 0 0 43. 00 Due to other funds 0 0 44. 00 Other current liabilities 2, 564, 230 0 45. 00 Total current liabilities (sum of lines 37 thru 44) 111, 974, 927 0 LONG TERM LIABLLITIES 0 0 0 46. 00 Mortgage payable 0 0 47. 00 Notes payable 0 0 48. 00 Unsecured Ioans 0 0 49. 00 Other I ong term liabilities (sum of lines 46 thru 49) 4, 824, 663 0 51. 00 Total long term liabilities (sum of lines 45 and 50) 116, 799, 590 0 CAPITAL ACCOUNTS 0 0 0 0 52. 00 General	0	0	36.00
38.00 Salaries, wages, and fees payable 4, 967, 690 0 39.00 Payroll taxes payable 0 0 40.00 Notes and loans payable (short term) 86, 565, 780 0 41.00 Deferred income 0 0 42.00 Accelerated payments 0 0 43.00 Due to other funds 0 0 43.00 Other current liabilities 2, 564, 230 0 45.00 Total current liabilities (sum of lines 37 thru 44) 111, 974, 927 0 LONG TERM LIABILITIES 46.00 Mortgage payable 0 0 47.00 Notes payable 0 0 47.00 Notes payable 0 0 47.00 Notes payable 0 0 48.00 Unsecured loans 0 0 49.00 Other long term liabilities 4, 824, 663 0 50.00 Total long term liabilities (sum of lines 46 thru 49) 4, 824, 663 0 51.00 Total long term liabilities 0 0 0 6 General fund b	0	0	37.00
39.00Payrol I taxes payable0040.00Notes and Ioans payable (short term)86,565,780041.00Deferred income0042.00Accelerated payments0043.00Due to other funds0044.00Other current Iiabilities2,564,230045.00Total current Iiabilities (sum of lines 37 thru 44)111,974,9270LONG TERM LIABILITIES46.00Mortgage payable0047.00Notes payable0048.00Unsecured Ioans0049.00Other Iong term Iiabilities (sum of lines 46 thru 49)4,824,663050.00Total liabilities (sum of lines 45 and 50)116,799,5900CAPITAL ACCOUNTS52.00General fund balance463,838,479053.00Specific purpose fund0054.00Donor created - endowment fund balance - unrestricted0055.00Governing body created - endowment fund balance463,838,4790	0	0	38.00
41.00Deferred income0042.00Accelerated payments0043.00Due to other funds000Other current liabilities2,564,230044.00Other current liabilities (sum of lines 37 thru 44)111,974,9270LONG TERM LIABILITIES46.00Mortgage payable0047.00Notes payable0048.00Unsecured I oans0049.00Other I ong term liabilities (sum of lines 46 thru 49)4,824,663050.00Total Liabilities (sum of lines 45 and 50)116,799,5900CAPITAL ACCOUNTS52.00General fund balance463,838,479053.00Specific purpose fund0054.00Donor created - endowment fund balance - unrestricted056.00Governing body created - endowment fund balance463,838,479	0	0	39.00
42.00Accelerated payments043.00Due to other funds00Other current liabilities2,564,23044.00Other current liabilities (sum of lines 37 thru 44)111,974,9270LONG TERM LIABILITIES46.00Mortgage payable00047.00Notes payable00048.00Unsecured loans00049.00Other long term liabilities (sum of lines 46 thru 49)4,824,66300049.00Total long term liabilities (sum of lines 46 thru 49)4,824,663000100Total liabilities (sum of lines 45 and 50)116,799,5900CAPITAL ACCOUNTS052.00General fund balance463,838,47953.00Specific purpose fund054.00Donor created - endowment fund balance - restricted055.00Governing body created - endowment fund balance0	О	0	40.00
43.00Due to other funds0044.00Other current liabilities2,564,230045.00Total current liabilities (sum of lines 37 thru 44)111,974,9270LONG TERM LIABILITIES46.00Mortgage payable0047.00Notes payable0048.00Unsecured loans0049.00Other long term liabilities (sum of lines 46 thru 49)4,824,663050.00Total long term liabilities (sum of lines 46 thru 49)4,824,663051.00Total liabilities (sum of lines 45 and 50)116,799,5900CAPITAL ACCOUNTS52.00General fund balance463,838,479053.00Specific purpose fund0054.00Donor created - endowment fund balance - unrestricted055.00Governing body created - endowment fund balance463,838,479	0	0	41.00
44.00Other current liabilities2,564,230045.00Total current liabilities (sum of lines 37 thru 44)111,974,9270LONG TERM LIABILITIES46.00Mortgage payable0047.00Notes payable0048.00Unsecured loans0049.00Other long term liabilities4,824,663050.00Total liabilities (sum of lines 46 thru 49)4,824,663051.00Total liabilities (sum of lines 45 and 50)116,799,590060CAPITAL ACCOUNTS0052.00General fund balance463,838,479053.00Specific purpose fund0054.00Donor created - endowment fund balance - unrestricted055.00Governing body created - endowment fund balance463,838,4790	0	0	42.00 43.00
45.00 Total current liabilities (sum of lines 37 thru 44) 111,974,927 0 LONG TERM LIABILITIES 0 0 46.00 Mortgage payable 0 0 47.00 Notes payable 0 0 48.00 Unsecured loans 0 0 49.00 Other long term liabilities 4,824,663 0 50.00 Total liabilities (sum of lines 46 thru 49) 4,824,663 0 51.00 Total liabilities (sum of lines 45 and 50) 116,799,590 0 CAPITAL ACCOUNTS 52.00 General fund balance 463,838,479 0 53.00 Specific purpose fund 0 0 54.00 Donor created - endowment fund balance - unrestricted 0 0 55.00 Governing body created - endowment fund balance 0 0	0		44.00
46.00Mortgage payable0047.00Notes payable0048.00Unsecured Loans0049.00Other Long term Liabilities4,824,663050.00Total Long term Liabilities (sum of Lines 46 thru 49)4,824,663051.00Total Liabilities (sum of Lines 45 and 50)116,799,5900CAPLTAL ACCOUNTS52.00General fund balance463,838,479053.00Specific purpose fund0054.00Donor created - endowment fund balance - unrestricted056.00Governing body created - endowment fund balance0	0	0	45.00
47.00Notes payable0048.00Unsecured Loans0049.00Other Long term Liabilities4,824,663050.00Total Long term Liabilities (sum of Lines 46 thru 49)4,824,663051.00Total Liabilities (sum of Lines 45 and 50)116,799,5900CAPITAL ACCOUNTS52.00General fund balance463,838,47953.00Specific purpose fund054.00Donor created - endowment fund balance - unrestricted055.00Governing body created - endowment fund balance0			
48.00Unsecured Loans0049.00Other Long term Liabilities4,824,663050.00Total Long term Liabilities (sum of Lines 46 thru 49)4,824,663051.00Total Liabilities (sum of Lines 45 and 50)116,799,5900CAPITAL ACCOUNTS52.00General fund balance463,838,47953.00Specific purpose fund054.00Donor created - endowment fund balance - unrestricted055.00Governing body created - endowment fund balance0	0		46.00
49.00Other long term liabilities4,824,663050.00Total long term liabilities (sum of lines 46 thru 49)4,824,663051.00Total liabilities (sum of lines 45 and 50)116,799,5900CAPITAL ACCOUNTS52.00General fund balance463,838,47953.00Specific purpose fund054.00Donor created - endowment fund balance - unrestricted055.00Governing body created - endowment fund balance0	0	0	47.00 48.00
50.00Total long term liabilities (sum of lines 46 thru 49)4,824,663051.00Total liabilities (sum of lines 45 and 50)116,799,5900CAPITAL ACCOUNTS52.00General fund balance463,838,47953.00Specific purpose fund054.00Donor created - endowment fund balance - unrestricted055.00Governing body created - endowment fund balance0	0	0	49.00
CAPI TAL ACCOUNTS 52.00 General fund balance 53.00 Specific purpose fund 54.00 Donor created - endowment fund balance - restricted 55.00 Donor created - endowment fund balance - unrestricted 56.00 Governing body created - endowment fund balance	0	0	50.00
52.00General fund balance463,838,47953.00Specific purpose fund054.00Donor created - endowment fund balance - restricted055.00Donor created - endowment fund balance - unrestricted056.00Governing body created - endowment fund balance0	0	0	51.00
53.00Specific purpose fund054.00Donor created - endowment fund balance - restricted155.00Donor created - endowment fund balance - unrestricted156.00Governing body created - endowment fund balance1			50.00
54.00Donor created - endowment fund balance - restricted55.00Donor created - endowment fund balance - unrestricted56.00Governing body created - endowment fund balance			52.00 53.00
55.00Donor created - endowment fund balance - unrestricted56.00Governing body created - endowment fund balance	о		54.00
	0		55.00
57.00 Plant fund balance - invested in plant	0		56.00
			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) 463,838,479 0	o	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 580, 638, 069 0	0		60.00

Health Financial Systems STATEMENT OF CHANGES IN FUND BALANCES	IU HEALTH WEST	Provider CC	N: 15-0158	Peri od:		Worksheet		
				To 12	1/01/2019 2/31/2019			
	General	Fund	Speci al	Purpose	Fund	Endowment Fund		
	1.00	2.00	3.00		4.00	5.00	_	
1.00Fund balances at beginning of period2.00Net income (loss) (from Wkst. G-3, line 243.00Total (sum of line 1 and line 2)4.00DONATED PPE5.0006.007.008.009.0010.00Total additions (sum of line 4-9)11.00Subtotal (line 3 plus line 10)12.00TEMP RESTRICTED FUND BALANCE13.00UNRESTRICTED FUND BALANCE14.0015.0015.0016.0017.00Total deductions (sum of lines 12-17)19.00Fund balance at end of period per balance		25, 212 463, 863, 691 25, 212 463, 838, 479	5.00		0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 00\\ \end{array}$
sheet (line 11 minus line 18)	Endowment Fund	PI ant	Fund					
	6.00	7.00	8.00					
1.00Fund balances at beginning of period2.00Net income (loss) (from Wkst. G-3, line 243.00Total (sum of line 1 and line 2)4.00DONATED PPE5.006.007.008.009.009.00	0	000000000000000000000000000000000000000		0				1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
 10.00 Total additions (sum of line 4-9) 11.00 Subtotal (line 3 plus line 10) 12.00 TEMP RESTRICTED FUND BALANCE 13.00 UNRESTRICTED FUND BALANCE 14.00 15.00 16.00 17.00 18.00 Total deductions (sum of lines 12-17) 19.00 Fund balance at end of period per balance 	000	0 0 0 0 0 0 0		0				10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00

IAIEN	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CC	CN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet G-2 Parts I & II Date/Time Pre 6/29/2020 8:3	parec
	Cost Center Description		I npati ent	Outpati ent	Total	
			1.00	2.00	3.00	
	PART I - PATIENT REVENUES					-
	General Inpatient Routine Services					
. 00	Hospi tal		67, 164, 5	99	67, 164, 599	1.(
. 00	SUBPROVIDER - IPF					2.
. 00	SUBPROVIDER - IRF					3.
. 00	SUBPROVI DER				0	4.
. 00	Swing bed - SNF			0	0	5.0
. 00	Swing bed - NF			0	0	
. 00	SKILLED NURSING FACILITY					7.
. 00	NURSING FACILITY					8.
. 00	OTHER LONG TERM CARE			00		9.
0.00	Total general inpatient care services (sum of lines 1-9)		67, 164, 5	99	67, 164, 599	10.
1 00	Intensive Care Type Inpatient Hospital Services		21 100 7	1	21 100 715	1 1 1
1.00	INTENSIVE CARE UNIT		21, 109, 7	15	21, 109, 715	
2.00	NEONATAL INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT					12.
3.00 4.00						13.
4.00	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT		2 242 F	01	2 242 E01	
5.00 6.00		Linco	3, 263, 5		3, 263, 581	
0.00	Total intensive care type inpatient hospital services (sum of 11-15)	rines	24, 373, 2	90	24, 373, 296	10.
7.00	Total inpatient routine care services (sum of lines 10 and 16	\ \	91, 537, 8	05	91, 537, 895	17.
8.00	Ancillary services)	236, 488, 9		635, 365, 852	
9.00	Outpatient services		34, 375, 4		182, 167, 968	
0.00	RURAL HEALTH CLINIC		54, 575, 4	0 147, 792, 512	182, 107, 908	
1.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0	
2.00	HOME HEALTH AGENCY			0 0	0	21.
3.00	AMBULANCE SERVICES					22.
4.00	CMHC					23.
5.00	AMBULATORY SURGICAL CENTER (D. P.)					24.
6.00	HOSPICE					26.
7.00	NONALLOWABLE REVENUE			0 115, 583	115, 583	
8.00	Total patient revenues (sum of lines 17-27)(transfer column 3	to Wkst	362, 402, 3		909, 187, 298	
0.00	G-3, Line 1)	to wkst.	302, 402, 3	23 340,704,773	909, 107, 290	20.
	PART II - OPERATING EXPENSES					
9.00	Operating expenses (per Wkst. A, column 3, line 200)			182, 343, 129		29.
0.00	ADD (SPECI FY)			0		30.
1.00				0		31.
2.00				0		32.
3.00				0		33.
4.00				0		34.
5.00				0		35.
6.00	Total additions (sum of lines 30-35)			0		36.
7.00	DEDUCT (SPECI FY)			0		37.
8.00				0		38.
9.00				0		39.
0. 00				0		40.
1.00				0		41.
2.00	Total deductions (sum of lines 37-41)			0		42.
3.00	Total operating expenses (sum of lines 29 and 36 minus line 4	2)(transfer		182, 343, 129		43.
	to Wkst. G-3, line 4)					

Heal th	Financial Systems IU HEAL	TH WEST HOSPITAL	In Lie	u of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0158	Peri od:	Worksheet G-3	
			From 01/01/2019 To 12/31/2019	Date/Time Pre	narod
			10 12/31/2019	6/29/2020 8:3	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, colur			909, 187, 298	1.00
2.00	Less contractual allowances and discounts on patients	s' accounts		678, 564, 533	2.00
3.00	Net patient revenues (line 1 minus line 2)			230, 622, 765	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part I			182, 343, 129	4.00
5.00	Net income from service to patients (line 3 minus lir	ne 4)		48, 279, 636	5.00
	OTHER I NCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			0	7.00
8.00	Revenues from telephone and other miscellaneous commu	unication services		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			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
	Revenue from meals sold to employees and guests			0	14.00
	Revenue from rental of living quarters			0	15.00
	Revenue from sale of medical and surgical supplies to	o other than patients		0	16.00
	Revenue from sale of drugs to other than patients			0	17.00
	Revenue from sale of medical records and abstracts			0	
	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
	Revenue from gifts, flowers, coffee shops, and cantee	en		0	20.00
	Rental of vending machines			0	21.00
	Rental of hospital space			0	22.00
	Governmental appropriations			0	23.00
	MI SCELLANEOUS I NCOME			14, 660, 168	
	Total other income (sum of lines 6-24)			14, 660, 168	
	Total (line 5 plus line 25)			62, 939, 804	
	OTHER EXPENSES (SPECIFY) Total other expenses (sum of line 27 and subscripts)			0	27.00 28.00
	Net income (or loss) for the period (line 26 minus li	no 28)		62, 939, 804	
29.00	Iner income (or ross) for the period (rifle 20 millius fr	HE 20)		02, 939, 804	29.00

Health Financial Systems	I U HEALTH WEST HOSPI TAL	In Lie	u of Form CMS-2552-10
CALCULATION OF CAPITAL PAYMENT	Provi der CCN: 15-0158	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/29/2020 8:35 am
	Title XVIII	Hospi tal	PPS

			nospi tai	FFJ	
			-	1.00	
	PART I - FULLY PROSPECTIVE METHOD			1.00	
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			1, 609, 364	1.00
1.01	Model 4 BPCI Capital DRG other than outlier			0	1.01
2.00	Capital DRG outlier payments			42, 807	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 instr	ructions)	82.72	3.00
4.00	Number of interns & residents (see instructions)			0.00	4.00
5.00	Indirect medical education percentage (see instructions)			0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 - 1.01) (see instructions)	and 1.01,	columns 1 and	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Wor 30) (see instructions)	ksheet E,	part A line	2.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)			15.62	8.00
9.00	Sum of lines 7 and 8			18.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)			3.80	10.00
11.00	Disproportionate share adjustment (see instructions)			61, 156	11.00
12.00	Total prospective capital payments (see instructions)			1, 713, 327	12.00
			-	1.00	
	PART II - PAYMENT UNDER REASONABLE COST		I		
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	
1.00	Program inpatient capital costs (see instructions)			0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instruct	ions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	10113)		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)			0.00	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)	0.00	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 l	ess line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (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	e 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on t			0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment f (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