

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet S Parts I-III Date/Time Prepared: 1/21/2025 5:24 pm
--	-----------------------	---------------------------------------	---

PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.		Date: 1/21/2025 Time: 5:24 pm
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ASCENSION ST. VINCENT HOSPITAL (15-0084) for the cost reporting period beginning 07/01/2023 and ending 06/30/2024 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	<i>Bethany Morrow</i>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Bethany Morrow		2
3	Signatory Title	VP OF FINANCE		3
4	Date	01/21/2025 05:24:07 PM		4

		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY							
1.00	HOSPITAL	0	6,511,041	241	0	0	1.00
2.00	SUBPROVIDER - IPF	0	4,908	42		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	6,515,949	283	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0084		Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part I Date/Time Prepared: 1/21/2025 5:24 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2001 WEST 86TH STREET			PO Box:				1.00			
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46260-		County: MARION			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			ASCENSION ST. VINCENT HOSPITAL	150084	26900	1	07/01/1966	N	P O	3.00
4.00	Subprovider - IPF			ASCENSION ST. VINCENT STRESS CENTER	155084	26900	4	07/07/1992	N	P O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2023	06/30/2024		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim UCPS, including supplemental UCPS, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic redesignation from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015 or FY2025? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									22.04	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

Worksheet S-2
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-2
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

		V	XVIII	XIX	
		1.00	2.00	3.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.	N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1	60.03
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1	60.04
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1	60.05
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	4.00
		5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y		18.00	18.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1.00	2.00	3.00	4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-2
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

			1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)		Y		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		5.58	46.85	0.106428 64.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.12	16.14 0.161994 65.00
65.01		GERIATRIC MEDICINE	1351	0.31	0.68 0.313131 65.01
65.02		INTERNAL MEDICINE	1400	8.40	39.89 0.173949 65.02
65.03		INTERNAL MEDICINE/FAMILY	2755	0.96	7.02 0.120301 65.03
65.04		PEDIATRICS	2000	0.67	10.67 0.059083 65.04
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		7.20	68.47	0.095150 66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-2
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	2.14	21.31	0.091258	67.00
67.01		FAMILY MEDICINE	1351	0.13	0.79	0.141304	67.01
67.02		INTERNAL MEDICINE	1400	1.79	45.48	0.037868	67.02
67.03		PEDIATRICS	2000	0.64	16.06	0.038323	67.03
						1.00	
Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)							
68.00	For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?						68.00
		1.00	2.00	3.00			
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y					70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0			71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N					75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0			76.00
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00
				Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments		
				1.00	2.00		
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.		N		0		88.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-2
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

		Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge	
		1.00	2.00	3.00	
89.00	Column 1: If line 88, column 1 is Y, enter the worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.	0.00		0	89.00
			V	XIX	
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
107.01	If this facility is a REH (line 3, column 4, is "12"), is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no. (see instructions)				107.01
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part I Date/Time Prepared: 1/21/2025 5:24 pm
		1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete worksheet E, Part A, lines 200 through 218, and worksheet E-2, lines 200 through 215, as applicable.	N		110.00
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	9,601,440	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
DO NOT USE THIS LINE				
119.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	119.00
120.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		120.00
121.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the worksheet A line number where these taxes are included.	Y	5.00	121.00
122.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no.	Y	N	122.00
123.00	If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
124.00	Did the hospital incur cost, either directly or through a contract with an outside supplier, to establish and maintain access to no less than a 6-month buffer stock of one or more essential medicines according to 42 CFR 412.113(g)? Enter "Y" for yes or "N" for no.			124.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare-certified kidney transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.	08/17/2010		126.00
127.00	If this is a Medicare-certified heart transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.	07/20/2009		127.00
128.00	If this is a Medicare-certified liver transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0084		Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part I Date/Time Prepared: 1/21/2025 5:24 pm	
				1.00			2.00		
129.00	If this is a Medicare-certified lung transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare-certified pancreas transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare-certified intestinal transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare-certified islet transplant program, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	Removed and reserved								133.00
134.00	If this is a hospital-based organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		15H046		140.00
				1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ASCENSION ST. VINCENT		Contractor's Name: WPS		Contractor's Number: 08001		141.00		
142.00	Street: 250 WEST 96TH SREET, STE 215		PO Box:				142.00		
143.00	City: INDIANAPOLIS		State: IN		Zip Code: 46260		143.00		
						1.00			
144.00	Are provider based physicians' costs included in worksheet A?				Y				144.00
				1.00		2.00			
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00
						1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N				149.00
				Part A		Part B		Title V	
				1.00		2.00		3.00	
								Title XIX	
								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		155.00
156.00	Subprovider - IPF		N		N		N		156.00
157.00	Subprovider - IRF		N		N		N		157.00
158.00	SUBPROVIDER								158.00
159.00	SNF		N		N		N		159.00
160.00	HOME HEALTH AGENCY		N		N		N		160.00
161.00	CMHC				N		N		161.00
						1.00			
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N				165.00
		Name		County		State		Zip Code	
		0		1.00		2.00		3.00	
								4.00	
								5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00		169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part I Date/Time Prepared: 1/21/2025 5:24 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084		Period: From 07/01/2023 To 06/30/2024		Worksheet S-2 Part II Date/Time Prepared: 1/21/2025 5:24 pm	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, in columns 2 and 4, from the PS&R used to prepare this cost report, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date.(see instructions)	Y	01/08/2025	Y	01/08/2025		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084		Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part II Date/Time Prepared: 1/21/2025 5:24 pm
		Description		Y/N	Y/N
		0		1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	
					21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATIE		COPELAND	41.00
42.00	Enter the employer/company name of the cost report preparer.	ASCENSION			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3173730609		KATHRYN.COPELAND1@ASCENSION.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet S-2 Part II Date/Time Prepared: 1/21/2025 5:24 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR DIRECTOR NET REVENUE MGMT	41.00	
42.00	Enter the employer/company name of the cost report preparer.		42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Component						1/21/2023 3:24 pm	
		Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	I/P Days / O/P Visits / Trips	
						Title V	
		1.00	2.00	3.00	4.00	5.00	
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	501	183,182	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		501	183,182	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	104	38,064	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
9.01	CARDIOTHORACIC VASCULAR TRANSPL	32.01	32	11,712	0.00	0	9.01
10.00	BURN INTENSIVE CARE UNIT	33.00	8	2,928	0.00	0	10.00
10.01	PEDIATRIC INTENSIVE CARE UNIT	33.01	14	5,124	0.00	0	10.01
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	34.01	92	33,672	0.00	0	11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		751	274,682	0.00	0	14.00
15.00	CAH visits					0	15.00
15.10	REH hours and visits				0.00	0	15.10
16.00	SUBPROVIDER - IPF	40.00	48	17,568		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		799				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		8	2,928			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
PART I - STATISTICAL DATA							
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	28,430	5,982	120,650			1.00
2.00	HMO and other (see instructions)	38,693	49,383				2.00
3.00	HMO IPF Subprovider	909	3,654				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	28,430	5,982	120,650			7.00
8.00	INTENSIVE CARE UNIT	5,639	1,119	26,495			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
9.01	CARDIOTHORACIC VASCULAR TRANSPL	1,327	145	6,315			9.01
10.00	BURN INTENSIVE CARE UNIT	109	58	1,612			10.00
10.01	PEDIATRIC INTENSIVE CARE UNIT	6	304	2,565			10.01
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01	NEONATAL INTENSIVE CARE UNIT	0	3,206	25,694			11.01
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		3,012	4,935			13.00
14.00	Total (see instructions)	35,511	13,826	188,266	162.97	3,860.99	14.00
15.00	CAH visits	0	0	0			15.00
15.10	REH hours and visits	0	0	0			15.10
16.00	SUBPROVIDER - IPF	1,409	646	13,522	0.00	69.68	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	41.26	23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			238			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				162.97	3,971.93	27.00
28.00	Observation Bed Days		1,152	14,678			28.00
29.00	Ambulance Trips	380					29.00
30.00	Employee discount days (see instruction)			1,642			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	241	1,351			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			1,492			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
PART I - STATISTICAL DATA						
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,944	1,371	29,486	1.00
2.00 HMO and other (see instructions)			5,106	5,904		2.00
3.00 HMO IPF Subprovider				594		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.01 CARDIOTHORACIC VASCULAR TRANSPL						9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
10.01 PEDIATRIC INTENSIVE CARE UNIT						10.01
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 NEONATAL INTENSIVE CARE UNIT						11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,944	1,371	29,486	14.00
15.00 CAH visits						15.00
15.10 REH hours and visits						15.10
16.00 SUBPROVIDER - IPF	0.00	0	126	118	1,987	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01
34.00 Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

	Wkst. A Line Number	Amount Reported	ReClassificati on of Salaries (from wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	420,080,806	-121,194	419,959,612	8,261,608.00	50.83
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		734,137	0	734,137	8,895.00	82.53
4.01	Physicians - Part A - Teaching		6,937,774	0	6,937,774	53,886.00	128.75
5.00	Physician and Non Physician-Part B		51,877,424	0	51,877,424	378,731.00	136.98
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	10,608,490	10,608,490	344,256.00	30.82
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		1,383,897	0	1,383,897	3,470.00	398.82
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		72,853,997	-2,517,609	70,336,388	1,284,921.00	54.74
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		28,881,399	0	28,881,399	327,926.00	88.07
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		2,501,511	0	2,501,511	12,766.00	195.95
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		78,694,714	0	78,694,714	1,395,949.00	56.37
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
15.01	Home office Physicians Part A - Administrative		0	0	0	0.00	0.00
15.02	Home office contract Physicians Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		57,055,962	0	57,055,962		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		13,061,121	0	13,061,121		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		114,855	0	114,855		
22.01	Physician Part A - Teaching		941,976	0	941,976		
23.00	Physician Part B		6,928,591	0	6,928,591		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		2,685,185	0	2,685,185		
25.50	Home office wage-related (core)		22,547,155	0	22,547,155		
25.51	Related organization wage-related (core)		0	0	0		

1/21/2025 5:24 pm C:\Users\dnar\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

		Wkst. A Line Number	Amount Reported	ReClassificati on of Salaries (from wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	7,730,431	59,699	7,790,130	7,388.00	1,054.43	26.00
27.00	Administrative & General	5.00	11,214,045	-2,167,613	9,046,432	193,131.00	46.84	27.00
28.00	Administrative & General under contract (see inst.)		7,726,007	0	7,726,007	50,048.00	154.37	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,212,839	0	2,212,839	77,572.00	28.53	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		10,977,471	0	10,977,471	384,954.00	28.52	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		2,884,796	0	2,884,796	91,878.00	31.40	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	11,280,875	0	11,280,875	281,395.00	40.09	38.00
39.00	Central Services and Supply	14.00	4,603,039	0	4,603,039	162,222.00	28.37	39.00
40.00	Pharmacy	15.00	15,113,574	-802,763	14,310,811	265,934.00	53.81	40.00
41.00	Medical Records & Medical Records Library	16.00	92,268	0	92,268	4,417.00	20.89	41.00
42.00	Social Service	17.00	6,274,808	0	6,274,808	150,127.00	41.80	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part III
Date/Time Prepared:
1/21/2025 5:24 pm

	Worksheet A Line Number	Amount Reported	ReClassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	381,469,985	-10,729,684	370,740,301	8,008,145.00	46.30	1.00
2.00	Excluded area salaries (see instructions)	72,853,997	-2,517,609	70,336,388	1,284,921.00	54.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	308,615,988	-8,212,075	300,403,913	6,723,224.00	44.68	3.00
4.00	Subtotal other wages & related costs (see inst.)	110,077,624	0	110,077,624	1,736,641.00	63.39	4.00
5.00	Subtotal wage-related costs (see inst.)	79,717,972	0	79,717,972	0.00	26.54	5.00
6.00	Total (sum of lines 3 thru 5)	498,411,584	-8,212,075	490,199,509	8,459,865.00	57.94	6.00
7.00	Total overhead cost (see instructions)	80,110,153	-2,910,677	77,199,476	1,669,066.00	46.25	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	13,150,168	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	2,233,473	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	21,139,427	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	12,639,279	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	162,667	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	2,977,129	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	28,200,782	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	162,930	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	121,835	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	80,787,690	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-3
Part V
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	28,881,399	80,787,690	1.00
2.00	Hospital	28,881,399	57,055,962	2.00
3.00	SUBPROVIDER - IPF	0	0	3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	23,731,728	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-10
Parts I & II
Date/Time Prepared:
1/21/2025 5:24 pm

			1.00	
PART I - HOSPITAL AND HOSPITAL COMPLEX DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.19923	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		178,675,262	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		1,271,289,149	6.00
7.00	Medicaid cost (line 1 times line 6)		253,270,038	7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)		74,594,776	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		74,594,776	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	72,158,194	3,582,040	75,740,234
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,375,572	2,733,678	17,109,250
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	14,375,572	2,733,678	17,109,250
			1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		1,059,423	25.01
26.00	Bad debt amount (see instructions)		46,616,451	26.00
27.00	Medicare reimbursable bad debts (see instructions)		720,755	27.00
27.01	Medicare allowable bad debts (see instructions)		1,108,854	27.01
28.00	Non-Medicare bad debt amount (see instructions)		45,507,597	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		9,454,259	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		26,563,509	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		101,158,285	31.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet S-10
Parts I & II
Date/Time Prepared:
1/21/2025 5:24 pm

			1.00	
PART II - HOSPITAL DATA				
Uncompensated and Indigent Care Cost-to-Charge Ratio				
1.00	Cost to charge ratio (see instructions)		0.200810	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			5.00
6.00	Medicaid charges			6.00
7.00	Medicaid cost (line 1 times line 6)			7.00
8.00	Difference between net revenue and costs for Medicaid program (see instructions)			8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			9.00
10.00	Stand-alone CHIP charges			10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (see instructions)			12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			14.00
15.00	State or local indigent care program cost (line 1 times line 14)			15.00
16.00	Difference between net revenue and costs for state or local indigent care program (see instructions)			16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care			17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated care cost (see instructions for each line)				
20.00	Charity care charges and uninsured discounts (see instructions)	71,538,302	3,541,889	75,080,191
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,365,606	2,695,209	17,060,815
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (see instructions)	14,365,606	2,695,209	17,060,815
			1.00	
24.00	Does the amount on line 20 col. 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
25.01	Charges for insured patients' liability (see instructions)		1,059,423	25.01
26.00	Bad debt amount (see instructions)		45,994,889	26.00
27.00	Medicare reimbursable bad debts (see instructions)		719,343	27.00
27.01	Medicare allowable bad debts (see instructions)		1,106,681	27.01
28.00	Non-Medicare bad debt amount (see instructions)		44,888,208	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt amounts (see instructions)		9,401,339	29.00
30.00	Cost of uncompensated care (line 23, col. 3, plus line 29)		26,462,154	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		26,462,154	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	23,738,722	23,738,722	239,422	23,978,144	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	612,202	612,202	0	612,202	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	20,362,348	20,362,348	0	20,362,348	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,730,431	58,899,556	-239,422	66,390,565	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,214,045	308,427,961	-4,448,895	315,193,111	5.00
7.00	00700	OPERATION OF PLANT	2,212,839	32,577,563	0	34,790,402	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,695,264	0	2,695,264	8.00
9.00	00900	HOUSEKEEPING	0	12,459,196	0	12,459,196	9.00
10.00	01000	DIETARY	0	14,964,166	-11,002,671	3,961,495	10.00
11.00	01100	CAFETERIA	0	0	10,853,506	10,853,506	11.00
13.00	01300	NURSING ADMINISTRATION	11,280,875	4,548,761	0	15,829,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,603,039	5,394,144	-1,953,830	8,043,353	14.00
15.00	01500	PHARMACY	15,113,574	93,587,693	-91,318,382	17,382,885	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	92,268	-36,454	55,814	55,814	16.00
17.00	01700	SOCIAL SERVICE	6,274,808	1,079,802	0	7,354,610	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	10,608,490	10,608,490	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	22,857,294	6,961,691	-17,315,003	12,503,982	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	486,227	56,270	542,497	1,236,323	23.00
23.01	02301	PARAMED ED PRGM - CPE	427,164	47,586	-244,668	230,082	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	219,516	1,540	337,385	558,441	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	337,392	52,212	168,754	558,358	23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	227,482	52,575	280,057	280,057	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	90,687,621	40,310,433	-1,603,097	129,394,957	30.00
31.00	03100	INTENSIVE CARE UNIT	17,631,781	13,452,890	-1,441,153	29,643,518	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	5,726,376	2,176,679	6,571,478	14,474,533	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,456,140	1,744,659	-173,391	3,027,408	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,758,820	1,016,074	-225,925	5,548,969	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	25,303,148	4,942,369	-1,412,274	28,833,243	34.01
40.00	04000	SUBPROVIDER - IPF	7,058,410	930,756	0	7,989,166	40.00
43.00	04300	NURSERY	1,539,053	154,130	2,241,537	3,934,720	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,471,211	49,781,972	-27,979,815	51,273,368	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,122,761	2,323,800	-673,223	7,773,338	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,536,845	8,546,124	-700,800	15,382,169	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	3,675,771	1,301,912	15,013	4,992,696	54.01
54.02	05403	ULTRASOUND	1,462,372	249,382	-301,478	1,410,276	54.02
54.03	05404	ECHOCARDIOLOGY	1,012,920	482,880	87,624	1,583,424	54.03
54.04	05401	ONCOLOGY	4,552,488	4,901,558	-553,453	8,900,593	54.04
57.00	05700	CT SCAN	1,745,637	1,431,571	-624,748	2,552,460	57.00
58.00	05800	MRI	1,193,036	739,891	-283,232	1,649,695	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,130,532	22,118,389	-21,129,168	7,119,753	59.00
59.01	05901	CARDIAC REHAB	618,757	236,440	50,149	905,346	59.01
60.00	06000	LABORATORY	1,264	34,337,686	-18,437	34,320,513	60.00
65.00	06500	RESPIRATORY THERAPY	8,335,264	4,961,699	-1,935,970	11,360,993	65.00
66.00	06600	PHYSICAL THERAPY	3,083,178	14,843,166	-4,212,894	13,713,450	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,102,638	1,912,313	1,837,513	4,852,464	67.00
68.00	06800	SPEECH PATHOLOGY	604,112	1,512,645	2,027,081	4,143,838	68.00
69.00	06900	ELECTROCARDIOLOGY	1,213,611	730,307	34,182	1,978,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,289,937	13,356,847	0	15,646,784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	70,317,174	70,317,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72,967,998	0	72,967,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	89,226,353	89,226,353	73.00
74.00	07400	RENAL DIALYSIS	0	4,858,608	-34	4,858,574	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	2,529,128	4,087,424	-3,766,198	2,850,354	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,263,201	314,441	6,365,469	7,943,111	90.00
90.01	09001	PARTIAL HOSPITALIZATION	3,163,724	21,950	0	3,185,674	90.01
90.02	09002	COVID-19 VACCINE CLINIC	6,881	842	0	7,723	90.02
90.03	09003	BURN CLINIC	235,430	239,036	-12,399	462,067	90.03
91.00	09100	EMERGENCY	23,029,372	24,252,806	-1,950,419	45,331,759	91.00
91.01	09101	WOUND CARE 002	880,739	1,009,703	-26,687	1,863,755	91.01
91.02	09102	WOUND CARE 001	576,688	185,253	-130,228	631,713	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	234,028	296,810	0	530,838	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	91.05

1/21/2025 5:24 pm C:\Users\dnanr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
91.06	09106	OP ANTICOAGULATION CLINIC	488,323	158,167	646,490	-3,068	643,422	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	431,163	671,710	1,102,873	0	1,102,873	91.07
91.08	04040	FAMILY PRACTICE	5,753,686	4,026,923	9,780,609	-2,863	9,777,746	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,066,458	1,464,551	8,531,009	-92,851	8,438,158	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	262,905	20,096	283,001	0	283,001	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,955,913	8,595,722	12,551,635	-2,209,021	10,342,614	105.00
106.00	10600	HEART ACQUISITION	3,346,021	4,988,782	8,334,803	-3,689,259	4,645,544	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	4,251,382	10,395,403	14,646,785	0	14,646,785	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	374,865,679	953,535,595	1,328,401,274	0	1,328,401,274	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	975,189	975,189	0	975,189	190.00
191.00	19100	RESEARCH	369,465	78,939	448,404	0	448,404	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	36,759,123	10,899,158	47,658,281	0	47,658,281	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	565,974	669,564	1,235,538	0	1,235,538	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	2,771,825	235,275	3,007,100	0	3,007,100	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	25,739,543	25,739,543	0	25,739,543	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	979	979	0	979	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	4,058,699	1,569,603	5,628,302	0	5,628,302	193.19
194.00	07950	RETAIL PHARMACY	690,041	4,638,277	5,328,318	0	5,328,318	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	420,080,806	998,342,122	1,418,422,928	0	1,418,422,928	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,811,287	21,166,857	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	-206,933	405,269	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	20,362,348	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-179,882	66,210,683	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-65,059,722	250,133,389	5.00
7.00	00700	OPERATION OF PLANT	-409,927	34,380,475	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,695,264	8.00
9.00	00900	HOUSEKEEPING	0	12,459,196	9.00
10.00	01000	DIETARY	-167,669	3,793,826	10.00
11.00	01100	CAFETERIA	-2,350,331	8,503,175	11.00
13.00	01300	NURSING ADMINISTRATION	-3,267,388	12,562,248	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-8,397,398	-354,045	14.00
15.00	01500	PHARMACY	-17,015	17,365,870	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,692	54,122	16.00
17.00	01700	SOCIAL SERVICE	-219,204	7,135,406	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	10,608,490	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-4,864,995	7,638,987	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	-12,125	1,224,198	23.00
23.01	02301	PARAMED ED PRGM - CPE	-3,200	226,882	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	-67,625	490,816	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	-22,474	535,884	23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	-280,057	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-34,830,706	94,564,251	30.00
31.00	03100	INTENSIVE CARE UNIT	-30,066	29,613,452	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	-692,595	13,781,938	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,027,408	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	-2,348,706	3,200,263	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-11,203,269	17,629,974	34.01
40.00	04000	SUBPROVIDER - IPF	-2,884,809	5,104,357	40.00
43.00	04300	NURSERY	-1,536,279	2,398,441	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,132,675	44,140,693	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,272	7,770,066	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,851,353	11,530,816	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	4,992,696	54.01
54.02	05403	ULTRASOUND	0	1,410,276	54.02
54.03	05404	ECHOCARDIOLOGY	0	1,583,424	54.03
54.04	05401	ONCOLOGY	-48,911	8,851,682	54.04
57.00	05700	CT SCAN	0	2,552,460	57.00
58.00	05800	MRI	0	1,649,695	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,119,753	59.00
59.01	05901	CARDIAC REHAB	0	905,346	59.01
60.00	06000	LABORATORY	0	34,320,513	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,360,993	65.00
66.00	06600	PHYSICAL THERAPY	-653,935	13,059,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,852,464	67.00
68.00	06800	SPEECH PATHOLOGY	-218	4,143,620	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,978,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-10,080,323	5,566,461	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	70,317,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72,967,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-133,804	89,092,549	73.00
74.00	07400	RENAL DIALYSIS	0	4,858,574	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03330	ENDOSCOPY	0	2,850,354	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,134,639	6,808,472	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	3,185,674	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	7,723	90.02
90.03	09003	BURN CLINIC	197,693	659,760	90.03
91.00	09100	EMERGENCY	-15,496,969	29,834,790	91.00
91.01	09101	WOUND CARE 002	0	1,863,755	91.01
91.02	09102	WOUND CARE 001	0	631,713	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	530,838	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	643,422	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	1,102,873	91.07

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.08	04040	FAMILY PRACTICE			91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	-5,809,545	3,968,201	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-11,700	8,426,458	95.00
98.00	09853	GERIATRIC CLINIC	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	283,001	98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-687,076	9,655,538	105.00
106.00	10600	HEART ACQUISITION	-111,000	4,534,544	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	-90	14,646,695	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-186,823,171	1,141,578,103	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	975,189	190.00
191.00	19100	RESEARCH	0	448,404	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	47,658,281	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19304	MARKETING	0	0	193.01
193.02	19305	MISSION SERVICES	0	1,235,538	193.02
193.03	19306	FOUNDATION	0	0	193.03
193.04	19307	WELLNESS	0	3,007,100	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	193.06
193.07	19310	BILLING	0	25,739,543	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	979	193.08
193.09	19312	LIFELINE	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	193.10
193.14	19302	VACANT SPACE	0	0	193.14
193.16	19316	SETON BOARD	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	5,628,302	193.19
194.00	07950	RETAIL PHARMACY	0	5,328,318	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-186,823,171	1,231,599,757	200.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-6

Date/Time Prepared:
1/21/2025 5:24 pm

	Increases					1/21/2023 5:24 pm
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Pharmacy					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	88,260,716	1.00	
	TOTALS		0	88,260,716		
	B - Drugs Directly Assigned					
1.00	DRUGS CHARGED TO PATIENTS	73.00		965,637	1.00	
2.00					2.00	
3.00					3.00	
4.00					4.00	
5.00					5.00	
6.00					6.00	
7.00					7.00	
8.00					8.00	
9.00					9.00	
10.00					10.00	
11.00					11.00	
12.00					12.00	
13.00					13.00	
14.00					14.00	
15.00					15.00	
16.00					16.00	
17.00					17.00	
18.00					18.00	
19.00					19.00	
20.00					20.00	
21.00					21.00	
22.00					22.00	
23.00					23.00	
24.00					24.00	
25.00					25.00	
26.00					26.00	
27.00					27.00	
28.00					28.00	
29.00			0	965,637	29.00	
	C - Med Ed Director					
1.00	I&R SERVICES-OTHER PRGM	22.00	1,025		1.00	
	COSTS A		1,025	0		
	D - Nursery					
1.00	NURSERY	43.00	1,920,992	320,545	1.00	
			1,920,992	320,545		
	E - Building Rent					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		239,422	1.00	
			0	239,422		
	F - Rental Beds					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00		1,733,875	1.00	
			0	1,733,875		
	G - Sonography					
1.00	PARAMED ED PRGM- SONOGRAPHY	23.04	156,762	11,992	1.00	
			156,762	11,992		
	H - Resident Salaries					
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	10,608,490		1.00	
			10,608,490	0		
	I - Radiology Paramed					
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	313,409	23,976	1.00	
			313,409	23,976		
	J - Pharmacy Paramed					
1.00	PARAMED ED PRGM- PHARMACY	23.00	800,467	61,236	1.00	
			800,467	61,236		
	K - Pharmacy Year 2					
1.00	PHARMACY	15.00	150,464	17,413	1.00	
			150,464	17,413		
	L - CPE Paramed					
1.00	PARAMED ED PRGM - CPE	23.01	3,504	268	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	223,538	24,902	2.00	
			227,042	25,170		
	M - Organ Acquisition					
1.00	KIDNEY ACQUISITION	105.00	276,897	98,432	1.00	
2.00					2.00	
3.00					3.00	
4.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	1,350,551	1,388,318	4.00	

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-6

Date/Time Prepared:
1/21/2025 5:24 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	KIDNEY ACQUISITION	105.00	144,187	11,030	5.00
6.00	HEART ACQUISITION	106.00	20,050	1,534	6.00
7.00	HEART ACQUISITION	106.00		71,915	7.00
9.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	2,241,986	1,720,817	9.00
			4,033,671	3,292,046	
N - Dietary					
1.00	CAFETERIA	11.00		10,853,506	1.00
			0	10,853,506	
O - Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	68,583,299	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
26.00		0.00	0	0	26.00
	TOTALS		0	68,583,299	
P - Therapy					
1.00	OCCUPATIONAL THERAPY	67.00	421,793	1,433,683	1.00
2.00	SPEECH PATHOLOGY	68.00	486,807	1,654,664	2.00
	TOTALS		908,600	3,088,347	
Q - Cardiac Admin					
1.00	ADULTS & PEDIATRICS	30.00	324,893	313,772	1.00
2.00	INTENSIVE CARE UNIT	31.00	237,318	229,194	2.00
3.00	CARDIOTHORACIC VASCULAR TRANSPL	32.01	236,526	228,429	3.00
4.00	OPERATING ROOM	50.00	328,786	317,532	4.00
5.00	AMBULATORY CARDIOVASCULAR SVC	54.01	93,044	89,859	5.00
6.00	ECHOCARDIOLOGY	54.03	44,575	43,049	6.00
7.00	CARDIAC CATHETERIZATION	59.00	789,201	762,186	7.00
8.00	CARDIAC REHAB	59.01	25,601	24,725	8.00
9.00	ELECTROCARDIOLOGY	69.00	58,193	56,201	9.00
10.00	HEART ACQUISITION	106.00	249,510	240,969	10.00
			2,387,647	2,305,916	
R - Clinic					
1.00	CLINIC	90.00	3,190,353	2,952,618	1.00
2.00	CLINIC	90.00		222,498	2.00
			3,190,353	3,175,116	
S - Surgery Tech Start-up					
1.00	PARAMED ED PRGM- SURGERY TECH	23.05		227,482	1.00
			0	227,482	
T - RELOCATION COSTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	59,699	0	1.00
2.00	SPEECH PATHOLOGY	68.00	46,589	0	2.00
	TOTALS		106,288	0	
500.00	Grand Total: Increases		24,805,210	183,185,694	500.00

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-6

Date/Time Prepared:
1/21/2025 5:24 pm

	Decreases						1/21/2023 5:24 pm
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - Pharmacy						
1.00	PHARMACY	15.00	0	88,260,716	0		1.00
	TOTALS		0	88,260,716			
	B - Drugs Directly Assigned						
1.00	I&R SERVICES-OTHER PRGM	22.00		342,069			1.00
	COSTS A						
2.00	ADULTS & PEDIATRICS	30.00		225			2.00
3.00	INTENSIVE CARE UNIT	31.00		454			3.00
4.00	CARDIOTHORACIC VASCULAR	32.01		1,319			4.00
	TRANSPL						
5.00	BURN INTENSIVE CARE UNIT	33.00		43			5.00
6.00	PEDIATRIC INTENSIVE CARE	33.01		13			6.00
	UNIT						
7.00	NEONATAL INTENSIVE CARE UNIT	34.01		2,404			7.00
8.00	OPERATING ROOM	50.00		301,237			8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00		10,127			9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		22,017			10.00
11.00	AMBULATORY CARDIOVASCULAR	54.01		21,862			11.00
	SVC						
12.00	ONCOLOGY	54.04		7,216			12.00
13.00	MRI	58.00		3,014			13.00
14.00	CARDIAC CATHETERIZATION	59.00		2,498			14.00
15.00	CARDIAC REHAB	59.01		177			15.00
16.00	LABORATORY	60.00		18,437			16.00
17.00	RESPIRATORY THERAPY	65.00		3,998			17.00
18.00	PHYSICAL THERAPY	66.00		71			18.00
19.00	SPEECH PATHOLOGY	68.00		85			19.00
20.00	ELECTROCARDIOLOGY	69.00		80,212			20.00
21.00	RENAL DIALYSIS	74.00		34			21.00
22.00	ENDOSCOPY	75.01		62			22.00
23.00	BURN CLINIC	90.03		12,399			23.00
24.00	EMERGENCY	91.00		10,522			24.00
25.00	WOUND CARE 002	91.01		26,687			25.00
26.00	OP ANTICOAGULATION CLINIC	91.06		3,068			26.00
27.00	FAMILY PRACTICE	91.08		1,838			27.00
28.00	AMBULANCE SERVICES	95.00		92,851			28.00
29.00	KIDNEY ACQUISITION	105.00		698			29.00
			0	965,637			
	C - Med Ed Director						
1.00	FAMILY PRACTICE	91.08	1,025				1.00
			1,025	0			
	D - Nursery						
1.00	ADULTS & PEDIATRICS	30.00	1,920,992	320,545			1.00
			1,920,992	320,545			
	E - Building Rent						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		239,422	10		1.00
			0	239,422			
	F - Rental Beds						
1.00	CENTRAL SERVICES & SUPPLY	14.00		1,733,875			1.00
			0	1,733,875			
	G - Sonography						
1.00	ULTRASOUND	54.02	156,762	11,992			1.00
			156,762	11,992			
	H - Resident Salaries						
1.00	I&R SERVICES-OTHER PRGM	22.00	10,608,490				1.00
	COSTS A						
			10,608,490	0			
	I - Radiology Paramed						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	313,409	23,976			1.00
			313,409	23,976			
	J - Pharmacy Paramed						
1.00	PHARMACY	15.00	800,467	61,236			1.00
			800,467	61,236			
	K - Pharmacy Year 2						
1.00	PARAMED ED PRGM- PHARMACY	23.00	150,464	17,413			1.00
			150,464	17,413			
	L - CPE Paramed						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,504	268			1.00
2.00	PARAMED ED PRGM - CPE	23.01	223,538	24,902			2.00
			227,042	25,170			
	M - Organ Acquisition						
1.00	HEART ACQUISITION	106.00	144,187	11,030			1.00
2.00	PHARMACY	15.00	132,710	10,152			2.00
3.00	DIETARY	10.00		77,250			3.00

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

RECLASSIFICATIONS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-6

Date/Time Prepared:
1/21/2025 5:24 pm

	Decreases						1/21/2023 3:24 PM
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	KIDNEY ACQUISITION	105.00	1,350,551	1,388,318			4.00
5.00	HEART ACQUISITION	106.00	144,187	11,030			5.00
6.00	PHARMACY	15.00	20,050	1,534			6.00
7.00	DIETARY	10.00		71,915			7.00
9.00	HEART ACQUISITION	106.00	2,241,986	1,720,817			9.00
			4,033,671	3,292,046			
N - Dietary							
1.00	DIETARY	10.00		10,853,506			1.00
			0	10,853,506			
O - Medical Supplies							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	219,955	0		1.00
2.00	PHARMACY	15.00	0	2,199,394	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,907,211	0		3.00
4.00	CARDIOTHORACIC VASCULAR	32.01	0	593,830	0		4.00
	TRANSPL						
5.00	BURN INTENSIVE CARE UNIT	33.00	0	173,348	0		5.00
6.00	PEDIATRIC INTENSIVE CARE	33.01	0	225,912	0		6.00
	UNIT						
7.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,409,870	0		7.00
8.00	OPERATING ROOM	50.00	0	28,324,896	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	663,096	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	341,398	0		10.00
11.00	AMBULATORY CARDIOVASCULAR	54.01	0	146,028	0		11.00
	SVC						
12.00	ULTRASOUND	54.02	0	132,724	0		12.00
13.00	ONCOLOGY	54.04	0	546,237	0		13.00
14.00	CT SCAN	57.00	0	624,748	0		14.00
15.00	MRI	58.00	0	280,218	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	22,678,057	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	1,931,972	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	215,876	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	17,963	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	114,305	0		20.00
21.00	ENDOSCOPY	75.01	0	3,766,136	0		21.00
22.00	EMERGENCY	91.00	0	1,939,897	0		22.00
23.00	WOUND CARE 001	91.02	0	130,228	0		23.00
26.00	WOUND CARE 001				0		26.00
	TOTALS		0	68,583,299			
P - Therapy							
1.00	PHYSICAL THERAPY	66.00	908,600	3,088,347	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		908,600	3,088,347			
Q - Cardiac Admin							
1.00	ADMINISTRATIVE & GENERAL	5.00	2,387,647	2,305,916			1.00
2.00							2.00
3.00							3.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00							10.00
			2,387,647	2,305,916			
R - Clinic							
1.00	I&R SERVICES-OTHER PRGM	22.00	3,190,353	2,952,618			1.00
	COSTS A						
2.00	I&R SERVICES-OTHER PRGM	22.00		222,498			2.00
	COSTS A		3,190,353	3,175,116			
S - Surgery Tech Start-Up							
1.00	PARAMED ED PRGM- SURGERY	23.05	227,482				1.00
	TECH						
			227,482	0			
T - RELOCATION COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	59,699	0		1.00
2.00	SPEECH PATHOLOGY	68.00	0	46,589	0		2.00
	TOTALS		0	106,288			
500.00	Grand Total: Decreases		24,926,404	183,064,500			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet A-7
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,200,644	0	0	0	2,100,000	1.00	
2.00	Land Improvements	23,049,081	1,174	0	1,174	0	2.00	
3.00	Buildings and Fixtures	683,068,356	143,895,571	0	143,895,571	0	3.00	
4.00	Building Improvements	13,830,363	0	0	0	135,945	4.00	
5.00	Fixed Equipment	27,890,256	28,401	0	28,401	0	5.00	
6.00	Movable Equipment	336,041,562	17,768,346	0	17,768,346	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	1,101,080,262	161,693,492	0	161,693,492	2,235,945	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	1,101,080,262	161,693,492	0	161,693,492	2,235,945	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,100,644	0				1.00	
2.00	Land Improvements	23,050,255	0				2.00	
3.00	Buildings and Fixtures	826,963,927	0				3.00	
4.00	Building Improvements	13,694,418	0				4.00	
5.00	Fixed Equipment	27,918,657	0				5.00	
6.00	Movable Equipment	353,809,908	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	1,260,537,809	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	1,260,537,809	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet A-7
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		SUMMARY OF CAPITAL						
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
		9.00	10.00	11.00	12.00	13.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	21,863,522	0	1,875,200	0	0	1.00	
1.01	NEW CAP REL COSTS-BLDG-STRESS	405,269	0	206,933	0	0	1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	20,362,348	0	0	0	0	2.00	
3.00	Total (sum of lines 1-2)	42,631,139	0	2,082,133	0	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)					
		14.00	15.00					
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	23,738,722				1.00	
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	612,202				1.01	
2.00	CAP REL COSTS-MVBLE EQUIP	0	20,362,348				2.00	
3.00	Total (sum of lines 1-2)	0	44,713,272				3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet A-7
Part III
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	893,651,815	0	893,651,815	0.708945	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	13,076,086	0	13,076,086	0.010373	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	353,809,908	0	353,809,908	0.280682	0	2.00
3.00	Total (sum of lines 1-2)	1,260,537,809	0	1,260,537,809	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	20,927,435	239,422	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	405,269	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	20,362,348	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	41,695,052	239,422	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	21,166,857	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	0	0	0	405,269	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	20,362,348	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	41,934,474	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
1.00		B	-2,045,651	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG-STRESS		1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-BLDG-STRESS (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-628,948	ADMINISTRATIVE & GENERAL		5.00	0	3.00
4.00	Investment income - other (chapter 2)		0			0.00	0	4.00
5.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	5.00
6.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	6.00
7.00	Rental of provider space by suppliers (chapter 8)	A	-44,938	OPERATION OF PLANT		7.00	0	7.00
8.00	Telephone services (pay stations excluded) (chapter 21)	A	-8,139	OPERATION OF PLANT		7.00	0	8.00
9.00	Television and radio service (chapter 21)	A	-172,317	OPERATION OF PLANT		7.00	0	9.00
10.00	Parking lot (chapter 21)	A-8-2	-94,072,032				0	10.00
11.00	Provider-based physician adjustment		0			0.00	0	11.00
12.00	Sale of scrap, waste, etc. (chapter 23)	A-8-1	10,795,413				0	12.00
13.00	Related organization transactions (chapter 10)		0			0.00	0	13.00
14.00	Laundry and linen service		0			0.00	0	14.00
15.00	Cafeteria-employees and guests		0			0.00	0	15.00
16.00	Rental of quarters to employee and others		0			0.00	0	16.00
17.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	17.00
18.00	Sale of drugs to other than patients		0			0.00	0	18.00
19.00	Sale of medical records and abstracts		0			0.00	0	19.00
20.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	20.00
21.00	Vending machines		0			0.00	0	21.00
22.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	22.00
23.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Utilization review - physicians' compensation (chapter 21)		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG-STRESS		1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-BLDG-STRESS		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Non-physician Anesthetist		0			0.00	0	29.00
30.00	Physicians' assistant	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		0	ADULTS & PEDIATRICS		30.00		30.99
	Hospice (non-distinct) (see instructions)							

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	Misc Revenue	B	-936,087	CAP REL COSTS-BLDG & FIXT		1.00	9	33.00
33.01	Misc Revenue	B	-130,205	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.01
33.02	Misc Revenue	B	-162,398	ADMINISTRATIVE & GENERAL		5.00	0	33.02
33.03	Misc Revenue	B	-184,533	OPERATION OF PLANT		7.00	0	33.03
33.04	Misc Revenue	B	-167,669	DIETARY		10.00	0	33.04
33.05	Misc Revenue	B	-2,350,331	CAFETERIA		11.00	0	33.05
33.06	Misc Revenue	B	-377,371	NURSING ADMINISTRATION		13.00	0	33.06
33.08	Misc Revenue	B	-17,015	PHARMACY		15.00	0	33.08
33.09	Misc Revenue	B	-1,692	MEDICAL RECORDS & LIBRARY		16.00	0	33.09
33.10	Misc Revenue	B	-142,816	I&R SERVICES-OTHER PRGM		22.00	0	33.10
33.11	Misc Revenue	B	-12,125	COSTS A				
33.11	Misc Revenue	B	-12,125	PARAMED ED PRGM- PHARMACY		23.00	0	33.11
33.12	Misc Revenue	B	-3,200	PARAMED ED PRGM - CPE		23.01	0	33.12
33.13	Misc Revenue	B	-67,615	PARAMED ED PRGM - RADIOLOGY		23.02	0	33.13
33.15	Misc Revenue	B	-75,175	PARAMED ED PRGM- SONOGRAPHY		23.04	0	33.15
33.16	Misc Revenue	B	-9,715	NEONATAL INTENSIVE CARE UNIT		34.01	0	33.16
33.18	Misc Revenue	B	-3,245	DELIVERY ROOM & LABOR ROOM		52.00	0	33.18
33.19	Misc Revenue	B	-42,900	RADIOLOGY-DIAGNOSTIC		54.00	0	33.19
33.22	Misc Revenue	B	-653,935	PHYSICAL THERAPY		66.00	0	33.22
33.23	Misc Revenue	B	-218	SPEECH PATHOLOGY		68.00	0	33.23
33.25	Misc Revenue	B	-133,804	DRUGS CHARGED TO PATIENTS		73.00	0	33.25
33.31	MISC REVENUE	B	-72,600	CLINIC		90.00	0	33.31
33.32	MISC REVENUE	B	-11,700	AMBULANCE SERVICES		95.00	0	33.32
33.33	MISC REVENUE	B	-90	AMBULATORY SURGICAL CENTER (D.P.)		115.00	0	33.33
33.34	NON-REIMBURSABLE ITEMS	A	-1,211,161	ADMINISTRATIVE & GENERAL		5.00	0	33.34
33.35	LOBBYING DUES	A	-16,850	ADMINISTRATIVE & GENERAL		5.00	0	33.35
33.36	PROVIDER TAX	A	-59,623,755	ADMINISTRATIVE & GENERAL		5.00	0	33.36
33.37	PHYSICIAN LOSS FUNDING	A	-22,334,124	ADMINISTRATIVE & GENERAL		5.00	0	33.37
33.38	MIDLEVELS	A	-844	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.38
33.40	MIDLEVELS	A	-283,875	ADMINISTRATIVE & GENERAL		5.00	0	33.40
33.41	MIDLEVELS	A	-100,240	NURSING ADMINISTRATION		13.00	0	33.41
33.42	MIDLEVELS	A	-113,646	SOCIAL SERVICE		17.00	0	33.42
33.43	MIDLEVELS	A	-425,913	I&R SERVICES-OTHER PRGM		22.00	0	33.43
33.44	MIDLEVELS	A	-2,981,377	COSTS A				
33.44	MIDLEVELS	A	-2,981,377	ADULTS & PEDIATRICS		30.00	0	33.44
33.45	MIDLEVELS	A	-30,066	INTENSIVE CARE UNIT		31.00	0	33.45
33.46	MIDLEVELS	A	-4,561	CARDIOTHORACIC VASCULAR		32.01	0	33.46
33.47	MIDLEVELS	A	-638,052	TRANSPL				
33.47	MIDLEVELS	A	-638,052	PEDIATRIC INTENSIVE CARE UNIT		33.01	0	33.47
33.48	MIDLEVELS	A	-2,983,316	NEONATAL INTENSIVE CARE UNIT		34.01	0	33.48
33.49	MIDLEVELS	A	-958,968	SUBPROVIDER - IPF		40.00	0	33.49
33.50	MIDLEVELS	A	-799,412	OPERATING ROOM		50.00	0	33.50
33.52	MIDLEVELS	A	-27	DELIVERY ROOM & LABOR ROOM		52.00	0	33.52
33.53	MIDLEVELS	A	-223,751	CLINIC		90.00	0	33.53
33.54	MIDLEVELS	A	-1,941,240	EMERGENCY		91.00	0	33.54
33.55	MIDLEVELS	A	-236,933	FAMILY PRACTICE		91.08	0	33.55
33.56	RENAL TRANSPLANT SALARIES	A	-152,525	CARDIOTHORACIC VASCULAR		32.01	0	33.56
33.57	BURN CLINIC	A	197,693	TRANSPL				
33.57	BURN CLINIC	A	197,693	BURN CLINIC		90.03	0	33.57
33.58	SURGERY TECH START-UP	A	-279,878	PARAMED ED PRGM- SURGERY		23.05	0	33.58
33.59	SONOGRAPHY START-UP	A	52,701	TECH				
33.59	SONOGRAPHY START-UP	A	52,701	PARAMED ED PRGM- SONOGRAPHY		23.04	0	33.59
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-186,823,171					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8-1

Date/Time Prepared:
1/21/2025 5:24 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED						
HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Capital	15,286,941	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Interest	585,311	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	Home Office - Other	184,751,210	176,740,631	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH Chargebacks	-129,604	-129,604	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	SVH Chargebacks	2,030,231	2,030,231	3.02
3.03	13.00	NURSING ADMINISTRATION	SVH Chargebacks	-82,795	-82,795	3.03
3.04	15.00	PHARMACY	SVH Chargebacks	-24,000	-24,000	3.04
3.05	22.00	I&R SERVICES-OTHER PRGM COST	SVH Chargebacks	-83,388	-83,388	3.05
3.06	23.02	PARAMED ED PRGM - RADIOLOGY	SVH Chargebacks	-55,496	-55,496	3.06
3.07	23.04	PARAMED ED PRGM- SONOGRAPHY	SVH Chargebacks	1,513	1,513	3.07
3.08	23.05	PARAMED ED PRGM- SURGERY TEC	SVH Chargebacks	22	22	3.08
3.09	30.00	ADULTS & PEDIATRICS	SVH Chargebacks	-449,821	-449,821	3.09
3.10	33.01	PEDIATRIC INTENSIVE CARE UNIT	SVH CHARGEBACKS	429	429	3.10
3.11	34.01	NEONATAL INTENSIVE CARE UNIT	SVH CHARGEBACKS	488	488	3.11
3.12	40.00	SUBPROVIDER - IPF	SVH CHARGEBACKS	-479,160	-479,160	3.12
3.13	50.00	OPERATING ROOM	SVH CHARGEBACKS	40,400	40,400	3.13
3.14	54.00	RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACKS	-146,344	-146,344	3.14
3.15	54.01	AMBULATORY CARDIOVASCULAR SV	SVH CHARGEBACKS	-216,714	-216,714	3.15
3.16	54.03	ECHOCARDIOLOGY	SVH CHARGEBACKS	-1,560	-1,560	3.16
3.17	54.04	ONCOLOGY	SVH CHARGEBACKS	-22,897	-22,897	3.17
3.18	65.00	RESPIRATORY THERAPY	SVH CHARGEBACKS	-40,030	-40,030	3.18
3.19	66.00	PHYSICAL THERAPY	SVH CHARGEBACKS	391	391	3.19
3.20	70.00	ELECTROENCEPHALOGRAPHY	SVH CHARGEBACKS	-5,760	-5,760	3.20
3.21	90.01	PARTIAL HOSPITALIZATION	SVH CHARGEBACKS	-289,993	-289,993	3.21
3.22	91.00	EMERGENCY	SVH CHARGEBACKS	460	460	3.22
3.23	91.06	OP ANTICOAGULATION CLINIC	SVH CHARGEBACKS	-35,500	-35,500	3.23
3.24	91.08	FAMILY PRACTICE	SVH CHARGEBACKS	315	315	3.24
3.25	95.00	AMBULANCE SERVICES	SVH CHARGEBACKS	28,336	28,336	3.25
3.26	105.00	KIDNEY ACQUISITION	SVH CHARGEBACKS	4,920	4,920	3.26
3.27	106.00	HEART ACQUISITION	SVH CHARGEBACKS	1,240,208	1,240,208	3.27
3.28	192.00	PHYSICIANS PRIVATE OFFICES	SVH CHARGEBACKS	49,500	49,500	3.28
3.29	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	5,950,130	5,779,679	3.29
3.30	1.01	NEW CAP REL COSTS-BLDG-STRES	INTEREST EXPENSE	0	206,933	3.30
3.31	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	43,637	0	3.31
3.32	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE	49,427,726	49,476,559	3.32
3.33	14.00	CENTRAL SERVICES & SUPPLY	TRG ADMIN FEES - SUPPLIES	-8,397,398	0	3.33
3.34	13.00	NURSING ADMINISTRATION	TRG ADMIN FEES - CONTRACTED	-2,789,777	0	3.34
3.35	5.00	ADMINISTRATIVE & GENERAL	TRG ADMIN FEES - OTHER	-1,858,565	0	3.35
3.36	0.00			0	0	3.36
3.37	0.00			0	0	3.37
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			244,333,366	233,537,953	5.00

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

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

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

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

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

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

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

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8-1

Date/Time Prepared:
1/21/2025 5:24 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
100.00	G. other (financial or non-financial) specify:	Home Office				100.00

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

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

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

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8-1

Date/Time Prepared:
1/21/2025 5:24 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	15,286,941	0		1.00
2.00	585,311	0		2.00
3.00	8,010,579	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
3.16	0	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
3.19	0	0		3.19
3.20	0	0		3.20
3.21	0	0		3.21
3.22	0	0		3.22
3.23	0	0		3.23
3.24	0	0		3.24
3.25	0	0		3.25
3.26	0	0		3.26
3.27	0	0		3.27
3.28	0	0		3.28
3.29	170,451	11		3.29
3.30	-206,933	11		3.30
3.31	43,637	0		3.31
3.32	-48,833	0		3.32
3.33	-8,397,398	0		3.33
3.34	-2,789,777	0		3.34
3.35	-1,858,565	0		3.35
3.36	0	0		3.36
3.37	0	0		3.37
4.00	0	0		4.00
5.00	10,795,413			5.00

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

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

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

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

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

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

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

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8-1

Date/Time Prepared:
1/21/2025 5:24 pm

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8-2

Date/Time Prepared:
1/21/2025 5:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	2,866,514	2,866,514	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	105,558	105,558	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM	9,083,741	1,792,551	7,291,190	179,000	55,631	3.00
		COSTS A						
4.00	23.02	PARAMED ED PRGM - RADIOLOGY	10	10	0	0	0	4.00
5.00	23.05	PARAMED ED PRGM- SURGERY	179	179	0	0	0	5.00
		TECH						
6.00	30.00	ADULTS & PEDIATRICS	31,849,329	31,849,329	0	0	0	6.00
7.00	32.01	CARDIOTHORACIC VASCULAR	535,509	535,509	0	0	0	7.00
		TRANSPL						
8.00	33.01	PEDIATRIC INTENSIVE CARE	1,710,654	1,710,654	0	0	0	8.00
		UNIT						
9.00	34.01	NEONATAL INTENSIVE CARE UNIT	8,210,238	8,210,238	0	0	0	9.00
10.00	40.00	SUBPROVIDER - IPF	1,925,841	1,925,841	0	0	0	10.00
11.00	43.00	NURSERY	1,536,279	1,536,279	0	0	0	11.00
12.00	50.00	OPERATING ROOM	6,333,263	6,333,263	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	3,808,453	3,808,453	0	0	0	13.00
14.00	54.04	ONCOLOGY	48,911	48,911	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	10,080,323	10,080,323	0	0	0	15.00
16.00	90.00	CLINIC	838,288	838,288	0	0	0	16.00
17.00	91.00	EMERGENCY	13,555,729	13,555,729	0	0	0	17.00
18.00	91.08	FAMILY PRACTICE	5,572,612	5,572,612	0	0	0	18.00
19.00	105.00	KIDNEY ACQUISITION	1,201,317	0	1,201,317	246,400	4,341	19.00
20.00	106.00	HEART ACQUISITION	111,000	111,000	0	0	0	20.00
200.00			99,373,748	90,881,241	8,492,507		59,972	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8-2

Date/Time Prepared:
1/21/2025 5:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	4,787,475	239,374	0	0	0	3.00
4.00	23.02	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	4.00
5.00	23.05	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	0	0	7.00
8.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	9.00
10.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	10.00
11.00	43.00	NURSERY	0	0	0	0	0	11.00
12.00	50.00	OPERATING ROOM	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	13.00
14.00	54.04	ONCOLOGY	0	0	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	0	0	0	0	0	17.00
18.00	91.08	FAMILY PRACTICE	0	0	0	0	0	18.00
19.00	105.00	KIDNEY ACQUISITION	514,241	25,712	0	0	0	19.00
20.00	106.00	HEART ACQUISITION	0	0	0	0	0	20.00
200.00			5,301,716	265,086	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet A-8-2

Date/Time Prepared:
1/21/2025 5:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	2,866,514		1.00
2.00	17.00	SOCIAL SERVICE	0	0	0	105,558		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	4,787,475	2,503,715	4,296,266		3.00
4.00	23.02	PARAMED ED PRGM - RADIOLOGY	0	0	0	10		4.00
5.00	23.05	PARAMED ED PRGM- SURGERY TECH	0	0	0	179		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	31,849,329		6.00
7.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	535,509		7.00
8.00	33.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,710,654		8.00
9.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	8,210,238		9.00
10.00	40.00	SUBPROVIDER - IPF	0	0	0	1,925,841		10.00
11.00	43.00	NURSERY	0	0	0	1,536,279		11.00
12.00	50.00	OPERATING ROOM	0	0	0	6,333,263		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,808,453		13.00
14.00	54.04	ONCOLOGY	0	0	0	48,911		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	10,080,323		15.00
16.00	90.00	CLINIC	0	0	0	838,288		16.00
17.00	91.00	EMERGENCY	0	0	0	13,555,729		17.00
18.00	91.08	FAMILY PRACTICE	0	0	0	5,572,612		18.00
19.00	105.00	KIDNEY ACQUISITION	0	514,241	687,076	687,076		19.00
20.00	106.00	HEART ACQUISITION	0	0	0	111,000		20.00
200.00			0	5,301,716	3,190,791	94,072,032		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	21,166,857	21,166,857			1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	405,269	0	405,269		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	20,362,348		20,362,348		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	66,210,683	176,095	3,583	1,193	66,391,554
5.00	00500	ADMINISTRATIVE & GENERAL	250,133,389	692,831	29,439	1,465,999	1,457,181
7.00	00700	OPERATION OF PLANT	34,380,475	3,556,507	22,637	377,817	356,440
8.00	00800	LAUNDRY & LINEN SERVICE	2,695,264	5,790	0	0	0
9.00	00900	HOUSEKEEPING	12,459,196	219,834	4,108	0	0
10.00	01000	DIETARY	3,793,826	499,700	7,858	72,666	0
11.00	01100	CAFETERIA	8,503,175	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	12,562,248	869,860	3,436	235,742	1,817,101
14.00	01400	CENTRAL SERVICES & SUPPLY	-354,045	630,822	11,889	906,594	741,448
15.00	01500	PHARMACY	17,365,870	226,225	0	209,814	2,305,157
16.00	01600	MEDICAL RECORDS & LIBRARY	54,122	162,143	5,031	503	14,862
17.00	01700	SOCIAL SERVICE	7,135,406	33,963	805	20,523	1,010,734
21.00	02100	I&R SERVICES-SALARY & FRINGES A	10,608,490	0	0	0	1,708,794
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	7,638,987	198,083	0	90,656	1,459,282
23.00	02300	PARAMED ED PRGM- PHARMACY	1,224,198	18,761	0	0	183,022
23.01	02301	PARAMED ED PRGM - CPE	226,882	9,143	0	0	33,364
23.02	02302	PARAMED ED PRGM - RADIOLOGY	490,816	22,526	0	0	85,842
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	535,884	0	0	0	79,597
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	94,564,251	4,850,594	0	666,722	14,350,801
31.00	03100	INTENSIVE CARE UNIT	29,613,452	692,895	0	1,094,758	2,878,319
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	13,781,938	528,601	0	212,456	1,539,171
33.00	03300	BURN INTENSIVE CARE UNIT	3,027,408	103,455	0	6,572	234,552
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,200,263	294,973	0	209,617	766,541
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	17,629,974	448,558	0	502,180	4,075,780
40.00	04000	SUBPROVIDER - IPF	5,104,357	64,003	187,246	46,752	1,136,955
43.00	04300	NURSERY	2,398,441	243,420	0	12,655	557,337
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,140,693	2,315,887	0	4,536,998	4,800,124
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,770,066	324,760	0	24,584	986,242
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,530,816	398,792	0	1,345,166	1,163,537
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	4,992,696	187,548	0	394,763	607,073
54.02	05403	ULTRASOUND	1,410,276	31,036	0	87,510	210,305
54.03	05404	ECHOCARDIOLOGY	1,583,424	0	0	273,472	170,339
54.04	05401	ONCOLOGY	8,851,682	158,599	0	2,115,422	733,306
57.00	05700	CT SCAN	2,552,460	34,517	0	522,079	281,184
58.00	05800	MRI	1,649,695	134,491	0	485,322	192,172
59.00	05900	CARDIAC CATHETERIZATION	7,119,753	435,855	0	1,770,300	1,114,617
59.01	05901	CARDIAC REHAB	905,346	0	0	16,783	103,792
60.00	06000	LABORATORY	34,320,513	273,776	0	155,057	204
65.00	06500	RESPIRATORY THERAPY	11,360,993	51,522	0	539,769	1,342,628
66.00	06600	PHYSICAL THERAPY	13,059,515	167,584	0	53,565	350,277
67.00	06700	OCCUPATIONAL THERAPY	4,852,464	5,885	357	0	245,552
68.00	06800	SPEECH PATHOLOGY	4,143,620	19,900	0	12,814	183,228
69.00	06900	ELECTROCARDIOLOGY	1,978,100	12,275	0	157,377	204,860
70.00	07000	ELECTROENCEPHALOGRAPHY	5,566,461	12,797	69,667	92,404	368,858
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	70,317,174	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,967,998	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	89,092,549	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,858,574	55,302	0	5,270	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	2,850,354	186,124	0	428,913	407,387
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,808,472	0	0	0	717,370
90.01	09001	PARTIAL HOSPITALIZATION	3,185,674	81,087	59,213	3,224	509,606
90.02	09002	COVID-19 VACCINE CLINIC	7,723	0	0	0	1,108
90.03	09003	BURN CLINIC	659,760	96,305	0	0	37,923
91.00	09100	EMERGENCY	29,834,790	605,717	0	457,176	3,709,525
91.01	09101	WOUND CARE 002	1,863,755	151,686	0	0	141,868
91.02	09102	WOUND CARE 001	631,713	8,748	0	22,122	92,892
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP	
			0	1.00	1.01	2.00	4.00
91.04	09104	ZIONSVILLE CLINIC	530,838	0	0	0	37,697
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0
91.06	09106	OP ANTICOAGULATION CLINIC	643,422	26,813	0	0	78,658
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,102,873	0	0	0	69,451
91.08	04040	FAMILY PRACTICE	3,968,201	0	0	9,309	926,627
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,426,458	97,222	0	338,423	1,138,251
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0
98.02	09852	DIABETES EDUCATION	283,001	0	0	503	42,348
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	9,655,538	0	0	0	487,494
106.00	10600	HEART ACQUISITION	4,534,544	0	0	0	174,805
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	14,646,695	0	0	233,719	684,804
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,141,578,103	20,423,010	405,269	20,215,263	59,108,392
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	975,189	46,333	0	0	0
191.00	19100	RESEARCH	448,404	0	0	0	59,513
192.00	19200	PHYSICIANS PRIVATE OFFICES	47,658,281	131,280	0	65,956	5,921,086
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19304	MARKETING	0	0	0	0	0
193.02	19305	MISSION SERVICES	1,235,538	41,603	0	14,783	91,166
193.03	19306	FOUNDATION	0	0	0	0	0
193.04	19307	WELLNESS	3,007,100	0	0	0	446,480
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0
193.07	19310	BILLING	25,739,543	0	0	0	0
193.08	19308	OCCUPATIONAL HEALTH	979	0	0	0	0
193.09	19312	LIFELINE	0	0	0	1,294	0
193.10	19313	MARTEN HOUSE	0	0	0	0	0
193.14	19302	VACANT SPACE	0	488,627	0	0	0
193.16	19316	SETON BOARD	0	0	0	0	0
193.19	19319	SPORTS PERFORMANCE	5,628,302	0	0	52,444	653,767
194.00	07950	RETAIL PHARMACY	5,328,318	36,004	0	12,608	111,150
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,231,599,757	21,166,857	405,269	20,362,348	66,391,554

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	253,778,839	253,778,839				5.00
7.00	00700	OPERATION OF PLANT	38,693,876	10,047,445	48,741,321			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,701,054	701,369	16,096	3,418,519		8.00
9.00	00900	HOUSEKEEPING	12,683,138	3,293,367	636,991	0	16,613,496	9.00
10.00	01000	DIETARY	4,374,050	1,135,788	1,438,640	0	497,021	10.00
11.00	01100	CAFETERIA	8,503,175	2,207,977	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,488,387	4,021,792	2,439,953	0	842,954	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,936,708	502,895	1,828,514	0	631,714	14.00
15.00	01500	PHARMACY	20,107,066	5,221,101	628,943	0	217,287	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	236,661	61,453	482,405	0	166,661	16.00
17.00	01700	SOCIAL SERVICE	8,201,431	2,129,625	99,436	0	34,353	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	12,317,284	3,198,368	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	9,387,008	2,437,477	550,705	0	190,257	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,425,981	370,277	52,159	0	18,020	23.00
23.01	02301	PARAMED ED PRGM - CPE	269,389	69,951	25,420	0	8,782	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	599,184	155,587	62,626	0	21,636	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	615,481	159,819	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	114,432,368	29,713,929	13,485,494	2,043,948	4,658,959	30.00
31.00	03100	INTENSIVE CARE UNIT	34,279,424	8,901,167	1,926,367	448,856	665,520	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	16,062,166	4,170,782	1,469,601	106,983	507,717	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	3,371,987	875,587	287,622	27,309	99,368	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,471,394	1,161,065	820,076	43,454	283,319	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	22,656,492	5,883,098	1,247,068	435,286	430,836	34.01
40.00	04000	SUBPROVIDER - IPF	6,539,313	1,698,031	1,354,816	229,078	468,061	40.00
43.00	04300	NURSERY	3,211,853	834,006	676,748	83,605	233,803	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,793,702	14,487,672	6,438,565	0	2,224,392	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,105,652	2,364,419	902,888	0	311,929	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,438,311	3,749,124	1,108,710	0	383,036	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	6,182,080	1,605,270	521,415	0	180,138	54.01
54.02	05403	ULTRASOUND	1,739,127	451,590	86,287	0	29,810	54.02
54.03	05404	ECHOCARDIOLOGY	2,027,235	526,402	0	0	0	54.03
54.04	05401	ONCOLOGY	11,859,009	3,079,370	440,933	0	152,333	54.04
57.00	05700	CT SCAN	3,390,240	880,327	95,962	0	33,153	57.00
58.00	05800	MRI	2,461,680	639,212	373,909	0	129,178	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,440,525	2,711,039	1,211,753	0	418,636	59.00
59.01	05901	CARDIAC REHAB	1,025,921	266,396	0	0	0	59.01
60.00	06000	LABORATORY	34,749,550	9,023,242	761,144	0	262,960	60.00
65.00	06500	RESPIRATORY THERAPY	13,294,912	3,452,223	143,240	0	49,486	65.00
66.00	06600	PHYSICAL THERAPY	13,630,941	3,539,478	465,913	0	160,963	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,104,258	1,325,397	18,603	0	6,427	67.00
68.00	06800	SPEECH PATHOLOGY	4,359,562	1,132,026	55,326	0	19,114	68.00
69.00	06900	ELECTROCARDIOLOGY	2,352,612	610,891	34,128	0	11,790	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,110,187	1,586,602	473,434	0	163,562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	70,317,174	18,258,909	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,967,998	18,947,235	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,092,549	23,134,217	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,919,146	1,277,330	153,750	0	53,118	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	3,872,778	1,005,625	517,457	0	178,771	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,525,842	1,954,198	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	3,838,804	996,803	597,586	0	206,454	90.01
90.02	09002	COVID-19 VACCINE CLINIC	8,831	2,293	0	0	0	90.02
90.03	09003	BURN CLINIC	793,988	206,171	267,744	0	92,500	90.03
91.00	09100	EMERGENCY	34,607,208	8,986,281	1,683,999	0	581,787	91.00
91.01	09101	WOUND CARE 002	2,157,309	560,178	421,714	0	145,694	91.01
91.02	09102	WOUND CARE 001	755,475	196,170	24,320	0	8,402	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	568,535	147,629	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	748,893	194,461	74,544	0	25,754	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,172,324	304,412	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	4,904,137	1,273,433	0	0	0	91.08

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0					92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,000,354	2,596,742	270,295	0	93,381	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	325,852	84,612	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,143,032	2,633,790	0	0	0	105.00
106.00	10600	HEART ACQUISITION	4,709,349	1,222,853	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	15,565,218	4,041,742	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,133,404,009	228,407,720	46,673,299	3,418,519	15,899,036	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,021,522	265,254	128,814	0	44,503	190.00
191.00	19100	RESEARCH	507,917	131,888	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	53,776,603	13,963,902	364,981	0	126,094	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	1,383,090	359,140	115,665	0	39,960	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	3,453,580	896,774	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	25,739,543	6,683,658	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	979	254	0	0	0	193.08
193.09	19312	LIFELINE	1,294	336	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	488,627	0	1,358,466	0	469,322	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	6,334,513	1,644,851	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	5,488,080	1,425,062	100,096	0	34,581	194.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,231,599,757	253,778,839	48,741,321	3,418,519	16,613,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	7,445,499					10.00
11.00	01100	CAFETERIA	0	10,711,152				11.00
13.00	01300	NURSING ADMINISTRATION	0	416,232	23,209,318			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	239,954	37,759	5,177,544		14.00
15.00	01500	PHARMACY	0	393,362	0	19	26,567,778	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,534	493	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	222,064	533,944	4,505	45	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	509,214	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	132,556	0	7,148	27,384	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	37,806	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	10,331	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	17,571	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	14,886	0	153	9	23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,425,879	2,251,563	7,043,476	130,410	124,423	30.00
31.00	03100	INTENSIVE CARE UNIT	171,626	533,629	2,249,305	6,410	71,315	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	235,399	294,129	1,055,059	246	28,683	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	7,852	40,367	182,732	0	4,117	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	21,940	120,320	398,395	7,333	8,066	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	665,118	2,364,457	130	7,669	34.01
40.00	04000	SUBPROVIDER - IPF	924,459	214,387	0	2	0	40.00
43.00	04300	NURSERY	0	86,339	277,235	3,390	473	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,464	943,334	3,594,222	35,403	352,491	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	204,098	839,500	2,686	4,664	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	570	238,960	87,647	27,899	24,846	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	130,502	378,923	28,224	7,448	54.01
54.02	05403	ULTRASOUND	0	36,021	0	0	114	54.02
54.03	05404	ECHOCARDIOLOGY	0	31,335	0	11,196	1,407	54.03
54.04	05401	ONCOLOGY	0	151,874	248,250	3,380	10,836	54.04
57.00	05700	CT SCAN	0	58,325	0	92	12,659	57.00
58.00	05800	MRI	0	34,348	0	69	3,081	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	193,210	497,849	147	322,715	59.00
59.01	05901	CARDIAC REHAB	0	28,634	41,820	320	0	59.01
60.00	06000	LABORATORY	0	30	0	1,233	9	60.00
65.00	06500	RESPIRATORY THERAPY	0	273,965	0	0	954,927	65.00
66.00	06600	PHYSICAL THERAPY	0	93,525	0	1,425	224	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	61,784	0	0	43	67.00
68.00	06800	SPEECH PATHOLOGY	0	39,861	0	258	11	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,903	0	15,215	1,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	79,474	0	9,865	1,904	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	2,297,541	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,444,373	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,714,385	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,466	16,483	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	82,890	337,644	0	10,694	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	199,295	177,445	11	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	149,751	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	161	521	0	0	90.02
90.03	09003	BURN CLINIC	0	11,144	0	702	513	90.03
91.00	09100	EMERGENCY	30,316	705,212	1,810,035	8,544	33,845	91.00
91.01	09101	WOUND CARE 002	0	37,141	142,597	11,013	1,078	91.01
91.02	09102	WOUND CARE 001	0	18,355	84,257	0	57	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	179	5,149	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	23,424	48	4,039	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	62,333	1,189	1,401	91.07

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.08	04040	FAMILY PRACTICE	0	0	0	971	266	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	231,431	476,206	3,554	3,692	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	9,888	45,532	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	68,086	132,652	60	6	105.00
106.00	10600	HEART ACQUISITION	0	31,924	85,606	104	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	126,953	0	100,515	229,388	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,841,505	10,523,776	23,209,318	5,168,429	24,992,375	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	12,725	0	0	5,747	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	7,238	1,562,152	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	21,395	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	130,635	0	86	407	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	11	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.16	19316	SETON BOARD	603,994	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	1,773	6,057	193.19
194.00	07950	RETAIL PHARMACY	0	22,621	0	7	1,040	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,445,499	10,711,152	23,209,318	5,177,544	26,567,778	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	954,208					16.00
17.00	01700	SOCIAL SERVICE	0	11,225,403				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	16,024,866			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0		12,732,535		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	0			1,904,243	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	0				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0				23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0				23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	0				23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0				23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,361	6,711,721	4,165,141	3,309,407	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33,516	1,473,909	953,946	757,956	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	11,214	351,301	7,383	5,866	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	7,518	89,675	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	5,772	142,690	93,602	74,371	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	50,570	1,429,349	202,232	160,683	0	34.01
40.00	04000	SUBPROVIDER - IPF	8,030	752,225	188,785	149,999	0	40.00
43.00	04300	NURSERY	3,357	274,533	43,241	34,357	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	162,184	0	3,572,155	2,838,251	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,942	0	836,351	664,521	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,073	0	179,293	142,457	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	10,455	0	0	0	0	54.01
54.02	05403	ULTRASOUND	5,767	0	97,293	77,304	0	54.02
54.03	05404	ECHOCARDIOLOGY	7,582	0	127,615	101,396	0	54.03
54.04	05401	ONCOLOGY	14,726	0	328,001	260,613	0	54.04
57.00	05700	CT SCAN	8,577	0	0	0	0	57.00
58.00	05800	MRI	2,439	0	42,978	34,148	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,774	0	562,665	447,064	0	59.00
59.01	05901	CARDIAC REHAB	586	0	22,412	17,807	0	59.01
60.00	06000	LABORATORY	89,509	0	253,384	201,326	0	60.00
65.00	06500	RESPIRATORY THERAPY	14,338	0	271,577	215,781	0	65.00
66.00	06600	PHYSICAL THERAPY	5,397	0	151,608	120,460	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,964	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,861	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,030	0	429,513	341,269	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,838	0	199,859	158,798	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	42,320	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,646	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,128	0	17,402	13,827	1,904,243	73.00
74.00	07400	RENAL DIALYSIS	3,937	0	115,750	91,969	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	14,062	0	451,397	358,657	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,238	0	482,774	383,587	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	2,673	0	10,283	8,170	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
90.03	09003	BURN CLINIC	97	0	0	0	0	90.03
91.00	09100	EMERGENCY	74,048	0	452,188	359,286	0	91.00
91.01	09101	WOUND CARE 002	5,033	0	63,807	50,698	0	91.01
91.02	09102	WOUND CARE 001	647	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	242	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			16.00	17.00	21.00	22.00	23.00	
91.06	09106	OP ANTICOAGULATION CLINIC	630	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	662	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	178	0	730,884	580,723	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,585	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	36,122	28,701	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,882	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	837	0	13,711	10,894	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	27,983	0	490,156	389,453	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	954,208	11,225,403	15,593,508	12,389,799	1,904,243	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	90,701	72,067	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	222,271	176,605	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	0	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	118,386	94,064	0	193.19
194.00	07950	RETAIL PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	954,208	11,225,403	16,024,866	12,732,535	1,904,243	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM- SONOGRAPHY	PARAMED ED PRGM- SURGERY TECH	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A						22.00
23.00	02300	PARAMED ED PRGM- PHARMACY						23.00
23.01	02301	PARAMED ED PRGM - CPE	383,873					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		856,604				23.02
23.03	02303	PARAMED ED PRGM - EMS			0			23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY				790,348		23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH					0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	170,421	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	95,010	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	1,704	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	852	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	14,060	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	23,859	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,834	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	426	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	390,645	0	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	160,104	0	790,348	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	0	54.04
57.00	05700	CT SCAN	0	238,129	0	0	0	57.00
58.00	05800	MRI	0	67,726	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	57,943	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	15,764	0	0	0	0	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM- SONOGRAPHY	PARAMED ED PRGM- SURGERY TECH	
			23.01	23.02	23.03	23.04	23.05	
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	383,873	856,604	0	790,348	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	0	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	383,873	856,604	0	790,348	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A				22.00
23.00	02300	PARAMED ED PRGM- PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - CPE				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY				23.02
23.03	02303	PARAMED ED PRGM - EMS				23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY				23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	193,761,500	-7,474,548	186,286,952	30.00
31.00	03100	INTENSIVE CARE UNIT	52,567,956	-1,711,902	50,856,054	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	24,308,233	-13,249	24,294,984	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,994,134	0	4,994,134	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,652,649	-167,973	7,484,676	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	35,547,048	-362,915	35,184,133	34.01
40.00	04000	SUBPROVIDER - IPF	12,551,045	-338,784	12,212,261	40.00
43.00	04300	NURSERY	5,762,940	-77,598	5,685,342	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	90,469,669	-6,410,406	84,059,263	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,254,076	-1,500,872	13,753,204	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,785,571	-321,750	20,463,821	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	9,044,455	0	9,044,455	54.01
54.02	05403	ULTRASOUND	3,473,765	-174,597	3,299,168	54.02
54.03	05404	ECHOCARDIOLOGY	2,834,168	-229,011	2,605,157	54.03
54.04	05401	ONCOLOGY	16,549,325	-588,614	15,960,711	54.04
57.00	05700	CT SCAN	4,717,464	0	4,717,464	57.00
58.00	05800	MRI	3,788,768	-77,126	3,711,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,860,377	-1,009,729	15,850,648	59.00
59.01	05901	CARDIAC REHAB	1,403,896	-40,219	1,363,677	59.01
60.00	06000	LABORATORY	45,342,387	-454,710	44,887,677	60.00
65.00	06500	RESPIRATORY THERAPY	18,670,449	-487,358	18,183,091	65.00
66.00	06600	PHYSICAL THERAPY	18,169,934	-272,068	17,897,866	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,519,476	0	6,519,476	67.00
68.00	06800	SPEECH PATHOLOGY	5,609,019	0	5,609,019	68.00
69.00	06900	ELECTROCARDIOLOGY	3,849,167	-770,782	3,078,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,787,523	-358,657	8,428,866	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	90,915,944	0	90,915,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	94,413,252	0	94,413,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	136,957,751	-31,229	136,926,522	73.00
74.00	07400	RENAL DIALYSIS	6,633,949	-207,719	6,426,230	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03330	ENDOSCOPY	6,829,975	-810,054	6,019,921	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,783,333	-866,361	9,916,972	90.00
90.01	09001	PARTIAL HOSPITALIZATION	5,810,524	-18,453	5,792,071	90.01
90.02	09002	COVID-19 VACCINE CLINIC	11,806	0	11,806	90.02
90.03	09003	BURN CLINIC	1,372,859	0	1,372,859	90.03
91.00	09100	EMERGENCY	49,348,513	-811,474	48,537,039	91.00
91.01	09101	WOUND CARE 002	3,596,262	-114,505	3,481,757	91.01
91.02	09102	WOUND CARE 001	1,087,683	0	1,087,683	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	721,734	0	721,734	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	91.05

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
91.06	09106	OP ANTICOAGULATION CLINIC	1,071,793	0	1,071,793		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,542,321	0	1,542,321		91.07
91.08	04040	FAMILY PRACTICE	7,490,592	-1,311,607	6,178,985		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	13,679,240	0	13,679,240		95.00
98.00	09853	GERIATRIC CLINIC	0	0	0		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0		98.01
98.02	09852	DIABETES EDUCATION	530,707	-64,823	465,884		98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	12,980,508	0	12,980,508		105.00
106.00	10600	HEART ACQUISITION	6,075,278	-24,605	6,050,673		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	20,971,408	-879,609	20,091,799		115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,102,100,426	-27,983,307	1,074,117,119		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,460,093	0	1,460,093		190.00
191.00	19100	RESEARCH	821,045	-162,768	658,277		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	70,199,846	-398,876	69,800,970		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
193.01	19304	MARKETING	0	0	0		193.01
193.02	19305	MISSION SERVICES	1,919,250	0	1,919,250		193.02
193.03	19306	FOUNDATION	0	0	0		193.03
193.04	19307	WELLNESS	4,481,482	0	4,481,482		193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0		193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0		193.06
193.07	19310	BILLING	32,423,201	0	32,423,201		193.07
193.08	19308	OCCUPATIONAL HEALTH	1,244	0	1,244		193.08
193.09	19312	LIFELINE	1,630	0	1,630		193.09
193.10	19313	MARTEN HOUSE	0	0	0		193.10
193.14	19302	VACANT SPACE	2,316,415	0	2,316,415		193.14
193.16	19316	SETON BOARD	603,994	0	603,994		193.16
193.19	19319	SPORTS PERFORMANCE	8,199,644	-212,450	7,987,194		193.19
194.00	07950	RETAIL PHARMACY	7,071,487	0	7,071,487		194.00
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	1,231,599,757	-28,757,401	1,202,842,356		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	361,779	176,095	3,583	1,193	542,650
5.00	00500	ADMINISTRATIVE & GENERAL	16,420,906	692,831	29,439	1,465,999	18,609,175
7.00	00700	OPERATION OF PLANT	61,342	3,556,507	22,637	377,817	4,018,303
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,790	0	0	5,790
9.00	00900	HOUSEKEEPING	0	219,834	4,108	0	223,942
10.00	01000	DIETARY	0	499,700	7,858	72,666	580,224
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	7,157	869,860	3,436	235,742	1,116,195
14.00	01400	CENTRAL SERVICES & SUPPLY	1,733,875	630,822	11,889	906,594	3,283,180
15.00	01500	PHARMACY	1,378,793	226,225	0	209,814	1,814,832
16.00	01600	MEDICAL RECORDS & LIBRARY	0	162,143	5,031	503	167,677
17.00	01700	SOCIAL SERVICE	0	33,963	805	20,523	55,291
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	198,083	0	90,656	288,739
23.00	02300	PARAMED ED PRGM- PHARMACY	0	18,761	0	0	18,761
23.01	02301	PARAMED ED PRGM - CPE	0	9,143	0	0	9,143
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	22,526	0	0	22,526
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	0	0	0	0
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	227,310	4,850,594	0	666,722	5,744,626
31.00	03100	INTENSIVE CARE UNIT	0	692,895	0	1,094,758	1,787,653
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	528,601	0	212,456	741,057
33.00	03300	BURN INTENSIVE CARE UNIT	0	103,455	0	6,572	110,027
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	294,973	0	209,617	504,590
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	2,616	448,558	0	502,180	953,354
40.00	04000	SUBPROVIDER - IPF	0	64,003	187,246	46,752	298,001
43.00	04300	NURSERY	0	243,420	0	12,655	256,075
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,646,494	2,315,887	0	4,536,998	8,499,379
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	324,760	0	24,584	349,344
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,265	398,792	0	1,345,166	1,792,223
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	188,515	187,548	0	394,763	770,826
54.02	05403	ULTRASOUND	0	31,036	0	87,510	118,546
54.03	05404	ECHOCARDIOLOGY	65,878	0	0	273,472	339,350
54.04	05401	ONCOLOGY	1,292,876	158,599	0	2,115,422	3,566,897
57.00	05700	CT SCAN	0	34,517	0	522,079	556,596
58.00	05800	MRI	0	134,491	0	485,322	619,813
59.00	05900	CARDIAC CATHETERIZATION	347,169	435,855	0	1,770,300	2,553,324
59.01	05901	CARDIAC REHAB	179,611	0	0	16,783	196,394
60.00	06000	LABORATORY	0	273,776	0	155,057	428,833
65.00	06500	RESPIRATORY THERAPY	46,909	51,522	0	539,769	638,200
66.00	06600	PHYSICAL THERAPY	1,544,176	167,584	0	53,565	1,765,325
67.00	06700	OCCUPATIONAL THERAPY	0	5,885	357	0	6,242
68.00	06800	SPEECH PATHOLOGY	133,733	19,900	0	12,814	166,447
69.00	06900	ELECTROCARDIOLOGY	65,878	12,275	0	157,377	235,530
70.00	07000	ELECTROENCEPHALOGRAPHY	532,723	12,797	69,667	92,404	707,591
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	55,302	0	5,270	60,572
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03330	ENDOSCOPY	12,989	186,124	0	428,913	628,026
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,735,977	0	0	0	1,735,977
90.01	09001	PARTIAL HOSPITALIZATION	0	81,087	59,213	3,224	143,524
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0
90.03	09003	BURN CLINIC	181,871	96,305	0	0	278,176
91.00	09100	EMERGENCY	0	605,717	0	457,176	1,062,893
91.01	09101	WOUND CARE 002	16,925	151,686	0	0	168,611
91.02	09102	WOUND CARE 001	0	8,748	0	22,122	30,870
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	251,070	0	0	0	251,070

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP		
				0	1.00	1.01		
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	52,367	26,813	0	0	79,180	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	144,668	0	0	0	144,668	91.07
91.08	04040	FAMILY PRACTICE	556,553	0	0	9,309	565,862	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	117,721	97,222	0	338,423	553,366	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	503	503	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	802,201	0	0	0	802,201	105.00
106.00	10600	HEART ACQUISITION	224,006	0	0	0	224,006	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	1,167,961	0	0	233,719	1,401,680	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,550,314	20,423,010	405,269	20,215,263	72,593,856	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	46,333	0	0	46,333	190.00
191.00	19100	RESEARCH	2,493	0	0	0	2,493	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,910,270	131,280	0	65,956	2,107,506	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	41,603	0	14,783	56,386	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	0	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	1,294	1,294	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	488,627	0	0	488,627	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	725,073	0	0	52,444	777,517	193.19
194.00	07950	RETAIL PHARMACY	0	36,004	0	12,608	48,612	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	34,188,150	21,166,857	405,269	20,362,348	76,122,624	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			EMPLOYEE BENEFITS & GENERAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	542,650					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,914	18,621,089				5.00
7.00	00700	OPERATION OF PLANT	2,914	737,234	4,758,451			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	51,463	1,571	58,824		8.00
9.00	00900	HOUSEKEEPING	0	241,652	62,187	0	527,781	9.00
10.00	01000	DIETARY	0	83,339	140,450	0	15,789	10.00
11.00	01100	CAFETERIA	0	162,011	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14,857	295,100	238,204	0	26,779	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,062	36,900	178,512	0	20,068	14.00
15.00	01500	PHARMACY	18,847	383,100	61,402	0	6,903	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	122	4,509	47,096	0	5,295	16.00
17.00	01700	SOCIAL SERVICE	8,264	156,262	9,708	0	1,091	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	13,971	234,681	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	11,931	178,851	53,763	0	6,044	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,496	27,169	5,092	0	572	23.00
23.01	02301	PARAMED ED PRGM - CPE	273	5,133	2,482	0	279	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	702	11,416	6,114	0	687	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	651	11,727	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	117,155	2,180,262	1,316,541	35,170	148,009	30.00
31.00	03100	INTENSIVE CARE UNIT	23,534	653,126	188,065	7,724	21,142	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	12,585	306,032	143,472	1,841	16,129	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,918	64,246	28,080	470	3,157	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	6,267	85,193	80,061	748	9,001	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	33,324	431,674	121,747	7,490	13,687	34.01
40.00	04000	SUBPROVIDER - IPF	9,296	124,594	132,266	3,942	14,869	40.00
43.00	04300	NURSERY	4,557	61,195	66,069	1,439	7,427	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,247	1,063,037	628,575	0	70,665	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,064	173,490	88,146	0	9,909	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,513	275,093	108,240	0	12,168	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	4,964	117,787	50,904	0	5,723	54.01
54.02	05403	ULTRASOUND	1,719	33,136	8,424	0	947	54.02
54.03	05404	ECHOCARDIOLOGY	1,393	38,625	0	0	0	54.03
54.04	05401	ONCOLOGY	5,996	225,950	43,047	0	4,839	54.04
57.00	05700	CT SCAN	2,299	64,594	9,368	0	1,053	57.00
58.00	05800	MRI	1,571	46,902	36,503	0	4,104	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,113	198,923	118,299	0	13,299	59.00
59.01	05901	CARDIAC REHAB	849	19,547	0	0	0	59.01
60.00	06000	LABORATORY	2	662,083	74,308	0	8,354	60.00
65.00	06500	RESPIRATORY THERAPY	10,978	253,308	13,984	0	1,572	65.00
66.00	06600	PHYSICAL THERAPY	2,864	259,710	45,486	0	5,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,008	97,251	1,816	0	204	67.00
68.00	06800	SPEECH PATHOLOGY	1,498	83,063	5,401	0	607	68.00
69.00	06900	ELECTROCARDIOLOGY	1,675	44,824	3,332	0	375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,016	116,417	46,220	0	5,196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	1,339,753	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,390,259	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,697,480	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	93,724	15,010	0	1,687	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	3,331	73,788	50,518	0	5,679	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,865	143,390	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	4,167	73,141	58,340	0	6,559	90.01
90.02	09002	COVID-19 VACCINE CLINIC	9	168	0	0	0	90.02
90.03	09003	BURN CLINIC	310	15,128	26,139	0	2,939	90.03
91.00	09100	EMERGENCY	30,330	659,371	164,403	0	18,482	91.00
91.01	09101	WOUND CARE 002	1,160	41,103	41,171	0	4,628	91.01
91.02	09102	WOUND CARE 001	759	14,394	2,374	0	267	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	308	10,832	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	643	14,269	7,278	0	818	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	568	22,336	0	0	0	91.07

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
91.08	04040	FAMILY PRACTICE	7,576	93,439	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,307	190,537	26,388	0	2,967	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	346	6,208	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,986	193,255	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,429	89,727	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	5,599	296,564	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	483,102	16,759,475	4,556,556	58,824	505,083	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,463	12,576	0	1,414	190.00
191.00	19100	RESEARCH	487	9,677	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	48,412	1,024,606	35,632	0	4,006	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	745	26,352	11,292	0	1,269	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	3,650	65,801	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	490,416	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	19	0	0	0	193.08
193.09	19312	LIFELINE	0	25	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	132,623	0	14,910	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	5,345	120,691	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	909	104,564	9,772	0	1,099	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	542,650	18,621,089	4,758,451	58,824	527,781	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	819,802					10.00
11.00	01100	CAFETERIA	0	162,011				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,296	1,697,431			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,629	2,762	3,305,106		14.00
15.00	01500	PHARMACY	0	5,950	0	12	2,291,046	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	99	36	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,359	39,050	2,876	4	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	7,702	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	2,005	0	4,563	2,361	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	572	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	156	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	266	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	225	0	97	1	23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	597,426	34,056	515,128	83,248	10,729	30.00
31.00	03100	INTENSIVE CARE UNIT	18,897	8,071	164,505	4,092	6,150	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	25,919	4,449	77,163	157	2,473	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	865	611	13,364	0	355	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,416	1,820	29,137	4,681	696	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	10,060	172,926	83	661	34.01
40.00	04000	SUBPROVIDER - IPF	101,790	3,243	0	1	0	40.00
43.00	04300	NURSERY	0	1,306	20,276	2,164	41	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,584	14,268	262,866	22,600	30,397	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,087	61,397	1,714	402	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63	3,614	6,410	17,810	2,143	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	1,974	27,713	18,017	642	54.01
54.02	05403	ULTRASOUND	0	545	0	0	10	54.02
54.03	05404	ECHOCARDIOLOGY	0	474	0	7,147	121	54.03
54.04	05401	ONCOLOGY	0	2,297	18,156	2,158	934	54.04
57.00	05700	CT SCAN	0	882	0	58	1,092	57.00
58.00	05800	MRI	0	520	0	44	266	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,922	36,411	94	27,829	59.00
59.01	05901	CARDIAC REHAB	0	433	3,059	204	0	59.01
60.00	06000	LABORATORY	0	0	0	787	1	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,144	0	0	82,347	65.00
66.00	06600	PHYSICAL THERAPY	0	1,415	0	910	19	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	934	0	0	4	67.00
68.00	06800	SPEECH PATHOLOGY	0	603	0	165	1	68.00
69.00	06900	ELECTROCARDIOLOGY	0	694	0	9,712	157	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,202	0	6,297	164	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	1,466,654	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,560,369	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,958,753	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,574	1,421	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	1,254	24,694	0	922	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,014	12,978	7	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	2,265	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	2	38	0	0	90.02
90.03	09003	BURN CLINIC	0	169	0	448	44	90.03
91.00	09100	EMERGENCY	3,338	10,667	132,378	5,454	2,919	91.00
91.01	09101	WOUND CARE 002	0	562	10,429	7,030	93	91.01
91.02	09102	WOUND CARE 001	0	278	6,162	0	5	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	114	444	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	1,713	30	348	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	4,559	759	121	91.07

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.08	04040	FAMILY PRACTICE	0	0	0	620	23	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,500	34,828	2,268	318	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	150	3,330	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,030	9,702	38	1	105.00
106.00	10600	HEART ACQUISITION	0	483	6,261	66	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	1,920	0	64,164	19,781	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	753,298	159,177	1,697,431	3,299,287	2,155,193	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	192	0	0	496	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	4,621	134,710	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	324	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	1,976	0	55	35	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	7	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.16	19316	SETON BOARD	66,504	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	1,132	522	193.19
194.00	07950	RETAIL PHARMACY	0	342	0	4	90	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	226,007	0	201.00
202.00		TOTAL (sum lines 118 through 201)	819,802	162,011	1,697,431	3,531,113	2,291,046	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			INTERNS & RESIDENTS				PARAMED ED PRGM- PHARMACY	
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A		
			16.00	17.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	224,835					16.00
17.00	01700	SOCIAL SERVICE	0	275,905				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	256,354			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	0		548,257		22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	0	0			53,662	23.00
23.01	02301	PARAMED ED PRGM - CPE	0	0				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0				23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0				23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	0				23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0				23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,391	164,964				30.00
31.00	03100	INTENSIVE CARE UNIT	7,953	36,227				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	2,661	8,635				32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,784	2,204				33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,370	3,507				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	12,000	35,131				34.01
40.00	04000	SUBPROVIDER - IPF	1,905	18,489				40.00
43.00	04300	NURSERY	797	6,748				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,898	0				50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,020	0				52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,339	0				54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	2,481	0				54.01
54.02	05403	ULTRASOUND	1,368	0				54.02
54.03	05404	ECHOCARDIOLOGY	1,799	0				54.03
54.04	05401	ONCOLOGY	3,494	0				54.04
57.00	05700	CT SCAN	2,035	0				57.00
58.00	05800	MRI	579	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	12,997	0				59.00
59.01	05901	CARDIAC REHAB	139	0				59.01
60.00	06000	LABORATORY	21,239	0				60.00
65.00	06500	RESPIRATORY THERAPY	3,402	0				65.00
66.00	06600	PHYSICAL THERAPY	1,281	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	703	0				67.00
68.00	06800	SPEECH PATHOLOGY	679	0				68.00
69.00	06900	ELECTROCARDIOLOGY	1,431	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	911	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	10,042	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,730	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,251	0				73.00
74.00	07400	RENAL DIALYSIS	934	0				74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00
75.01	03330	ENDOSCOPY	3,337	0				75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	531	0				90.00
90.01	09001	PARTIAL HOSPITALIZATION	634	0				90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0				90.02
90.03	09003	BURN CLINIC	23	0				90.03
91.00	09100	EMERGENCY	17,571	0				91.00
91.01	09101	WOUND CARE 002	1,194	0				91.01
91.02	09102	WOUND CARE 001	153	0				91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0				91.03
91.04	09104	ZIONSVILLE CLINIC	57	0				91.04
91.05	09105	BROWNSBURG CLINIC	0	0				91.05

1/21/2025 5:24 pm C:\Users\dnanr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY	
					SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A		
					21.00	22.00		
91.06	09106	OP ANTICOAGULATION CLINIC	16.00	17.00	21.00	22.00	23.00	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	150	0				91.06
91.08	04040	FAMILY PRACTICE	157	0				91.07
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	42	0				91.08
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	851	0				92.00
98.00	09853	GERIATRIC CLINIC	0	0				95.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0				98.00
98.02	09852	DIABETES EDUCATION	0	0				98.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	684	0				98.02
106.00	10600	HEART ACQUISITION	198	0				105.00
112.00	08600	PANCREAS ACQUISITION	0	0				106.00
113.00	11300	INTEREST EXPENSE						112.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	6,640	0				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	224,835	275,905	0	0	0	115.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0				118.00
191.00	19100	RESEARCH	0	0				190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0				191.00
193.00	19300	NONPAID WORKERS	0	0				192.00
193.01	19304	MARKETING	0	0				193.00
193.02	19305	MISSION SERVICES	0	0				193.01
193.03	19306	FOUNDATION	0	0				193.02
193.04	19307	WELLNESS	0	0				193.03
193.05	19301	NETWORK DEVELOPMENT	0	0				193.04
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0				193.05
193.07	19310	BILLING	0	0				193.06
193.08	19308	OCCUPATIONAL HEALTH	0	0				193.07
193.09	19312	LIFELINE	0	0				193.08
193.10	19313	MARTEN HOUSE	0	0				193.09
193.14	19302	VACANT SPACE	0	0				193.10
193.16	19316	SETON BOARD	0	0				193.14
193.19	19319	SPORTS PERFORMANCE	0	0				193.16
194.00	07950	RETAIL PHARMACY	0	0				193.19
200.00		Cross Foot Adjustments			256,354	548,257	53,662	194.00
201.00		Negative Cost Centers	0	0	0	0	0	200.00
202.00		TOTAL (sum lines 118 through 201)	224,835	275,905	256,354	548,257	53,662	201.00
								202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM- SONOGRAPHY	PARAMED ED PRGM- SURGERY TECH	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A						22.00
23.00	02300	PARAMED ED PRGM- PHARMACY						23.00
23.01	02301	PARAMED ED PRGM - CPE	17,466					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY		41,711				23.02
23.03	02303	PARAMED ED PRGM - EMS			0			23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY				12,701		23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH					0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL						32.01
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT						34.01
40.00	04000	SUBPROVIDER - IPF						40.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC						54.01
54.02	05403	ULTRASOUND						54.02
54.03	05404	ECHOCARDIOLOGY						54.03
54.04	05401	ONCOLOGY						54.04
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	05901	CARDIAC REHAB						59.01
60.00	06000	LABORATORY						60.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
75.01	03330	ENDOSCOPY						75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	PARTIAL HOSPITALIZATION						90.01
90.02	09002	COVID-19 VACCINE CLINIC						90.02
90.03	09003	BURN CLINIC						90.03
91.00	09100	EMERGENCY						91.00
91.01	09101	WOUND CARE 002						91.01
91.02	09102	WOUND CARE 001						91.02
91.03	09103	LAFAYETTE RD CLINIC						91.03
91.04	09104	ZIONSVILLE CLINIC						91.04
91.05	09105	BROWNSBURG CLINIC						91.05
91.06	09106	OP ANTICOAGULATION CLINIC						91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT						91.07

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM- SONOGRAPHY	PARAMED ED PRGM- SURGERY TECH	
			23.01	23.02	23.03	23.04	23.05	
91.08	04040	FAMILY PRACTICE						91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC						98.00
98.01	09851	ELECTROCONVULSIVE THERAPY						98.01
98.02	09852	DIABETES EDUCATION						98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
112.00	08600	PANCREAS ACQUISITION						112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
193.01	19304	MARKETING						193.01
193.02	19305	MISSION SERVICES						193.02
193.03	19306	FOUNDATION						193.03
193.04	19307	WELLNESS						193.04
193.05	19301	NETWORK DEVELOPMENT						193.05
193.06	19303	JOINT VENTUREJOINT VENTURE						193.06
193.07	19310	BILLING						193.07
193.08	19308	OCCUPATIONAL HEALTH						193.08
193.09	19312	LIFELINE						193.09
193.10	19313	MARTEN HOUSE						193.10
193.14	19302	VACANT SPACE						193.14
193.16	19316	SETON BOARD						193.16
193.19	19319	SPORTS PERFORMANCE						193.19
194.00	07950	RETAIL PHARMACY						194.00
200.00		Cross Foot Adjustments	17,466	41,711	0	12,701	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	17,466	41,711	0	12,701	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A				22.00
23.00	02300	PARAMED ED PRGM- PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - CPE				23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY				23.02
23.03	02303	PARAMED ED PRGM - EMS				23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY				23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,969,705	0	10,969,705	30.00
31.00	03100	INTENSIVE CARE UNIT	2,927,139	0	2,927,139	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	1,342,573	0	1,342,573	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	227,081	0	227,081	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	729,487	0	729,487	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	1,792,137	0	1,792,137	34.01
40.00	04000	SUBPROVIDER - IPF	708,396	0	708,396	40.00
43.00	04300	NURSERY	428,094	0	428,094	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,670,516	0	10,670,516	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	699,573	0	699,573	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,230,616	0	2,230,616	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,001,031	0	1,001,031	54.01
54.02	05403	ULTRASOUND	164,695	0	164,695	54.02
54.03	05404	ECHOCARDIOLOGY	388,909	0	388,909	54.03
54.04	05401	ONCOLOGY	3,873,768	0	3,873,768	54.04
57.00	05700	CT SCAN	637,977	0	637,977	57.00
58.00	05800	MRI	710,302	0	710,302	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,973,211	0	2,973,211	59.00
59.01	05901	CARDIAC REHAB	220,625	0	220,625	59.01
60.00	06000	LABORATORY	1,195,607	0	1,195,607	60.00
65.00	06500	RESPIRATORY THERAPY	1,007,935	0	1,007,935	65.00
66.00	06600	PHYSICAL THERAPY	2,082,124	0	2,082,124	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,162	0	109,162	67.00
68.00	06800	SPEECH PATHOLOGY	258,464	0	258,464	68.00
69.00	06900	ELECTROCARDIOLOGY	297,730	0	297,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	887,014	0	887,014	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,816,449	0	2,816,449	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,963,358	0	2,963,358	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,675,484	0	3,675,484	73.00
74.00	07400	RENAL DIALYSIS	174,922	0	174,922	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03330	ENDOSCOPY	791,549	0	791,549	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,901,762	0	1,901,762	90.00
90.01	09001	PARTIAL HOSPITALIZATION	288,630	0	288,630	90.01
90.02	09002	COVID-19 VACCINE CLINIC	217	0	217	90.02
90.03	09003	BURN CLINIC	323,376	0	323,376	90.03
91.00	09100	EMERGENCY	2,107,806	0	2,107,806	91.00
91.01	09101	WOUND CARE 002	275,981	0	275,981	91.01
91.02	09102	WOUND CARE 001	55,262	0	55,262	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	262,825	0	262,825	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	91.05

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
91.06	09106	OP ANTICOAGULATION CLINIC	104,429	0	104,429		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	173,168	0	173,168		91.07
91.08	04040	FAMILY PRACTICE	667,562	0	667,562		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	824,330	0	824,330		95.00
98.00	09853	GERIATRIC CLINIC	0	0	0		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0		98.01
98.02	09852	DIABETES EDUCATION	10,537	0	10,537		98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,010,897	0	1,010,897		105.00
106.00	10600	HEART ACQUISITION	322,170	0	322,170		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	1,796,348	0	1,796,348		115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	69,080,933	0	69,080,933		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	79,786	0	79,786		190.00
191.00	19100	RESEARCH	13,345	0	13,345		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,359,493	0	3,359,493		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
193.01	19304	MARKETING	0	0	0		193.01
193.02	19305	MISSION SERVICES	96,368	0	96,368		193.02
193.03	19306	FOUNDATION	0	0	0		193.03
193.04	19307	WELLNESS	71,517	0	71,517		193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0		193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0		193.06
193.07	19310	BILLING	490,416	0	490,416		193.07
193.08	19308	OCCUPATIONAL HEALTH	26	0	26		193.08
193.09	19312	LIFELINE	1,319	0	1,319		193.09
193.10	19313	MARTEN HOUSE	0	0	0		193.10
193.14	19302	VACANT SPACE	636,160	0	636,160		193.14
193.16	19316	SETON BOARD	66,504	0	66,504		193.16
193.19	19319	SPORTS PERFORMANCE	905,207	0	905,207		193.19
194.00	07950	RETAIL PHARMACY	165,392	0	165,392		194.00
200.00		Cross Foot Adjustments	930,151	0	930,151		200.00
201.00		Negative Cost Centers	226,007	0	226,007		201.00
202.00		TOTAL (sum lines 118 through 201)	76,122,624	0	76,122,624		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,338,083				1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS	0	57,916			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			20,362,346		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,132	512	1,193	412,169,482	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,798	4,207	1,465,999	9,046,432	5.00
7.00	00700	OPERATION OF PLANT	224,828	3,235	377,817	2,212,839	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	366	0	0	0	8.00
9.00	00900	HOUSEKEEPING	13,897	587	0	0	9.00
10.00	01000	DIETARY	31,589	1,123	72,666	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	54,989	491	235,742	11,280,875	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39,878	1,699	906,594	4,603,039	14.00
15.00	01500	PHARMACY	14,301	0	209,814	14,310,811	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,250	719	503	92,268	16.00
17.00	01700	SOCIAL SERVICE	2,147	115	20,523	6,274,808	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	10,608,490	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	12,522	0	90,656	9,059,476	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,186	0	0	1,136,230	23.00
23.01	02301	PARAMED ED PRGM - CPE	578	0	0	207,130	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,424	0	0	532,925	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	0	0	0	494,154	23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	306,635	0	666,722	89,091,522	30.00
31.00	03100	INTENSIVE CARE UNIT	43,802	0	1,094,758	17,869,099	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	33,416	0	212,456	9,555,439	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	6,540	0	6,572	1,456,140	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	18,647	0	209,617	4,758,820	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	28,356	0	502,180	25,303,148	34.01
40.00	04000	SUBPROVIDER - IPF	4,046	26,759	46,752	7,058,410	40.00
43.00	04300	NURSERY	15,388	0	12,655	3,460,045	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	146,401	0	4,536,996	29,799,997	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,530	0	24,584	6,122,761	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,210	0	1,345,166	7,223,436	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	11,856	0	394,763	3,768,815	54.01
54.02	05403	ULTRASOUND	1,962	0	87,510	1,305,610	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	273,472	1,057,495	54.03
54.04	05401	ONCOLOGY	10,026	0	2,115,422	4,552,488	54.04
57.00	05700	CT SCAN	2,182	0	522,079	1,745,637	57.00
58.00	05800	MRI	8,502	0	485,322	1,193,036	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,553	0	1,770,300	6,919,733	59.00
59.01	05901	CARDIAC REHAB	0	0	16,783	644,358	59.01
60.00	06000	LABORATORY	17,307	0	155,057	1,264	60.00
65.00	06500	RESPIRATORY THERAPY	3,257	0	539,769	8,335,264	65.00
66.00	06600	PHYSICAL THERAPY	10,594	0	53,565	2,174,578	66.00
67.00	06700	OCCUPATIONAL THERAPY	372	51	0	1,524,431	67.00
68.00	06800	SPEECH PATHOLOGY	1,258	0	12,814	1,137,508	68.00
69.00	06900	ELECTROCARDIOLOGY	776	0	157,377	1,271,804	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	809	9,956	92,404	2,289,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,496	0	5,270	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	11,766	0	428,913	2,529,128	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	4,453,554	90.00
90.01	09001	PARTIAL HOSPITALIZATION	5,126	8,462	3,224	3,163,724	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	6,881	90.02
90.03	09003	BURN CLINIC	6,088	0	0	235,430	90.03
91.00	09100	EMERGENCY	38,291	0	457,176	23,029,372	91.00
91.01	09101	WOUND CARE 002	9,589	0	0	880,739	91.01
91.02	09102	WOUND CARE 001	553	0	22,122	576,688	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	91.03

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet B-1
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00			
91.04	09104	ZIONSVILLE CLINIC	0	0	0	234,028	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	1,695	0	0	488,323	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	431,163	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	9,309	5,752,661	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,146	0	338,423	7,066,458	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	503	262,905	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	3,026,446	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,085,221	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	233,719	4,251,382	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,291,060	57,916	20,215,261	366,954,355	-253,778,839	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	2,929	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	369,465	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	8,299	0	65,956	36,759,123	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	2,630	0	14,783	565,974	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	0	0	0	2,771,825	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	1,294	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	30,889	0	0	0	-488,627	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	52,444	4,058,699	0	193.19
194.00	07950	RETAIL PHARMACY	2,276	0	12,608	690,041	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	21,166,857	405,269	20,362,348	66,391,554		202.00
203.00		Unit cost multiplier (wkst. B, Part I)	15.818792	6.997531	1.000000	0.161078		203.00
204.00		Cost to be allocated (per wkst. B, Part II)				542,650		204.00
205.00		Unit cost multiplier (wkst. B, Part II)				0.001317		205.00
206.00		NAHE adjustment amount to be allocated (per wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	977,332,291				5.00
7.00	00700	OPERATION OF PLANT	38,693,876	1,108,287			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,701,054	366	201,788		8.00
9.00	00900	HOUSEKEEPING	12,683,138	14,484	0	1,093,437	9.00
10.00	01000	DIETARY	4,374,050	32,712	0	32,712	10.00
11.00	01100	CAFETERIA	8,503,175	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	15,488,387	55,480	0	55,480	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,936,708	41,577	0	41,577	14.00
15.00	01500	PHARMACY	20,107,066	14,301	0	14,301	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	236,661	10,969	0	10,969	16.00
17.00	01700	SOCIAL SERVICE	8,201,431	2,261	0	2,261	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	12,317,284	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	9,387,008	12,522	0	12,522	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	1,425,981	1,186	0	1,186	23.00
23.01	02301	PARAMED ED PRGM - CPE	269,389	578	0	578	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	599,184	1,424	0	1,424	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	615,481	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	114,432,368	306,635	120,650	306,635	30.00
31.00	03100	INTENSIVE CARE UNIT	34,279,424	43,802	26,495	43,802	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	16,062,166	33,416	6,315	33,416	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	3,371,987	6,540	1,612	6,540	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	4,471,394	18,647	2,565	18,647	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	22,656,492	28,356	25,694	28,356	34.01
40.00	04000	SUBPROVIDER - IPF	6,539,313	30,806	13,522	30,806	40.00
43.00	04300	NURSERY	3,211,853	15,388	4,935	15,388	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,793,702	146,401	0	146,401	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,105,652	20,530	0	20,530	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,438,311	25,210	0	25,210	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	6,182,080	11,856	0	11,856	54.01
54.02	05403	ULTRASOUND	1,739,127	1,962	0	1,962	54.02
54.03	05404	ECHOCARDIOLOGY	2,027,235	0	0	0	54.03
54.04	05401	ONCOLOGY	11,859,009	10,026	0	10,026	54.04
57.00	05700	CT SCAN	3,390,240	2,182	0	2,182	57.00
58.00	05800	MRI	2,461,680	8,502	0	8,502	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,440,525	27,553	0	27,553	59.00
59.01	05901	CARDIAC REHAB	1,025,921	0	0	0	59.01
60.00	06000	LABORATORY	34,749,550	17,307	0	17,307	60.00
65.00	06500	RESPIRATORY THERAPY	13,294,912	3,257	0	3,257	65.00
66.00	06600	PHYSICAL THERAPY	13,630,941	10,594	0	10,594	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,104,258	423	0	423	67.00
68.00	06800	SPEECH PATHOLOGY	4,359,562	1,258	0	1,258	68.00
69.00	06900	ELECTROCARDIOLOGY	2,352,612	776	0	776	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,110,187	10,765	0	10,765	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	70,317,174	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,967,998	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,092,549	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,919,146	3,496	0	3,496	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	3,872,778	11,766	0	11,766	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,525,842	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	3,838,804	13,588	0	13,588	90.01
90.02	09002	COVID-19 VACCINE CLINIC	8,831	0	0	0	90.02
90.03	09003	BURN CLINIC	793,988	6,088	0	6,088	90.03
91.00	09100	EMERGENCY	34,607,208	38,291	0	38,291	91.00
91.01	09101	WOUND CARE 002	2,157,309	9,589	0	9,589	91.01
91.02	09102	WOUND CARE 001	755,475	553	0	553	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	568,535	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	748,893	1,695	0	1,695	91.06

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,172,324	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	4,904,137	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	10,000,354	6,146	0	6,146	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	325,852	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	10,143,032	0	0	0	105.00
106.00	10600	HEART ACQUISITION	4,709,349	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	15,565,218	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	879,625,170	1,061,264	201,788	1,046,414	444,351
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,021,522	2,929	0	2,929	190.00
191.00	19100	RESEARCH	507,917	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	53,776,603	8,299	0	8,299	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	1,383,090	2,630	0	2,630	193.02
193.03	19306	FOUNDATION	0	0	0	0	193.03
193.04	19307	WELLNESS	3,453,580	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	193.06
193.07	19310	BILLING	25,739,543	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	979	0	0	0	193.08
193.09	19312	LIFELINE	1,294	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	30,889	0	30,889	193.14
193.16	19316	SETON BOARD	0	0	0	0	39,229
193.19	19319	SPORTS PERFORMANCE	6,334,513	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	5,488,080	2,276	0	2,276	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	253,778,839	48,741,321	3,418,519	16,613,496	7,445,499
203.00		Unit cost multiplier (wkst. B, Part I)	0.259665	43.978970	16.941141	15.193830	15.396623
204.00		Cost to be allocated (per wkst. B, Part II)	18,621,089	4,758,451	58,824	527,781	819,802
205.00		Unit cost multiplier (wkst. B, Part II)	0.019053	4.293519	0.291514	0.482681	1.695277
206.00		NAHE adjustment amount to be allocated (per wkst. B-2)					
207.00		NAHE unit cost multiplier (wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	7,241,312					11.00
13.00	01300	NURSING ADMINISTRATION	281,395	3,388,700				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	162,222	5,513	154,555,133			14.00
15.00	01500	PHARMACY	265,934	0	563	53,303,360		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,417	72	27	0	5,391,520,954	16.00
17.00	01700	SOCIAL SERVICE	150,127	77,959	134,468	90	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	344,256	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	89,615	0	213,388	54,940	0	22.00
23.00	02300	PARAMED ED PRGM- PHARMACY	25,559	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - CPE	6,984	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	11,879	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - EMS	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY	10,064	0	4,557	19	0	23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,522,178	1,028,390	3,892,821	249,632	533,114,636	30.00
31.00	03100	INTENSIVE CARE UNIT	360,762	328,412	191,352	143,080	189,358,544	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	198,847	154,045	7,330	57,547	63,353,568	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	27,290	26,680	0	8,259	42,473,264	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	81,343	58,168	218,907	16,183	32,612,407	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	449,655	345,225	3,887	15,386	285,708,935	34.01
40.00	04000	SUBPROVIDER - IPF	144,937	0	62	0	45,366,810	40.00
43.00	04300	NURSERY	58,370	40,478	101,203	948	18,965,647	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	637,744	524,778	1,056,808	707,209	916,813,595	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	137,981	122,572	80,172	9,357	95,714,702	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161,550	12,797	832,811	49,849	79,508,365	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	88,226	55,325	842,506	14,944	59,069,601	54.01
54.02	05403	ULTRASOUND	24,352	0	0	229	32,581,282	54.02
54.03	05404	ECHOCARDIOLOGY	21,184	0	334,208	2,822	42,834,519	54.03
54.04	05401	ONCOLOGY	102,675	36,246	100,902	21,741	83,195,549	54.04
57.00	05700	CT SCAN	39,431	0	2,732	25,397	48,459,316	57.00
58.00	05800	MRI	23,221	0	2,052	6,182	13,782,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	130,620	72,689	4,397	647,469	309,458,839	59.00
59.01	05901	CARDIAC REHAB	19,358	6,106	9,541	0	3,308,126	59.01
60.00	06000	LABORATORY	20	0	36,807	19	505,699,671	60.00
65.00	06500	RESPIRATORY THERAPY	185,215	0	0	1,915,885	81,006,645	65.00
66.00	06600	PHYSICAL THERAPY	63,228	0	42,540	450	30,489,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,769	0	0	86	16,743,480	67.00
68.00	06800	SPEECH PATHOLOGY	26,948	0	7,700	22	16,164,300	68.00
69.00	06900	ELECTROCARDIOLOGY	31,033	0	454,167	3,644	34,068,704	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	53,729	0	294,480	3,820	21,685,017	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	68,583,299	0	239,095,329	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72,967,998	0	303,084,133	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,572,239	458,352,963	73.00
74.00	07400	RENAL DIALYSIS	0	0	73,606	33,070	22,240,867	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	56,038	49,298	0	21,455	79,443,589	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	134,734	25,908	325	0	12,642,411	90.00
90.01	09001	PARTIAL HOSPITALIZATION	101,240	0	0	0	15,103,580	90.01
90.02	09002	COVID-19 VACCINE CLINIC	109	76	0	0	0	90.02
90.03	09003	BURN CLINIC	7,534	0	20,966	1,029	547,392	90.03
91.00	09100	EMERGENCY	476,761	264,276	255,059	67,904	418,352,138	91.00
91.01	09101	WOUND CARE 002	25,109	20,820	328,745	2,163	28,433,781	91.01
91.02	09102	WOUND CARE 001	12,409	12,302	0	114	3,654,486	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	5,331	10,330	1,366,625	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
91.06	09106	OP ANTICOAGULATION CLINIC	0	3,420	1,422	8,104	3,561,929	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	9,101	35,506	2,811	3,741,214	91.07
91.08	04040	FAMILY PRACTICE	0	0	28,976	533	1,008,239	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	156,460	69,529	106,078	7,408	20,254,056	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	6,685	6,648	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	46,030	19,368	1,788	12	16,280,153	105.00
106.00	10600	HEART ACQUISITION	21,582	12,499	3,100	0	4,726,004	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	85,827	0	3,000,441	460,224	158,094,636	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,114,636	3,388,700	154,283,028	50,142,605	5,391,520,954	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	8,603	0	0	11,530	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	216,068	3,134,170	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	14,464	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	0	193.03
193.04	19307	WELLNESS	88,316	0	2,573	816	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	338	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	52,931	12,152	0	193.19
194.00	07950	RETAIL PHARMACY	15,293	0	195	2,087	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	10,711,152	23,209,318	5,177,544	26,567,778	954,208	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.479173	6.849033	0.033500	0.498426	0.000177	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	162,011	1,697,431	3,531,113	2,291,046	224,835	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.022373	0.500909	0.021385	0.042981	0.000042	205.00
206.00		NAHE adjustment amount to be allocated (per wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		INTERNS & RESIDENTS			PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - CPE (ASSIGNED TIME)		
		SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALAR Y & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)				
		17.00	21.00	22.00	23.00	23.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	201,788	60,777	60,777	100	901	1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A						22.00
23.00	02300	PARAMED ED PRGM- PHARMACY						23.00
23.01	02301	PARAMED ED PRGM - CPE						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY						23.02
23.03	02303	PARAMED ED PRGM - EMS						23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY						23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	120,650	15,797	15,797	0	400	30.00
31.00	03100	INTENSIVE CARE UNIT	26,495	3,618	3,618	0	223	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	6,315	28	28	0	4	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,612	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2,565	355	355	0	2	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	25,694	767	767	0	33	34.01
40.00	04000	SUBPROVIDER - IPF	13,522	716	716	0	56	40.00
43.00	04300	NURSERY	4,935	164	164	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	13,548	13,548	0	9	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,172	3,172	0	1	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	680	680	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	369	369	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	484	484	0	0	54.03
54.04	05401	ONCOLOGY	0	1,244	1,244	0	0	54.04
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	163	163	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,134	2,134	0	0	59.00
59.01	05901	CARDIAC REHAB	0	85	85	0	0	59.01
60.00	06000	LABORATORY	0	961	961	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,030	1,030	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	575	575	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,629	1,629	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	758	758	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66	66	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	439	439	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	1,712	1,712	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,831	1,831	0	136	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	39	39	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	1,715	1,715	0	37	91.00
91.01	09101	WOUND CARE 002	0	242	242	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - CPE (ASSIGNED TIME)	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
			(TOTAL PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)		
			17.00	21.00	22.00	23.00	23.01
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0 91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0 91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	0	0 91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0 91.07
91.08	04040	FAMILY PRACTICE	0	2,772	2,772	0	0 91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0 98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0 98.01
98.02	09852	DIABETES EDUCATION	0	137	137	0	0 98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	52	52	0	0 106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	0 112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	1,859	1,859	0	0 115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	201,788	59,141	59,141	100	901 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0 190.00
191.00	19100	RESEARCH	0	344	344	0	0 191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	843	843	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01	19304	MARKETING	0	0	0	0	0 193.01
193.02	19305	MISSION SERVICES	0	0	0	0	0 193.02
193.03	19306	FOUNDATION	0	0	0	0	0 193.03
193.04	19307	WELLNESS	0	0	0	0	0 193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	0 193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	0 193.06
193.07	19310	BILLING	0	0	0	0	0 193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	0	0 193.08
193.09	19312	LIFELINE	0	0	0	0	0 193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	0 193.10
193.14	19302	VACANT SPACE	0	0	0	0	0 193.14
193.16	19316	SETON BOARD	0	0	0	0	0 193.16
193.19	19319	SPORTS PERFORMANCE	0	449	449	0	0 193.19
194.00	07950	RETAIL PHARMACY	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	11,225,403	16,024,866	12,732,535	1,904,243	383,873 202.00
203.00		Unit cost multiplier (wkst. B, Part I)	55.629686	263.666617	209.495944	19,042.430000	426.052164 203.00
204.00		Cost to be allocated (per wkst. B, Part II)	275,905	256,354	548,257	53,662	17,466 204.00
205.00		Unit cost multiplier (wkst. B, Part II)	1.367301	4.217944	9.020797	536.620000	19.385128 205.00
206.00		NAHE adjustment amount to be allocated (per wkst. B-2)				0	0 206.00
207.00		NAHE unit cost multiplier (wkst. D, Parts III and IV)				0.000000	0.000000 207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			PARAMED ED PRGM - RADIOLOGY (CHARGES)	PARAMED ED PRGM - EMS (ASSIGNED TIME)	PARAMED ED PRGM- SONOGRAPHY (ASSIGNED TIME)	PARAMED ED PRGM- SURGERY TECH (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG-STRESS					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A					22.00
23.00	02300	PARAMED ED PRGM- PHARMACY					23.00
23.01	02301	PARAMED ED PRGM - CPE					23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	174,331,216				23.02
23.03	02303	PARAMED ED PRGM - EMS		0			23.03
23.04	02304	PARAMED ED PRGM- SONOGRAPHY			100		23.04
23.05	02305	PARAMED ED PRGM- SURGERY TECH				0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,508,365	0	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	54.01
54.02	05403	ULTRASOUND	32,581,282	0	100	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	54.04
57.00	05700	CT SCAN	48,459,316	0	0	0	57.00
58.00	05800	MRI	13,782,253	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	91.05

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet B-1

Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			PARAMED ED PRGM - RADIOLOGY (CHARGES)	PARAMED ED PRGM - EMS (ASSIGNED TIME)	PARAMED ED PRGM- SONOGRAPHY (ASSIGNED TIME)	PARAMED ED PRGM- SURGERY TECH (ASSIGNED TIME)	
			23.02	23.03	23.04	23.05	
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	174,331,216	0	100	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19304	MARKETING	0	0	0	0	193.01
193.02	19305	MISSION SERVICES	0	0	0	0	193.02
193.03	19306	FOUNDATION	0	0	0	0	193.03
193.04	19307	WELLNESS	0	0	0	0	193.04
193.05	19301	NETWORK DEVELOPMENT	0	0	0	0	193.05
193.06	19303	JOINT VENTUREJOINT VENTURE	0	0	0	0	193.06
193.07	19310	BILLING	0	0	0	0	193.07
193.08	19308	OCCUPATIONAL HEALTH	0	0	0	0	193.08
193.09	19312	LIFELINE	0	0	0	0	193.09
193.10	19313	MARTEN HOUSE	0	0	0	0	193.10
193.14	19302	VACANT SPACE	0	0	0	0	193.14
193.16	19316	SETON BOARD	0	0	0	0	193.16
193.19	19319	SPORTS PERFORMANCE	0	0	0	0	193.19
194.00	07950	RETAIL PHARMACY	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	856,604	0	790,348	0	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.004914	0.000000	7,903.480000	0.000000	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	41,711	0	12,701	0	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.000239	0.000000	127.010000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,286,952		186,286,952	0	186,286,952	30.00
31.00	03100	INTENSIVE CARE UNIT	50,856,054		50,856,054	0	50,856,054	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	24,294,984		24,294,984	0	24,294,984	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,994,134		4,994,134	0	4,994,134	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,484,676		7,484,676	0	7,484,676	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	35,184,133		35,184,133	0	35,184,133	34.01
40.00	04000	SUBPROVIDER - IPF	12,212,261		12,212,261	0	12,212,261	40.00
43.00	04300	NURSERY	5,685,342		5,685,342	0	5,685,342	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,059,263		84,059,263	0	84,059,263	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,753,204		13,753,204	0	13,753,204	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,463,821		20,463,821	0	20,463,821	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	9,044,455		9,044,455	0	9,044,455	54.01
54.02	05403	ULTRASOUND	3,299,168		3,299,168	0	3,299,168	54.02
54.03	05404	ECHOCARDIOLOGY	2,605,157		2,605,157	0	2,605,157	54.03
54.04	05401	ONCOLOGY	15,960,711		15,960,711	0	15,960,711	54.04
57.00	05700	CT SCAN	4,717,464		4,717,464	0	4,717,464	57.00
58.00	05800	MRI	3,711,642		3,711,642	0	3,711,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,850,648		15,850,648	0	15,850,648	59.00
59.01	05901	CARDIAC REHAB	1,363,677		1,363,677	0	1,363,677	59.01
60.00	06000	LABORATORY	44,887,677		44,887,677	0	44,887,677	60.00
65.00	06500	RESPIRATORY THERAPY	18,183,091	0	18,183,091	0	18,183,091	65.00
66.00	06600	PHYSICAL THERAPY	17,897,866	0	17,897,866	0	17,897,866	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,519,476	0	6,519,476	0	6,519,476	67.00
68.00	06800	SPEECH PATHOLOGY	5,609,019	0	5,609,019	0	5,609,019	68.00
69.00	06900	ELECTROCARDIOLOGY	3,078,385		3,078,385	0	3,078,385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,428,866		8,428,866	0	8,428,866	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	90,915,944		90,915,944	0	90,915,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	94,413,252		94,413,252	0	94,413,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	136,926,522		136,926,522	0	136,926,522	73.00
74.00	07400	RENAL DIALYSIS	6,426,230		6,426,230	0	6,426,230	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03330	ENDOSCOPY	6,019,921		6,019,921	0	6,019,921	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,916,972		9,916,972	0	9,916,972	90.00
90.01	09001	PARTIAL HOSPITALIZATION	5,792,071		5,792,071	0	5,792,071	90.01
90.02	09002	COVID-19 VACCINE CLINIC	11,806		11,806	0	11,806	90.02
90.03	09003	BURN CLINIC	1,372,859		1,372,859	0	1,372,859	90.03
91.00	09100	EMERGENCY	48,537,039		48,537,039	0	48,537,039	91.00
91.01	09101	WOUND CARE 002	3,481,757		3,481,757	0	3,481,757	91.01
91.02	09102	WOUND CARE 001	1,087,683		1,087,683	0	1,087,683	91.02
91.03	09103	LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	721,734		721,734	0	721,734	91.04
91.05	09105	BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	1,071,793		1,071,793	0	1,071,793	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,542,321		1,542,321	0	1,542,321	91.07
91.08	04040	FAMILY PRACTICE	6,178,985		6,178,985	0	6,178,985	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	20,205,148		20,205,148	0	20,205,148	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,679,240		13,679,240	0	13,679,240	95.00
98.00	09853	GERIATRIC CLINIC	0		0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0		0	0	0	98.01
98.02	09852	DIABETES EDUCATION	465,884		465,884	0	465,884	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,980,508		12,980,508		12,980,508	105.00
106.00	10600	HEART ACQUISITION	6,050,673		6,050,673		6,050,673	106.00
112.00	08600	PANCREAS ACQUISITION	0		0		0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	20,091,799		20,091,799		20,091,799	115.00
200.00		Subtotal (see instructions)	1,094,322,267	0	1,094,322,267	0	1,094,322,267	200.00
201.00		Less Observation Beds	20,205,148		20,205,148		20,205,148	201.00
202.00		Total (see instructions)	1,074,117,119	0	1,074,117,119	0	1,074,117,119	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	473,384,171		473,384,171		30.00
31.00	03100	INTENSIVE CARE UNIT	189,358,544		189,358,544		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	63,353,568		63,353,568		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	42,473,264		42,473,264		33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	32,612,407		32,612,407		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	285,708,935		285,708,935		34.01
40.00	04000	SUBPROVIDER - IPF	45,366,810		45,366,810		40.00
43.00	04300	NURSERY	18,965,647		18,965,647		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	477,331,541	439,482,054	916,813,595	0.091686	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,300,253	3,414,449	95,714,702	0.143690	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,976,907	57,531,458	79,508,365	0.257379	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	14,439,561	44,630,040	59,069,601	0.153115	54.01
54.02	05403	ULTRASOUND	19,294,687	13,286,595	32,581,282	0.101260	54.02
54.03	05404	ECHOCARDIOLOGY	78,559	42,755,960	42,834,519	0.060819	54.03
54.04	05401	ONCOLOGY	4,062,081	79,133,468	83,195,549	0.191846	54.04
57.00	05700	CT SCAN	26,353,886	22,105,430	48,459,316	0.097349	57.00
58.00	05800	MRI	6,000,316	7,781,937	13,782,253	0.269306	58.00
59.00	05900	CARDIAC CATHETERIZATION	132,488,223	176,970,616	309,458,839	0.051221	59.00
59.01	05901	CARDIAC REHAB	2,561	3,305,565	3,308,126	0.412220	59.01
60.00	06000	LABORATORY	352,717,952	152,981,719	505,699,671	0.088764	60.00
65.00	06500	RESPIRATORY THERAPY	76,173,689	4,832,956	81,006,645	0.224464	65.00
66.00	06600	PHYSICAL THERAPY	13,855,332	16,634,322	30,489,654	0.587014	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,218,690	8,524,790	16,743,480	0.389374	67.00
68.00	06800	SPEECH PATHOLOGY	4,779,822	11,384,478	16,164,300	0.347000	68.00
69.00	06900	ELECTROCARDIOLOGY	24,362,094	9,706,610	34,068,704	0.090358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,383,331	16,301,686	21,685,017	0.388695	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	148,869,390	90,225,939	239,095,329	0.380250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	180,149,849	122,934,284	303,084,133	0.311508	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	351,175,805	107,177,158	458,352,963	0.298736	73.00
74.00	07400	RENAL DIALYSIS	18,272,319	3,968,548	22,240,867	0.288938	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03330	ENDOSCOPY	23,934,955	55,508,634	79,443,589	0.075776	75.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	12,642,411	12,642,411	0.784421	90.00
90.01	09001	PARTIAL HOSPITALIZATION	58,932	15,044,648	15,103,580	0.383490	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0.000000	90.02
90.03	09003	BURN CLINIC	0	547,392	547,392	2.508000	90.03
91.00	09100	EMERGENCY	120,232,725	298,119,413	418,352,138	0.116020	91.00
91.01	09101	WOUND CARE 002	326,515	28,107,266	28,433,781	0.122451	91.01
91.02	09102	WOUND CARE 001	3,484,251	170,235	3,654,486	0.297630	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	6,304	1,360,321	1,366,625	0.528114	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	9,598	3,552,331	3,561,929	0.300902	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	8,957	3,732,257	3,741,214	0.412251	91.07
91.08	04040	FAMILY PRACTICE	0	1,008,239	1,008,239	6.128492	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	20,141,690	39,588,775	59,730,465	0.338272	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	149,851	20,104,205	20,254,056	0.675383	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	98.02
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,512,856	4,767,297	16,280,153		105.00
106.00	10600	HEART ACQUISITION	4,192,120	533,884	4,726,004		106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	158,094,636	158,094,636		115.00
200.00		Subtotal (see instructions)	3,313,568,948	2,077,952,006	5,391,520,954		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	3,313,568,948	2,077,952,006	5,391,520,954		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT			33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091686		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.143690		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.257379		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.153115		54.01
54.02	05403	ULTRASOUND	0.101260		54.02
54.03	05404	ECHOCARDIOLOGY	0.060819		54.03
54.04	05401	ONCOLOGY	0.191846		54.04
57.00	05700	CT SCAN	0.097349		57.00
58.00	05800	MRI	0.269306		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051221		59.00
59.01	05901	CARDIAC REHAB	0.412220		59.01
60.00	06000	LABORATORY	0.088764		60.00
65.00	06500	RESPIRATORY THERAPY	0.224464		65.00
66.00	06600	PHYSICAL THERAPY	0.587014		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389374		67.00
68.00	06800	SPEECH PATHOLOGY	0.347000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.090358		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.388695		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.380250		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.311508		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298736		73.00
74.00	07400	RENAL DIALYSIS	0.288938		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03330	ENDOSCOPY	0.075776		75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.784421		90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.383490		90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000		90.02
90.03	09003	BURN CLINIC	2.508000		90.03
91.00	09100	EMERGENCY	0.116020		91.00
91.01	09101	WOUND CARE 002	0.122451		91.01
91.02	09102	WOUND CARE 001	0.297630		91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000		91.03
91.04	09104	ZIONSVILLE CLINIC	0.528114		91.04
91.05	09105	BROWNSBURG CLINIC	0.000000		91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.300902		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.412251		91.07
91.08	04040	FAMILY PRACTICE	6.128492		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.338272		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.675383		95.00
98.00	09853	GERIATRIC CLINIC	0.000000		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000		98.01
98.02	09852	DIABETES EDUCATION	0.000000		98.02
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
112.00	08600	PANCREAS ACQUISITION			112.00
113.00	11300	INTEREST EXPENSE			113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	193,761,500		193,761,500	0	193,761,500	30.00
31.00	03100	INTENSIVE CARE UNIT	52,567,956		52,567,956	0	52,567,956	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	24,308,233		24,308,233	0	24,308,233	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	4,994,134		4,994,134	0	4,994,134	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	7,652,649		7,652,649	0	7,652,649	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	35,547,048		35,547,048	0	35,547,048	34.01
40.00	04000	SUBPROVIDER - IPF	12,551,045		12,551,045	0	12,551,045	40.00
43.00	04300	NURSERY	5,762,940		5,762,940	0	5,762,940	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,469,669		90,469,669	0	90,469,669	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,254,076		15,254,076	0	15,254,076	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,785,571		20,785,571	0	20,785,571	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	9,044,455		9,044,455	0	9,044,455	54.01
54.02	05403	ULTRASOUND	3,473,765		3,473,765	0	3,473,765	54.02
54.03	05404	ECHOCARDIOLOGY	2,834,168		2,834,168	0	2,834,168	54.03
54.04	05401	ONCOLOGY	16,549,325		16,549,325	0	16,549,325	54.04
57.00	05700	CT SCAN	4,717,464		4,717,464	0	4,717,464	57.00
58.00	05800	MRI	3,788,768		3,788,768	0	3,788,768	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,860,377		16,860,377	0	16,860,377	59.00
59.01	05901	CARDIAC REHAB	1,403,896		1,403,896	0	1,403,896	59.01
60.00	06000	LABORATORY	45,342,387		45,342,387	0	45,342,387	60.00
65.00	06500	RESPIRATORY THERAPY	18,670,449	0	18,670,449	0	18,670,449	65.00
66.00	06600	PHYSICAL THERAPY	18,169,934	0	18,169,934	0	18,169,934	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,519,476	0	6,519,476	0	6,519,476	67.00
68.00	06800	SPEECH PATHOLOGY	5,609,019	0	5,609,019	0	5,609,019	68.00
69.00	06900	ELECTROCARDIOLOGY	3,849,167		3,849,167	0	3,849,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,787,523		8,787,523	0	8,787,523	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	90,915,944		90,915,944	0	90,915,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	94,413,252		94,413,252	0	94,413,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	136,957,751		136,957,751	0	136,957,751	73.00
74.00	07400	RENAL DIALYSIS	6,633,949		6,633,949	0	6,633,949	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03330	ENDOSCOPY	6,829,975		6,829,975	0	6,829,975	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,783,333		10,783,333	0	10,783,333	90.00
90.01	09001	PARTIAL HOSPITALIZATION	5,810,524		5,810,524	0	5,810,524	90.01
90.02	09002	COVID-19 VACCINE CLINIC	11,806		11,806	0	11,806	90.02
90.03	09003	BURN CLINIC	1,372,859		1,372,859	0	1,372,859	90.03
91.00	09100	EMERGENCY	49,348,513		49,348,513	0	49,348,513	91.00
91.01	09101	WOUND CARE 002	3,596,262		3,596,262	0	3,596,262	91.01
91.02	09102	WOUND CARE 001	1,087,683		1,087,683	0	1,087,683	91.02
91.03	09103	LAFAYETTE RD CLINIC	0		0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	721,734		721,734	0	721,734	91.04
91.05	09105	BROWNSBURG CLINIC	0		0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	1,071,793		1,071,793	0	1,071,793	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	1,542,321		1,542,321	0	1,542,321	91.07
91.08	04040	FAMILY PRACTICE	7,490,592		7,490,592	0	7,490,592	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	20,205,148		20,205,148	0	20,205,148	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	13,679,240		13,679,240	0	13,679,240	95.00
98.00	09853	GERIATRIC CLINIC	0		0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0		0	0	0	98.01
98.02	09852	DIABETES EDUCATION	530,707		530,707	0	530,707	98.02
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,980,508		12,980,508		12,980,508	105.00
106.00	10600	HEART ACQUISITION	6,075,278		6,075,278		6,075,278	106.00
112.00	08600	PANCREAS ACQUISITION	0		0		0	112.00
113.00	11300	INTEREST EXPENSE						113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	20,971,408		20,971,408		20,971,408	115.00
200.00		Subtotal (see instructions)	1,122,305,574	0	1,122,305,574	0	1,122,305,574	200.00
201.00		Less Observation Beds	20,205,148		20,205,148		20,205,148	201.00
202.00		Total (see instructions)	1,102,100,426	0	1,102,100,426	0	1,102,100,426	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	473,384,171		473,384,171		30.00
31.00	03100	INTENSIVE CARE UNIT	189,358,544		189,358,544		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSP	63,353,568		63,353,568		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	42,473,264		42,473,264		33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	32,612,407		32,612,407		33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	285,708,935		285,708,935		34.01
40.00	04000	SUBPROVIDER - IPF	45,366,810		45,366,810		40.00
43.00	04300	NURSERY	18,965,647		18,965,647		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	477,331,541	439,482,054	916,813,595	0.098678	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,300,253	3,414,449	95,714,702	0.159370	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,976,907	57,531,458	79,508,365	0.261426	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	14,439,561	44,630,040	59,069,601	0.153115	54.01
54.02	05403	ULTRASOUND	19,294,687	13,286,595	32,581,282	0.106618	54.02
54.03	05404	ECHOCARDIOLOGY	78,559	42,755,960	42,834,519	0.066166	54.03
54.04	05401	ONCOLOGY	4,062,081	79,133,468	83,195,549	0.198921	54.04
57.00	05700	CT SCAN	26,353,886	22,105,430	48,459,316	0.097349	57.00
58.00	05800	MRI	6,000,316	7,781,937	13,782,253	0.274902	58.00
59.00	05900	CARDIAC CATHETERIZATION	132,488,223	176,970,616	309,458,839	0.054483	59.00
59.01	05901	CARDIAC REHAB	2,561	3,305,565	3,308,126	0.424378	59.01
60.00	06000	LABORATORY	352,717,952	152,981,719	505,699,671	0.089663	60.00
65.00	06500	RESPIRATORY THERAPY	76,173,689	4,832,956	81,006,645	0.230480	65.00
66.00	06600	PHYSICAL THERAPY	13,855,332	16,634,322	30,489,654	0.595938	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,218,690	8,524,790	16,743,480	0.389374	67.00
68.00	06800	SPEECH PATHOLOGY	4,779,822	11,384,478	16,164,300	0.347000	68.00
69.00	06900	ELECTROCARDIOLOGY	24,362,094	9,706,610	34,068,704	0.112982	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,383,331	16,301,686	21,685,017	0.405235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	148,869,390	90,225,939	239,095,329	0.380250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	180,149,849	122,934,284	303,084,133	0.311508	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	351,175,805	107,177,158	458,352,963	0.298804	73.00
74.00	07400	RENAL DIALYSIS	18,272,319	3,968,548	22,240,867	0.298277	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03330	ENDOSCOPY	23,934,955	55,508,634	79,443,589	0.085973	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	12,642,411	12,642,411	0.852949	90.00
90.01	09001	PARTIAL HOSPITALIZATION	58,932	15,044,648	15,103,580	0.384712	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0.000000	90.02
90.03	09003	BURN CLINIC	0	547,392	547,392	2.508000	90.03
91.00	09100	EMERGENCY	120,232,725	298,119,413	418,352,138	0.117959	91.00
91.01	09101	WOUND CARE 002	326,515	28,107,266	28,433,781	0.126479	91.01
91.02	09102	WOUND CARE 001	3,484,251	170,235	3,654,486	0.297630	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	6,304	1,360,321	1,366,625	0.528114	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	9,598	3,552,331	3,561,929	0.300902	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	8,957	3,732,257	3,741,214	0.412251	91.07
91.08	04040	FAMILY PRACTICE	0	1,008,239	1,008,239	7.429381	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	20,141,690	39,588,775	59,730,465	0.338272	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	149,851	20,104,205	20,254,056	0.675383	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0.000000	98.02
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	11,512,856	4,767,297	16,280,153	0.797321	105.00
106.00	10600	HEART ACQUISITION	4,192,120	533,884	4,726,004	1.285500	106.00
112.00	08600	PANCREAS ACQUISITION	0	0	0	0.000000	112.00
113.00	11300	INTEREST EXPENSE					113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	158,094,636	158,094,636		115.00
200.00		Subtotal (see instructions)	3,313,568,948	2,077,952,006	5,391,520,954		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	3,313,568,948	2,077,952,006	5,391,520,954		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet C
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL				32.01
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT				33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT				34.01
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000			54.01
54.02	05403	ULTRASOUND	0.000000			54.02
54.03	05404	ECHOCARDIOLOGY	0.000000			54.03
54.04	05401	ONCOLOGY	0.000000			54.04
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
59.01	05901	CARDIAC REHAB	0.000000			59.01
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	03330	ENDOSCOPY	0.000000			75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000			90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000			90.02
90.03	09003	BURN CLINIC	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	WOUND CARE 002	0.000000			91.01
91.02	09102	WOUND CARE 001	0.000000			91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000			91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000			91.04
91.05	09105	BROWNSBURG CLINIC	0.000000			91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.000000			91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000			91.07
91.08	04040	FAMILY PRACTICE	0.000000			91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
98.00	09853	GERIATRIC CLINIC	0.000000			98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000			98.01
98.02	09852	DIABETES EDUCATION	0.000000			98.02
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0.000000			105.00
106.00	10600	HEART ACQUISITION	0.000000			106.00
112.00	08600	PANCREAS ACQUISITION	0.000000			112.00
113.00	11300	INTEREST EXPENSE				113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,969,705	0	10,969,705	135,328	81.06	30.00
31.00	INTENSIVE CARE UNIT	2,927,139		2,927,139	26,495	110.48	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,342,573		1,342,573	6,315	212.60	32.01
33.00	BURN INTENSIVE CARE UNIT	227,081		227,081	1,612	140.87	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	729,487		729,487	2,565	284.40	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,792,137		1,792,137	25,694	69.75	34.01
40.00	SUBPROVIDER - IPF	708,396	0	708,396	13,522	52.39	40.00
43.00	NURSERY	428,094		428,094	4,935	86.75	43.00
200.00	Total (lines 30 through 199)	19,124,612		19,124,612	216,466		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	28,430	2,304,536	30.00			
31.00	INTENSIVE CARE UNIT	5,639	622,997	31.00			
32.00	CORONARY CARE UNIT	0	0	32.00			
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,327	282,120	32.01			
33.00	BURN INTENSIVE CARE UNIT	109	15,355	33.00			
33.01	PEDIATRIC INTENSIVE CARE UNIT	6	1,706	33.01			
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00			
34.01	NEONATAL INTENSIVE CARE UNIT	0	0	34.01			
40.00	SUBPROVIDER - IPF	1,409	73,818	40.00			
43.00	NURSERY	0	0	43.00			
200.00	Total (lines 30 through 199)	36,920	3,300,532	200.00			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,670,516	916,813,595	0.011639	107,492,781	1,251,108	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	699,573	95,714,702	0.007309	234,756	1,716	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,230,616	79,508,365	0.028055	4,866,557	136,531	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,001,031	59,069,601	0.016947	3,786,898	64,177	54.01
54.02	05403	ULTRASOUND	164,695	32,581,282	0.005055	4,355,130	22,015	54.02
54.03	05404	ECHOCARDIOLOGY	388,909	42,834,519	0.009079	16,641	151	54.03
54.04	05401	ONCOLOGY	3,873,768	83,195,549	0.046562	1,359,812	63,316	54.04
57.00	05700	CT SCAN	637,977	48,459,316	0.013165	7,420,920	97,696	57.00
58.00	05800	MRI	710,302	13,782,253	0.051537	1,351,910	69,673	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,973,211	309,458,839	0.009608	34,774,259	334,111	59.00
59.01	05901	CARDIAC REHAB	220,625	3,308,126	0.066692	1,400	93	59.01
60.00	06000	LABORATORY	1,195,607	505,699,671	0.002364	77,511,694	183,238	60.00
65.00	06500	RESPIRATORY THERAPY	1,007,935	81,006,645	0.012443	12,211,558	151,948	65.00
66.00	06600	PHYSICAL THERAPY	2,082,124	30,489,654	0.068290	3,134,783	214,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,162	16,743,480	0.006520	1,802,114	11,750	67.00
68.00	06800	SPEECH PATHOLOGY	258,464	16,164,300	0.015990	980,297	15,675	68.00
69.00	06900	ELECTROCARDIOLOGY	297,730	34,068,704	0.008739	6,132,830	53,595	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	887,014	21,685,017	0.040904	1,323,249	54,126	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,816,449	239,095,329	0.011780	36,474,275	429,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,963,358	303,084,133	0.009777	51,297,836	501,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,675,484	458,352,963	0.008019	44,924,275	360,248	73.00
74.00	07400	RENAL DIALYSIS	174,922	22,240,867	0.007865	4,638,348	36,481	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03330	ENDOSCOPY	791,549	79,443,589	0.009964	6,363,553	63,406	75.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,901,762	12,642,411	0.150427	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	288,630	15,103,580	0.019110	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	217	0	0.000000	0	0	90.02
90.03	09003	BURN CLINIC	323,376	547,392	0.590758	0	0	90.03
91.00	09100	EMERGENCY	2,107,806	418,352,138	0.005038	26,933,297	135,690	91.00
91.01	09101	WOUND CARE 002	275,981	28,433,781	0.009706	36,344	353	91.01
91.02	09102	WOUND CARE 001	55,262	3,654,486	0.015122	931,258	14,082	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	262,825	1,366,625	0.192317	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	104,429	3,561,929	0.029318	967	28	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	173,168	3,741,214	0.046287	0	0	91.07
91.08	04040	FAMILY PRACTICE	667,562	1,008,239	0.662107	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	1,189,800	59,730,465	0.019919	4,697,678	93,573	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	0	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0.000000	0	0	98.01
98.02	09852	DIABETES EDUCATION	10,537	0	0.000000	0	0	98.02
200.00	Total (lines 50 through 199)		47,192,376	4,040,942,759		445,055,420	4,360,060	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part III
Date/Time Prepared:
1/21/2025 5:24 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	170,421	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	95,010	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	1,704	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	852	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	14,060	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	23,859	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	305,906	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	170,421	135,328	1.26	28,430	30.00	
31.00	03100	INTENSIVE CARE UNIT		95,010	26,495	3.59	5,639	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		1,704	6,315	0.27	1,327	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0	1,612	0.00	109	33.00	
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		852	2,565	0.33	6	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT		14,060	25,694	0.55	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	23,859	13,522	1.76	1,409	40.00	
43.00	04300	NURSERY		0	4,935	0.00	0	43.00	
200.00		Total (lines 30 through 199)		305,906	216,466		36,920	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,822						30.00
31.00	03100	INTENSIVE CARE UNIT	20,244						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	358						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	2						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0						34.01
40.00	04000	SUBPROVIDER - IPF	2,480						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	58,906						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	3,834	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	426	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	390,645	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	0	0	950,452	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	0	54.04
57.00	05700	CT SCAN	0	0	0	0	238,129	57.00
58.00	05800	MRI	0	0	0	0	67,726	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,904,243	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	57,943	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	15,764	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		0		18,488	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50 through 199)	0	0	0	0	3,647,650	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,834	3,834	916,813,595	0.000004	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	426	426	95,714,702	0.000004	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	390,645	390,645	79,508,365	0.004913	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	59,069,601	0.000000	54.01
54.02	05403	ULTRASOUND	0	950,452	950,452	32,581,282	0.029172	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	42,834,519	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	83,195,549	0.000000	54.04
57.00	05700	CT SCAN	0	238,129	238,129	48,459,316	0.004914	57.00
58.00	05800	MRI	0	67,726	67,726	13,782,253	0.004914	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	309,458,839	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,308,126	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	505,699,671	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	81,006,645	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,489,654	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,743,480	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	16,164,300	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,068,704	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	21,685,017	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	239,095,329	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	303,084,133	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,904,243	1,904,243	458,352,963	0.004155	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	22,240,867	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03330	ENDOSCOPY	0	0	0	79,443,589	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	57,943	57,943	12,642,411	0.004583	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	15,103,580	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	BURN CLINIC	0	0	0	547,392	0.000000	90.03
91.00	09100	EMERGENCY	0	15,764	15,764	418,352,138	0.000038	91.00
91.01	09101	WOUND CARE 002	0	0	0	28,433,781	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,654,486	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	1,366,625	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	3,561,929	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,741,214	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	1,008,239	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	18,488	18,488	59,730,465	0.000310	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	3,647,650	3,647,650	4,040,942,759		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	
		9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000004	107,492,781	430	77,529,081	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000004	234,756	1	5,074	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.004913	4,866,557	23,909	9,396,107	0 54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000	3,786,898	0	15,325,291	0 54.01
54.02	05403	ULTRASOUND	0.029172	4,355,130	127,048	1,888,732	0 54.02
54.03	05404	ECHOCARDIOLOGY	0.000000	16,641	0	14,538,109	0 54.03
54.04	05401	ONCOLOGY	0.000000	1,359,812	0	18,764,240	0 54.04
57.00	05700	CT SCAN	0.004914	7,420,920	36,466	3,726,553	0 57.00
58.00	05800	MRI	0.004914	1,351,910	6,643	1,151,994	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	34,774,259	0	58,967,634	0 59.00
59.01	05901	CARDIAC REHAB	0.000000	1,400	0	1,291,019	0 59.01
60.00	06000	LABORATORY	0.000000	77,511,694	0	19,763,324	0 60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	12,211,558	0	886,877	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,134,783	0	35,302	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,802,114	0	15,069	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	980,297	0	279,192	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,132,830	0	1,975,449	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,323,249	0	119,057	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	36,474,275	0	29,918,937	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	51,297,836	0	22,946,110	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004155	44,924,275	186,660	29,132,584	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	4,638,348	0	1,128,112	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	03330	ENDOSCOPY	0.000000	6,363,553	0	11,848,676	0 75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.004583	0	0	368,552	0 90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000	0	0	11,400	0 90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0 90.02
90.03	09003	BURN CLINIC	0.000000	0	0	0	0 90.03
91.00	09100	EMERGENCY	0.000038	26,933,297	1,023	22,502,780	0 91.00
91.01	09101	WOUND CARE 002	0.000000	36,344	0	13,067,540	0 91.01
91.02	09102	WOUND CARE 001	0.000000	931,258	0	12,426	0 91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0 91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000	0	0	82,016	0 91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0 91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.000000	967	0	635,858	0 91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	700,616	0 91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	0 91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000310	4,697,678	1,456	3,781,030	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0 98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0 98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0 98.02
200.00		Total (lines 50 through 199)		445,055,420	383,636	361,794,741	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on	Title XVIII	Hospital	PPS
		13.00	13.01			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	310	0			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	46,163	0			54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0			54.01
54.02	05403 ULTRASOUND	55,098	0			54.02
54.03	05404 ECHOCARDIOLOGY	0	0			54.03
54.04	05401 ONCOLOGY	0	0			54.04
57.00	05700 CT SCAN	18,312	0			57.00
58.00	05800 MRI	5,661	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
59.01	05901 CARDIAC REHAB	0	0			59.01
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	121,046	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
75.01	03330 ENDOSCOPY	0	0			75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,689	0			90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0			90.01
90.02	09002 COVID-19 VACCINE CLINIC	0	0			90.02
90.03	09003 BURN CLINIC	0	0			90.03
91.00	09100 EMERGENCY	855	0			91.00
91.01	09101 WOUND CARE 002	0	0			91.01
91.02	09102 WOUND CARE 001	0	0			91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0			91.03
91.04	09104 ZIONSVILLE CLINIC	0	0			91.04
91.05	09105 BROWNSBURG CLINIC	0	0			91.05
91.06	09106 OP ANTICOAGULATION CLINIC	0	0			91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0	0			91.07
91.08	04040 FAMILY PRACTICE	0	0			91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	1,172	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
98.00	09853 GERIATRIC CLINIC	0	0			98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0			98.01
98.02	09852 DIABETES EDUCATION	0	0			98.02
200.00	Total (lines 50 through 199)	250,306	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part V
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XVIII	Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.091686	77,529,081	0	0	7,108,331	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.143690	5,074	0	0	729	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.257379	9,396,107	0	0	2,418,361	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.153115	15,325,291	0	0	2,346,532	54.01
54.02	05403	ULTRASOUND	0.101260	1,888,732	0	0	191,253	54.02
54.03	05404	ECHOCARDIOLOGY	0.060819	14,538,109	0	0	884,193	54.03
54.04	05401	ONCOLOGY	0.191846	18,764,240	0	0	3,599,844	54.04
57.00	05700	CT SCAN	0.097349	3,726,553	0	0	362,776	57.00
58.00	05800	MRI	0.269306	1,151,994	0	0	310,239	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051221	58,967,634	0	0	3,020,381	59.00
59.01	05901	CARDIAC REHAB	0.412220	1,291,019	0	0	532,184	59.01
60.00	06000	LABORATORY	0.088764	19,763,324	150	0	1,754,272	60.00
65.00	06500	RESPIRATORY THERAPY	0.224464	886,877	0	0	199,072	65.00
66.00	06600	PHYSICAL THERAPY	0.587014	35,302	0	0	20,723	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389374	15,069	0	0	5,867	67.00
68.00	06800	SPEECH PATHOLOGY	0.347000	279,192	0	0	96,880	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090358	1,975,449	0	0	178,498	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.388695	119,057	0	0	46,277	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.380250	29,918,937	0	0	11,376,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.311508	22,946,110	0	0	7,147,897	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298736	29,132,584	1,744	112,968	8,702,952	73.00
74.00	07400	RENAL DIALYSIS	0.288938	1,128,112	0	0	325,954	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.075776	11,848,676	0	0	897,845	75.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.784421	368,552	0	0	289,100	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.383490	11,400	0	0	4,372	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	BURN CLINIC	2.508000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.116020	22,502,780	0	470	2,610,773	91.00
91.01	09101	WOUND CARE 002	0.122451	13,067,540	0	0	1,600,133	91.01
91.02	09102	WOUND CARE 001	0.297630	12,426	0	0	3,698	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.528114	82,016	0	0	43,314	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.300902	635,858	0	0	191,331	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.412251	700,616	0	0	288,830	91.07
91.08	04040	FAMILY PRACTICE	6.128492	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.338272	3,781,030	0	0	1,279,017	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.675383		0			95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00		Subtotal (see instructions)		361,794,741	1,894	113,438	57,838,304	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		361,794,741	1,894	113,438	57,838,304	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part V
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02	05403	ULTRASOUND	0	0		54.02
54.03	05404	ECHOCARDIOLOGY	0	0		54.03
54.04	05401	ONCOLOGY	0	0		54.04
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHAB	0	0		59.01
60.00	06000	LABORATORY	13	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	521	33,748		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03330	ENDOSCOPY	0	0		75.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0		90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0		90.02
90.03	09003	BURN CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	55		91.00
91.01	09101	WOUND CARE 002	0	0		91.01
91.02	09102	WOUND CARE 001	0	0		91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0		91.03
91.04	09104	ZIONSVILLE CLINIC	0	0		91.04
91.05	09105	BROWNSBURG CLINIC	0	0		91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08	04040	FAMILY PRACTICE	0	0		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
98.00	09853	GERIATRIC CLINIC	0	0		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02	09852	DIABETES EDUCATION	0	0		98.02
200.00		Subtotal (see instructions)	534	33,803		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	534	33,803		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0084

Period:

Worksheet D

Component CCN: 15-S084

From 07/01/2023
To 06/30/2024Part II
Date/Time Prepared:
1/21/2025 5:24 pm

				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,670,516	916,813,595	0.011639	701,556	8,165	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	699,573	95,714,702	0.007309	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,230,616	79,508,365	0.028055	5,407	152	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	1,001,031	59,069,601	0.016947	11,822	200	54.01
54.02	05403	ULTRASOUND	164,695	32,581,282	0.005055	3,873	20	54.02
54.03	05404	ECHOCARDIOLOGY	388,909	42,834,519	0.009079	0	0	54.03
54.04	05401	ONCOLOGY	3,873,768	83,195,549	0.046562	0	0	54.04
57.00	05700	CT SCAN	637,977	48,459,316	0.013165	15,300	201	57.00
58.00	05800	MRI	710,302	13,782,253	0.051537	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,973,211	309,458,839	0.009608	0	0	59.00
59.01	05901	CARDIAC REHAB	220,625	3,308,126	0.066692	0	0	59.01
60.00	06000	LABORATORY	1,195,607	505,699,671	0.002364	310,291	734	60.00
65.00	06500	RESPIRATORY THERAPY	1,007,935	81,006,645	0.012443	4,386	55	65.00
66.00	06600	PHYSICAL THERAPY	2,082,124	30,489,654	0.068290	17,469	1,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,162	16,743,480	0.006520	4,891	32	67.00
68.00	06800	SPEECH PATHOLOGY	258,464	16,164,300	0.015990	3,756	60	68.00
69.00	06900	ELECTROCARDIOLOGY	297,730	34,068,704	0.008739	6,976	61	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	887,014	21,685,017	0.040904	5,041	206	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	2,816,449	239,095,329	0.011780	45,406	535	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,963,358	303,084,133	0.009777	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,675,484	458,352,963	0.008019	208,551	1,672	73.00
74.00	07400	RENAL DIALYSIS	174,922	22,240,867	0.007865	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03330	ENDOSCOPY	791,549	79,443,589	0.009964	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,901,762	12,642,411	0.150427	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	288,630	15,103,580	0.019110	10,110	193	90.01
90.02	09002	COVID-19 VACCINE CLINIC	217	0	0.000000	0	0	90.02
90.03	09003	BURN CLINIC	323,376	547,392	0.590758	0	0	90.03
91.00	09100	EMERGENCY	2,107,806	418,352,138	0.005038	161,856	815	91.00
91.01	09101	WOUND CARE 002	275,981	28,433,781	0.009706	0	0	91.01
91.02	09102	WOUND CARE 001	55,262	3,654,486	0.015122	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0.000000	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	262,825	1,366,625	0.192317	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0.000000	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	104,429	3,561,929	0.029318	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	173,168	3,741,214	0.046287	0	0	91.07
91.08	04040	FAMILY PRACTICE	667,562	1,008,239	0.662107	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	59,730,465	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	0	0	0.000000	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0.000000	0	0	98.01
98.02	09852	DIABETES EDUCATION	10,537	0	0.000000	0	0	98.02
200.00	Total (lines 50 through 199)		46,002,576	4,040,942,759		1,516,691	14,294	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTSProvider CCN: 15-0084
Component CCN: 15-S084Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
				1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	3,834
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	426
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	390,645
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	0
54.02	05403	ULTRASOUND	0	0	0	0	0	950,452
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	0
54.04	05401	ONCOLOGY	0	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0	238,129
58.00	05800	MRI	0	0	0	0	0	67,726
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0
59.01	05901	CARDIAC REHAB	0	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,904,243
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0
75.01	03330	ENDOSCOPY	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	57,943
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	0
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0	0
90.03	09003	BURN CLINIC	0	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0	15,764
91.01	09101	WOUND CARE 002	0	0	0	0	0	0
91.02	09102	WOUND CARE 001	0	0	0	0	0	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	0
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	0	0	0
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	0
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	0	0	0	3,629,162

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

Component CCN: 15-S084

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,834	3,834	916,813,595	0.000004	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	426	426	95,714,702	0.000004	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	390,645	390,645	79,508,365	0.004913	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	59,069,601	0.000000	54.01
54.02	05403	ULTRASOUND	0	950,452	950,452	32,581,282	0.029172	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	42,834,519	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	83,195,549	0.000000	54.04
57.00	05700	CT SCAN	0	238,129	238,129	48,459,316	0.004914	57.00
58.00	05800	MRI	0	67,726	67,726	13,782,253	0.004914	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	309,458,839	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,308,126	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	505,699,671	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	81,006,645	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,489,654	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,743,480	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	16,164,300	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,068,704	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	21,685,017	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	239,095,329	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	303,084,133	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,904,243	1,904,243	458,352,963	0.004155	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	22,240,867	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03330	ENDOSCOPY	0	0	0	79,443,589	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	57,943	57,943	12,642,411	0.004583	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	15,103,580	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	BURN CLINIC	0	0	0	547,392	0.000000	90.03
91.00	09100	EMERGENCY	0	15,764	15,764	418,352,138	0.000038	91.00
91.01	09101	WOUND CARE 002	0	0	0	28,433,781	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,654,486	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	1,366,625	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	3,561,929	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,741,214	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	1,008,239	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	59,730,465	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	3,629,162	3,629,162	4,040,942,759		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

Component CCN: 15-S084

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
			9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000004	701,556	3	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000004	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.004913	5,407	27	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000	11,822	0	0	0	54.01
54.02	05403	ULTRASOUND	0.029172	3,873	113	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.000000	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0.000000	0	0	0	0	54.04
57.00	05700	CT SCAN	0.004914	15,300	75	0	0	57.00
58.00	05800	MRI	0.004914	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	310,291	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,386	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	17,469	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	4,891	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	3,756	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,976	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,041	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	45,406	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004155	208,551	867	642	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.000000	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.004583	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000	10,110	0	12,267	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000038	161,856	6	0	0	91.00
91.01	09101	WOUND CARE 002	0.000000	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0.000000	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.000000	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00		Total (lines 50 through 199)		1,516,691	1,091	12,909	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTSProvider CCN: 15-0084
Component CCN: 15-S084Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XVIII		Subprovider - IPF	PPS
	Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02	05403	ULTRASOUND	0	0		54.02
54.03	05404	ECHOCARDIOLOGY	0	0		54.03
54.04	05401	ONCOLOGY	0	0		54.04
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHAB	0	0		59.01
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03330	ENDOSCOPY	0	0		75.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0		90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0		90.02
90.03	09003	BURN CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	WOUND CARE 002	0	0		91.01
91.02	09102	WOUND CARE 001	0	0		91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0		91.03
91.04	09104	ZIONSVILLE CLINIC	0	0		91.04
91.05	09105	BROWNSBURG CLINIC	0	0		91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08	04040	FAMILY PRACTICE	0	0		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES				95.00
98.00	09853	GERIATRIC CLINIC	0	0		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02	09852	DIABETES EDUCATION	0	0		98.02
200.00		Total (lines 50 through 199)	3	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 15-0084 Component CCN: 15-S084		Period: From 07/01/2023 To 06/30/2024		Worksheet D Part V Date/Time Prepared: 1/21/2025 5:24 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.091686	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.143690	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.257379	0	0	0	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.153115	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0.101260	0	0	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.060819	0	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0.191846	0	0	0	0	0	54.04
57.00	05700	CT SCAN	0.097349	0	0	0	0	0	57.00
58.00	05800	MRI	0.269306	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051221	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0.412220	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0.088764	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.224464	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.587014	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389374	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.347000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090358	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.388695	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.380250	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.311508	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298736	642	0	1,496	192	73.00	
74.00	07400	RENAL DIALYSIS	0.288938	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03330	ENDOSCOPY	0.075776	0	0	0	0	75.01	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.784421	0	0	0	0	90.00	
90.01	09001	PARTIAL HOSPITALIZATION	0.383490	12,267	0	0	4,704	90.01	
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02	
90.03	09003	BURN CLINIC	2.508000	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0.116020	0	0	0	0	91.00	
91.01	09101	WOUND CARE 002	0.122451	0	0	0	0	91.01	
91.02	09102	WOUND CARE 001	0.297630	0	0	0	0	91.02	
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03	
91.04	09104	ZIONSVILLE CLINIC	0.528114	0	0	0	0	91.04	
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05	
91.06	09106	OP ANTICOAGULATION CLINIC	0.300902	0	0	0	0	91.06	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.412251	0	0	0	0	91.07	
91.08	04040	FAMILY PRACTICE	6.128492	0	0	0	0	91.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.338272	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.675383	0	0	0	0	95.00	
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0	98.00	
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01	
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02	
200.00		Subtotal (see instructions)		12,909	0	1,496	4,896	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		12,909	0	1,496	4,896	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0084

Period:

Worksheet D

Component CCN: 15-S084

From 07/01/2023

Part V

To 06/30/2024

Date/Time Prepared:

1/21/2025 5:24 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	54.01
54.02	05403	ULTRASOUND	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	54.03
54.04	05401	ONCOLOGY	0	0	54.04
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	59.01
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	447	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	90.02
90.03	09003	BURN CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	WOUND CARE 002	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
98.00	09853	GERIATRIC CLINIC	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	98.02
200.00		Subtotal (see instructions)	0	447	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	447	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part III
Date/Time Prepared:
1/21/2025 5:24 pm

				Title XIX		Hospital	Cost		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	170,421	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	95,010	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0	1,704	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	852	0	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	14,060	0	34.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	23,859	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	305,906	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	170,421	135,328	1.26	5,982	30.00	
31.00	03100	INTENSIVE CARE UNIT		95,010	26,495	3.59	1,119	31.00	
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00	
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		1,704	6,315	0.27	145	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0	1,612	0.00	58	33.00	
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		852	2,565	0.33	304	33.01	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
34.01	02060	NEONATAL INTENSIVE CARE UNIT		14,060	25,694	0.55	3,206	34.01	
40.00	04000	SUBPROVIDER - IPF	0	23,859	13,522	1.76	646	40.00	
43.00	04300	NURSERY		0	4,935	0.00	3,012	43.00	
200.00		Total (lines 30 through 199)		305,906	216,466		14,472	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	7,537						30.00
31.00	03100	INTENSIVE CARE UNIT	4,017						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	39						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT	100						33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	1,763						34.01
40.00	04000	SUBPROVIDER - IPF	1,137						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	14,593						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Title XIX			Hospital	Cost	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	3,834	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	426	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	390,645	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	54.01
54.02	05403	ULTRASOUND	0	0	0	0	950,452	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0	0	0	0	0	54.04
57.00	05700	CT SCAN	0	0	0	0	238,129	57.00
58.00	05800	MRI	0	0	0	0	67,726	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,904,243	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	57,943	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	15,764	91.00
91.01	09101	WOUND CARE 002	0	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		0		18,488	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	98.02
200.00		Total (lines 50 through 199)	0	0	0	0	3,647,650	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

				Title XIX		Hospital	Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,834	3,834	916,813,595	0.000004	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	426	426	95,714,702	0.000004	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	390,645	390,645	79,508,365	0.004913	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	59,069,601	0.000000	54.01
54.02	05403	ULTRASOUND	0	950,452	950,452	32,581,282	0.029172	54.02
54.03	05404	ECHOCARDIOLOGY	0	0	0	42,834,519	0.000000	54.03
54.04	05401	ONCOLOGY	0	0	0	83,195,549	0.000000	54.04
57.00	05700	CT SCAN	0	238,129	238,129	48,459,316	0.004914	57.00
58.00	05800	MRI	0	67,726	67,726	13,782,253	0.004914	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	309,458,839	0.000000	59.00
59.01	05901	CARDIAC REHAB	0	0	0	3,308,126	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	505,699,671	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	81,006,645	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	30,489,654	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,743,480	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	16,164,300	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	34,068,704	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	21,685,017	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	239,095,329	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	303,084,133	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,904,243	1,904,243	458,352,963	0.004155	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	22,240,867	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03330	ENDOSCOPY	0	0	0	79,443,589	0.000000	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	57,943	57,943	12,642,411	0.004583	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	15,103,580	0.000000	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	BURN CLINIC	0	0	0	547,392	0.000000	90.03
91.00	09100	EMERGENCY	0	15,764	15,764	418,352,138	0.000038	91.00
91.01	09101	WOUND CARE 002	0	0	0	28,433,781	0.000000	91.01
91.02	09102	WOUND CARE 001	0	0	0	3,654,486	0.000000	91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0.000000	91.03
91.04	09104	ZIONSVILLE CLINIC	0	0	0	1,366,625	0.000000	91.04
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0.000000	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	3,561,929	0.000000	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	3,741,214	0.000000	91.07
91.08	04040	FAMILY PRACTICE	0	0	0	1,008,239	0.000000	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	18,488	18,488	59,730,465	0.000310	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0.000000	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0.000000	98.01
98.02	09852	DIABETES EDUCATION	0	0	0	0	0.000000	98.02
200.00		Total (lines 50 through 199)	0	3,647,650	3,647,650	4,040,942,759		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification		
		9.00	10.00	11.00	12.00	12.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000004	23,032,974	92	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000004	3,076,803	12	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.004913	1,577,992	7,753	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000	651,050	0	0	0	54.01
54.02	05403	ULTRASOUND	0.029172	1,477,214	43,093	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.000000	4,055	0	0	0	54.03
54.04	05401	ONCOLOGY	0.000000	462,897	0	0	0	54.04
57.00	05700	CT SCAN	0.004914	1,404,092	6,900	0	0	57.00
58.00	05800	MRI	0.004914	363,287	1,785	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,346,262	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	22,063,318	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	7,584,783	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	864,384	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	572,722	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	349,044	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,101,864	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	398,794	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	8,438,685	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,401,619	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004155	18,192,366	75,589	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	985,322	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.000000	1,251,452	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.004583	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000038	9,315,944	354	0	0	91.00
91.01	09101	WOUND CARE 002	0.000000	56,578	0	0	0	91.01
91.02	09102	WOUND CARE 001	0.000000	230,131	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.000000	617	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000310	1,960,489	608	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00		Total (lines 50 through 199)		116,164,738	136,186	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description			Title XIX		Hospital	Cost
			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on		
			13.00	13.01		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0		54.01
54.02	05403	ULTRASOUND	0	0		54.02
54.03	05404	ECHOCARDIOLOGY	0	0		54.03
54.04	05401	ONCOLOGY	0	0		54.04
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
59.01	05901	CARDIAC REHAB	0	0		59.01
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03330	ENDOSCOPY	0	0		75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0		90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0		90.02
90.03	09003	BURN CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	WOUND CARE 002	0	0		91.01
91.02	09102	WOUND CARE 001	0	0		91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0		91.03
91.04	09104	ZIONSVILLE CLINIC	0	0		91.04
91.05	09105	BROWNSBURG CLINIC	0	0		91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0	0		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0		91.07
91.08	04040	FAMILY PRACTICE	0	0		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
98.00	09853	GERIATRIC CLINIC	0	0		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02	09852	DIABETES EDUCATION	0	0		98.02
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part V
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.098678	0	12,889,062	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.159370	0	151,866	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.261426	0	1,186,962	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.153115	0	359,783	0	0	54.01
54.02	05403 ULTRASOUND	0.106618	0	370,081	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.066166	0	180,677	0	0	54.03
54.04	05401 ONCOLOGY	0.198921	0	931,268	0	0	54.04
57.00	05700 CT SCAN	0.097349	0	596,672	0	0	57.00
58.00	05800 MRI	0.274902	0	262,413	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.054483	0	1,889,839	0	0	59.00
59.01	05901 CARDIAC REHAB	0.424378	0	9,179	0	0	59.01
60.00	06000 LABORATORY	0.089663	0	4,979,958	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.230480	0	148,200	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.595938	0	1,724,247	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389374	0	11,596	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.347000	0	105,996	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112982	0	207,926	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.405235	0	1,020,746	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.380250	0	1,547,540	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.311508	0	3,904,189	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.298804	0	2,861,734	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.298277	0	189,748	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330 ENDOSCOPY	0.085973	0	570,439	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.852949	0	0	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.384712	0	0	0	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 BURN CLINIC	2.508000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.117959	0	12,167,758	0	0	91.00
91.01	09101 WOUND CARE 002	0.126479	0	595,991	0	0	91.01
91.02	09102 WOUND CARE 001	0.297630	0	7,251	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.528114	0	6,469	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106 OP ANTICOAGULATION CLINIC	0.300902	0	21,549	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.412251	0	29,186	0	0	91.07
91.08	04040 FAMILY PRACTICE	7.429381	0	0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.338272	0	2,052,378	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.675383	0	1,353,765	0	0	95.00
98.00	09853 GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00	Subtotal (see instructions)		0	52,334,468	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	52,334,468	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part V
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XIX		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,271,867	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	310,303	0		54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	55,088	0		54.01
54.02	05403	ULTRASOUND	39,457	0		54.02
54.03	05404	ECHOCARDIOLOGY	11,955	0		54.03
54.04	05401	ONCOLOGY	185,249	0		54.04
57.00	05700	CT SCAN	58,085	0		57.00
58.00	05800	MRI	72,138	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	102,964	0		59.00
59.01	05901	CARDIAC REHAB	3,895	0		59.01
60.00	06000	LABORATORY	446,518	0		60.00
65.00	06500	RESPIRATORY THERAPY	34,157	0		65.00
66.00	06600	PHYSICAL THERAPY	1,027,544	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	4,515	0		67.00
68.00	06800	SPEECH PATHOLOGY	36,781	0		68.00
69.00	06900	ELECTROCARDIOLOGY	23,492	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	413,642	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	588,452	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,216,186	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	855,098	0		73.00
74.00	07400	RENAL DIALYSIS	56,597	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03330	ENDOSCOPY	49,042	0		75.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITALIZATION	0	0		90.01
90.02	09002	COVID-19 VACCINE CLINIC	0	0		90.02
90.03	09003	BURN CLINIC	0	0		90.03
91.00	09100	EMERGENCY	1,435,297	0		91.00
91.01	09101	WOUND CARE 002	75,380	0		91.01
91.02	09102	WOUND CARE 001	2,158	0		91.02
91.03	09103	LAFAYETTE RD CLINIC	0	0		91.03
91.04	09104	ZIONSVILLE CLINIC	3,416	0		91.04
91.05	09105	BROWNSBURG CLINIC	0	0		91.05
91.06	09106	OP ANTICOAGULATION CLINIC	6,484	0		91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	12,032	0		91.07
91.08	04040	FAMILY PRACTICE	0	0		91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	694,262	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	914,310			95.00
98.00	09853	GERIATRIC CLINIC	0	0		98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0		98.01
98.02	09852	DIABETES EDUCATION	0	0		98.02
200.00		Subtotal (see instructions)	10,030,567	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	10,030,567	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTSProvider CCN: 15-0084
Component CCN: 15-S084Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

				Title XIX		Subprovider - IPF	Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
				1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	3,834
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	426
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	390,645
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	0	0	0	0
54.02	05403	ULTRASOUND	0	0	0	0	0	950,452
54.03	05404	ECHOCARDIOLOGY	0	0	0	0	0	0
54.04	05401	ONCOLOGY	0	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0	238,129
58.00	05800	MRI	0	0	0	0	0	67,726
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0
59.01	05901	CARDIAC REHAB	0	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,904,243
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0
75.01	03330	ENDOSCOPY	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	57,943
90.01	09001	PARTIAL HOSPITALIZATION	0	0	0	0	0	0
90.02	09002	COVID-19 VACCINE CLINIC	0	0	0	0	0	0
90.03	09003	BURN CLINIC	0	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0	15,764
91.01	09101	WOUND CARE 002	0	0	0	0	0	0
91.02	09102	WOUND CARE 001	0	0	0	0	0	0
91.03	09103	LAFAYETTE RD CLINIC	0	0	0	0	0	0
91.04	09104	ZIONSVILLE CLINIC	0	0	0	0	0	0
91.05	09105	BROWNSBURG CLINIC	0	0	0	0	0	0
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	0	0	0	0
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	0	0	0	0
91.08	04040	FAMILY PRACTICE	0	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0
98.00	09853	GERIATRIC CLINIC	0	0	0	0	0	0
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	0	0	0	0
98.02	09852	DIABETES EDUCATION	0	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	0	0	0	3,629,162

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0084

Component CCN: 15-S084

Period:
From 07/01/2023
To 06/30/2024

Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

				Title XIX		Subprovider - IPF	Cost			
	Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
				4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		3,834	3,834	916,813,595	0.000004	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		426	426	95,714,702	0.000004	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		390,645	390,645	79,508,365	0.004913	54.00	
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0		0	0	59,069,601	0.000000	54.01	
54.02	05403	ULTRASOUND	0		950,452	950,452	32,581,282	0.029172	54.02	
54.03	05404	ECHOCARDIOLOGY	0		0	0	42,834,519	0.000000	54.03	
54.04	05401	ONCOLOGY	0		0	0	83,195,549	0.000000	54.04	
57.00	05700	CT SCAN	0		238,129	238,129	48,459,316	0.004914	57.00	
58.00	05800	MRI	0		67,726	67,726	13,782,253	0.004914	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	309,458,839	0.000000	59.00	
59.01	05901	CARDIAC REHAB	0		0	0	3,308,126	0.000000	59.01	
60.00	06000	LABORATORY	0		0	0	505,699,671	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	0		0	0	81,006,645	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0		0	0	30,489,654	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	16,743,480	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0		0	0	16,164,300	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0		0	0	34,068,704	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	21,685,017	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0		0	0	239,095,329	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	303,084,133	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0		1,904,243	1,904,243	458,352,963	0.004155	73.00	
74.00	07400	RENAL DIALYSIS	0		0	0	22,240,867	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0.000000	75.00	
75.01	03330	ENDOSCOPY	0		0	0	79,443,589	0.000000	75.01	
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		57,943	57,943	12,642,411	0.004583	90.00	
90.01	09001	PARTIAL HOSPITALIZATION	0		0	0	15,103,580	0.000000	90.01	
90.02	09002	COVID-19 VACCINE CLINIC	0		0	0	0	0.000000	90.02	
90.03	09003	BURN CLINIC	0		0	0	547,392	0.000000	90.03	
91.00	09100	EMERGENCY	0		15,764	15,764	418,352,138	0.000038	91.00	
91.01	09101	WOUND CARE 002	0		0	0	28,433,781	0.000000	91.01	
91.02	09102	WOUND CARE 001	0		0	0	3,654,486	0.000000	91.02	
91.03	09103	LAFAYETTE RD CLINIC	0		0	0	0	0.000000	91.03	
91.04	09104	ZIONSVILLE CLINIC	0		0	0	1,366,625	0.000000	91.04	
91.05	09105	BROWNSBURG CLINIC	0		0	0	0	0.000000	91.05	
91.06	09106	OP ANTICOAGULATION CLINIC	0		0	0	3,561,929	0.000000	91.06	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0		0	0	3,741,214	0.000000	91.07	
91.08	04040	FAMILY PRACTICE	0		0	0	1,008,239	0.000000	91.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		0	0	59,730,465	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0.000000	95.00	
98.00	09853	GERIATRIC CLINIC	0		0	0	0	0.000000	98.00	
98.01	09851	ELECTROCONVULSIVE THERAPY	0		0	0	0	0.000000	98.01	
98.02	09852	DIABETES EDUCATION	0		0	0	0	0.000000	98.02	
200.00		Total (lines 50 through 199)	0		3,629,162	3,629,162	4,040,942,759		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0084

Period:

Worksheet D

Component CCN: 15-S084

From 07/01/2023

Part IV

To 06/30/2024

Date/Time Prepared:
1/21/2025 5:24 pm

				Title XIX		Subprovider - IPF	Cost	
Cost Center Description				Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				Ratio of Cost to Charges (col. 6 ÷ col. 7)				
				9.00	10.00	11.00	12.00	12.01
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000004	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000004	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.004913	0	0	0	0	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.000000	2,276	0	0	0	54.01
54.02	05403	ULTRASOUND	0.029172	0	0	0	0	54.02
54.03	05404	ECHOCARDIOLOGY	0.000000	0	0	0	0	54.03
54.04	05401	ONCOLOGY	0.000000	0	0	0	0	54.04
57.00	05700	CT SCAN	0.004914	0	0	0	0	57.00
58.00	05800	MRI	0.004914	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	05901	CARDIAC REHAB	0.000000	0	0	0	0	59.01
60.00	06000	LABORATORY	0.000000	67,114	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,380	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,031	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004155	66,654	277	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03330	ENDOSCOPY	0.000000	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.004583	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.000000	48,822	0	0	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	BURN CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000038	0	0	0	0	91.00
91.01	09101	WOUND CARE 002	0.000000	0	0	0	0	91.01
91.02	09102	WOUND CARE 001	0.000000	0	0	0	0	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	0	0	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.000000	0	0	0	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	0	0	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.000000	0	0	0	0	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.000000	0	0	0	0	91.07
91.08	04040	FAMILY PRACTICE	0.000000	0	0	0	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	0	0	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	0	0	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	0	0	0	98.02
200.00		Total (lines 50 through 199)		187,277	277	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTSProvider CCN: 15-0084
Component CCN: 15-S084Period:
From 07/01/2023
To 06/30/2024Worksheet D
Part IV
Date/Time Prepared:
1/21/2025 5:24 pm

			Title XIX		Subprovider - IPF	Cost
Cost Center Description			Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0	0	54.01	
54.02	05403	ULTRASOUND	0	0	54.02	
54.03	05404	ECHOCARDIOLOGY	0	0	54.03	
54.04	05401	ONCOLOGY	0	0	54.04	
57.00	05700	CT SCAN	0	0	57.00	
58.00	05800	MRI	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
59.01	05901	CARDIAC REHAB	0	0	59.01	
60.00	06000	LABORATORY	0	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00	
75.01	03330	ENDOSCOPY	0	0	75.01	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	90.00	
90.01	09001	PARTIAL HOSPITALIZATION	0	0	90.01	
90.02	09002	COVID-19 VACCINE CLINIC	0	0	90.02	
90.03	09003	BURN CLINIC	0	0	90.03	
91.00	09100	EMERGENCY	0	0	91.00	
91.01	09101	WOUND CARE 002	0	0	91.01	
91.02	09102	WOUND CARE 001	0	0	91.02	
91.03	09103	LAFAYETTE RD CLINIC	0	0	91.03	
91.04	09104	ZIONSVILLE CLINIC	0	0	91.04	
91.05	09105	BROWNSBURG CLINIC	0	0	91.05	
91.06	09106	OP ANTICOAGULATION CLINIC	0	0	91.06	
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0	0	91.07	
91.08	04040	FAMILY PRACTICE	0	0	91.08	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES			95.00	
98.00	09853	GERIATRIC CLINIC	0	0	98.00	
98.01	09851	ELECTROCONVULSIVE THERAPY	0	0	98.01	
98.02	09852	DIABETES EDUCATION	0	0	98.02	
200.00		Total (lines 50 through 199)	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 1/21/2025 5:24 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		135,328	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		135,328	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		120,650	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		28,430	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		186,286,952	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		186,286,952	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		186,286,952	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,376.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39,135,601	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		39,135,601	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet D-1

Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	50,856,054	26,495	1,919.46	5,639	10,823,835
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
44.01	CARDIOTHORACIC VASCULAR TRANSPL	24,294,984	6,315	3,847.19	1,327	5,105,221
45.00	BURN INTENSIVE CARE UNIT	4,994,134	1,612	3,098.10	109	337,693
45.01	PEDIATRIC INTENSIVE CARE UNIT	7,484,676	2,565	2,918.00	6	17,508
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
46.01	NEONATAL INTENSIVE CARE UNIT	35,184,133	25,694	1,369.35	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
55.01	Permanent adjustment amount per discharge					
55.02	Adjustment amount per discharge (contractor use only)					
55.03	CAR T-cell amount paid as an interim payment					
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					

1/21/2025 5:24 pm C:\Users\dnar\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 1/21/2025 5:24 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description						1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					14,678	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,376.56	88.00
89.00	observation bed cost (line 87 x line 88) (see instructions)					20,205,148	89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,969,705	186,286,952	0.058886	20,205,148	1,189,800	90.00
91.00	Nursing Program cost	0	186,286,952	0.000000	20,205,148	0	91.00
92.00	Allied health cost	170,421	186,286,952	0.000915	20,205,148	18,488	92.00
93.00	All other Medical Education	0	186,286,952	0.000000	20,205,148	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 1/21/2025 5:24 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,522	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,522	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,522	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,409	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,212,261	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,212,261	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.00000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,212,261	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		903.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,272,524	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,272,524	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1	
				Component CCN: 15-S084		Date/Time Prepared: 1/21/2025 5:24 pm	
				Title XVIII	Subprovider - IPF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					216,208	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					1,488,732	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					76,298	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					15,385	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					91,683	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,397,049	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03	CAR T-cell amount paid as an interim payment						55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00

1/21/2025 5:24 pm C:\Users\dnar\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 1/21/2025 5:24 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description							
							1.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	708,396	12,212,261	0.058007	0	0	90.00
91.00	Nursing Program cost	0	12,212,261	0.000000	0	0	91.00
92.00	Allied health cost	23,859	12,212,261	0.001954	0	0	92.00
93.00	All other Medical Education	0	12,212,261	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 1/21/2025 5:24 pm
		Title XIX	Hospital	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		135,328	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		135,328	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		120,650	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,982	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,935	15.00
16.00	Nursery days (title V or XIX only)		3,012	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		193,761,500	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		193,761,500	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		193,761,500	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,431.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,564,968	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,564,968	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet D-1

Date/Time Prepared:
1/21/2025 5:24 pm

		Title XIX		Hospital	Cost		
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	5,762,940	4,935	1,167.77	3,012	3,517,323	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	52,567,956	26,495	1,984.07	1,119	2,220,174	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	24,308,233	6,315	3,849.28	145	558,146	44.01
45.00	BURN INTENSIVE CARE UNIT	4,994,134	1,612	3,098.10	58	179,690	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	7,652,649	2,565	2,983.49	304	906,981	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	35,547,048	25,694	1,383.48	3,206	4,435,437	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,491,647	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					41,874,366	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03	CAR T-cell amount paid as an interim payment					0	55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions))					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00

1/21/2025 5:24 pm C:\Users\dnar\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet D-1

Date/Time Prepared:
1/21/2025 5:24 pm

			Title XIX	Hospital	Cost		
Cost Center Description							
					1.00		
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				14,678	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,431.79	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)				21,015,814	89.00	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	10,969,705	193,761,500	0.056614	21,015,814	1,189,789	90.00
91.00	Nursing Program cost	0	193,761,500	0.000000	21,015,814	0	91.00
92.00	Allied health cost	170,421	193,761,500	0.000880	21,015,814	18,494	92.00
93.00	All other Medical Education	0	193,761,500	0.000000	21,015,814	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 1/21/2025 5:24 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,522 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,522 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			13,522 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			646 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			4,935 15.00
16.00	Nursery days (title V or XIX only)			3,012 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			12,551,045 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			12,551,045 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.00000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			12,551,045 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			928.19 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			599,611 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			599,611 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1	
				Component CCN: 15-S084		Date/Time Prepared: 1/21/2025 5:24 pm	
				Title XIX		Subprovider - IPF	Cost
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					45,996	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					645,607	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
55.03	CAR T-cell amount paid as an interim payment						55.03
56.00	Target amount ((line 54 x sum of lines 55, 55.01, and 55.02) plus line 55.03)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only); for CAH, see instructions						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00

1/21/2025 5:24 pm C:\Users\dnar\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-1 Date/Time Prepared: 1/21/2025 5:24 pm	
				Title XIX	Subprovider - IPF	Cost	
Cost Center Description							
							1.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	708,396	12,551,045	0.056441	0	0	90.00
91.00	Nursing Program cost	0	12,551,045	0.000000	0	0	91.00
92.00	Allied health cost	23,859	12,551,045	0.001901	0	0	92.00
93.00	All other Medical Education	0	12,551,045	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 1/21/2025 5:24 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		107,001,001	30.00
31.00	03100	INTENSIVE CARE UNIT		37,915,217	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		11,824,803	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		2,975,502	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		665,089	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.091686	107,492,781	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.143690	234,756	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.257379	4,866,557	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.153115	3,786,898	54.01
54.02	05403	ULTRASOUND	0.101260	4,355,130	54.02
54.03	05404	ECHOCARDIOLOGY	0.060819	16,641	54.03
54.04	05401	ONCOLOGY	0.191846	1,359,812	54.04
57.00	05700	CT SCAN	0.097349	7,420,920	57.00
58.00	05800	MRI	0.269306	1,351,910	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.051221	34,774,259	59.00
59.01	05901	CARDIAC REHAB	0.412220	1,400	59.01
60.00	06000	LABORATORY	0.088764	77,511,694	60.00
65.00	06500	RESPIRATORY THERAPY	0.224464	12,211,558	65.00
66.00	06600	PHYSICAL THERAPY	0.587014	3,134,783	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389374	1,802,114	67.00
68.00	06800	SPEECH PATHOLOGY	0.347000	980,297	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090358	6,132,830	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.388695	1,323,249	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.380250	36,474,275	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.311508	51,297,836	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298736	44,924,275	73.00
74.00	07400	RENAL DIALYSIS	0.288938	4,638,348	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330	ENDOSCOPY	0.075776	6,363,553	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.784421	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.383490	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	90.02
90.03	09003	BURN CLINIC	2.508000	0	90.03
91.00	09100	EMERGENCY	0.116020	26,933,297	91.00
91.01	09101	WOUND CARE 002	0.122451	36,344	91.01
91.02	09102	WOUND CARE 001	0.297630	931,258	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.528114	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.300902	967	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.412251	0	91.07
91.08	04040	FAMILY PRACTICE	6.128492	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.338272	4,697,678	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		445,055,420	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		445,055,420	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 1/21/2025 5:24 pm	
		Component CCN: 15-S084	Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL				32.01
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT				33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT				34.01
40.00	04000 SUBPROVIDER - IPF		4,969,629		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.091686	701,556	64,323	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.143690	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.257379	5,407	1,392	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.153115	11,822	1,810	54.01
54.02	05403 ULTRASOUND	0.101260	3,873	392	54.02
54.03	05404 ECHOCARDIOLOGY	0.060819	0	0	54.03
54.04	05401 ONCOLOGY	0.191846	0	0	54.04
57.00	05700 CT SCAN	0.097349	15,300	1,489	57.00
58.00	05800 MRI	0.269306	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.051221	0	0	59.00
59.01	05901 CARDIAC REHAB	0.412220	0	0	59.01
60.00	06000 LABORATORY	0.088764	310,291	27,543	60.00
65.00	06500 RESPIRATORY THERAPY	0.224464	4,386	984	65.00
66.00	06600 PHYSICAL THERAPY	0.587014	17,469	10,255	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389374	4,891	1,904	67.00
68.00	06800 SPEECH PATHOLOGY	0.347000	3,756	1,303	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090358	6,976	630	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.388695	5,041	1,959	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.380250	45,406	17,266	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.311508	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.298736	208,551	62,302	73.00
74.00	07400 RENAL DIALYSIS	0.288938	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03330 ENDOSCOPY	0.075776	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.784421	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.383490	10,110	3,877	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0	90.02
90.03	09003 BURN CLINIC	2.508000	0	0	90.03
91.00	09100 EMERGENCY	0.116020	161,856	18,779	91.00
91.01	09101 WOUND CARE 002	0.122451	0	0	91.01
91.02	09102 WOUND CARE 001	0.297630	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.528114	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	91.05
91.06	09106 OP ANTICOAGULATION CLINIC	0.300902	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.412251	0	0	91.07
91.08	04040 FAMILY PRACTICE	6.128492	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.338272	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
98.00	09853 GERIATRIC CLINIC	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	98.02
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,516,691	216,208	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,516,691		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 1/21/2025 5:24 pm
Cost Center Description			Title XIX	Hospital	Cost
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		26,719,124	30.00
31.00	03100	INTENSIVE CARE UNIT		10,068,557	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL		3,215,454	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		1,148,960	33.00
33.01	02080	PEDIATRIC INTENSIVE CARE UNIT		5,820,307	33.01
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		44,493,415	34.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		3,359,518	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.098678	23,032,974	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.159370	3,076,803	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.261426	1,577,992	54.00
54.01	05402	AMBULATORY CARDIOVASCULAR SVC	0.153115	651,050	54.01
54.02	05403	ULTRASOUND	0.106618	1,477,214	54.02
54.03	05404	ECHOCARDIOLOGY	0.066166	4,055	54.03
54.04	05401	ONCOLOGY	0.198921	462,897	54.04
57.00	05700	CT SCAN	0.097349	1,404,092	57.00
58.00	05800	MRI	0.274902	363,287	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.054483	5,346,262	59.00
59.01	05901	CARDIAC REHAB	0.424378	0	59.01
60.00	06000	LABORATORY	0.089663	22,063,318	60.00
65.00	06500	RESPIRATORY THERAPY	0.230480	7,584,783	65.00
66.00	06600	PHYSICAL THERAPY	0.595938	864,384	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.389374	572,722	67.00
68.00	06800	SPEECH PATHOLOGY	0.347000	349,044	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112982	1,101,864	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.405235	398,794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.380250	8,438,685	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.311508	5,401,619	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.298804	18,192,366	73.00
74.00	07400	RENAL DIALYSIS	0.298277	985,322	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03330	ENDOSCOPY	0.085973	1,251,452	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.852949	0	90.00
90.01	09001	PARTIAL HOSPITALIZATION	0.384712	0	90.01
90.02	09002	COVID-19 VACCINE CLINIC	0.000000	0	90.02
90.03	09003	BURN CLINIC	2.508000	0	90.03
91.00	09100	EMERGENCY	0.117959	9,315,944	91.00
91.01	09101	WOUND CARE 002	0.126479	56,578	91.01
91.02	09102	WOUND CARE 001	0.297630	230,131	91.02
91.03	09103	LAFAYETTE RD CLINIC	0.000000	0	91.03
91.04	09104	ZIONSVILLE CLINIC	0.528114	0	91.04
91.05	09105	BROWNSBURG CLINIC	0.000000	0	91.05
91.06	09106	OP ANTICOAGULATION CLINIC	0.300902	617	91.06
91.07	09107	ST VINCENT OUTPATIENT TREATMENT	0.412251	0	91.07
91.08	04040	FAMILY PRACTICE	7.429381	0	91.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.338272	1,960,489	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	09853	GERIATRIC CLINIC	0.000000	0	98.00
98.01	09851	ELECTROCONVULSIVE THERAPY	0.000000	0	98.01
98.02	09852	DIABETES EDUCATION	0.000000	0	98.02
200.00		Total (sum of lines 50 through 94 and 96 through 98)		116,164,738	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		116,164,738	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-3 Date/Time Prepared: 1/21/2025 5:24 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL				32.01
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT				33.01
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT				34.01
40.00	04000 SUBPROVIDER - IPF		2,363,254		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.098678	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.159370	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.261426	0	0	54.00
54.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.153115	2,276	348	54.01
54.02	05403 ULTRASOUND	0.106618	0	0	54.02
54.03	05404 ECHOCARDIOLOGY	0.066166	0	0	54.03
54.04	05401 ONCOLOGY	0.198921	0	0	54.04
57.00	05700 CT SCAN	0.097349	0	0	57.00
58.00	05800 MRI	0.274902	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.054483	0	0	59.00
59.01	05901 CARDIAC REHAB	0.424378	0	0	59.01
60.00	06000 LABORATORY	0.089663	67,114	6,018	60.00
65.00	06500 RESPIRATORY THERAPY	0.230480	1,380	318	65.00
66.00	06600 PHYSICAL THERAPY	0.595938	1,031	614	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.389374	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.347000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112982	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.405235	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.380250	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.311508	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.298804	66,654	19,916	73.00
74.00	07400 RENAL DIALYSIS	0.298277	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03330 ENDOSCOPY	0.085973	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.852949	0	0	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0.384712	48,822	18,782	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0.000000	0	0	90.02
90.03	09003 BURN CLINIC	2.508000	0	0	90.03
91.00	09100 EMERGENCY	0.117959	0	0	91.00
91.01	09101 WOUND CARE 002	0.126479	0	0	91.01
91.02	09102 WOUND CARE 001	0.297630	0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0.000000	0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0.528114	0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0.000000	0	0	91.05
91.06	09106 OP ANTICOAGULATION CLINIC	0.300902	0	0	91.06
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.412251	0	0	91.07
91.08	04040 FAMILY PRACTICE	7.429381	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.338272	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
98.00	09853 GERIATRIC CLINIC	0.000000	0	0	98.00
98.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0	0	98.01
98.02	09852 DIABETES EDUCATION	0.000000	0	0	98.02
200.00	Total (sum of lines 50 through 94 and 96 through 98)		187,277	45,996	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		187,277		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 1/21/2025 5:24 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,376.56	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,919.46	0.00	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0.00	0	3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	389,577	3,847.19	46.00	176,971	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	3,098.10	0.00	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,918.00	0.00	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,369.35	0.00	0	5.01
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		389,577		46.00	176,971	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.091686	2,645,177	242,526	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.143690	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.257379	589,880	151,823	12.00	
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.153115	0	0	12.01	
12.02	ULTRASOUND	54.02	0.101260	17,844	1,807	12.02	
12.03	ECHOCARDIOLOGY	54.03	0.060819	0	0	12.03	
12.04	ONCOLOGY	54.04	0.191846	0	0	12.04	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.097349	39,614	3,856	15.00	
16.00	MRI	58.00	0.269306	9,500	2,558	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.051221	182,054	9,325	17.00	
17.01	CARDIAC REHAB	59.01	0.412220	0	0	17.01	
18.00	LABORATORY	60.00	0.088764	2,086,293	185,188	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.224464	156,705	35,175	23.00	
24.00	PHYSICAL THERAPY	66.00	0.587014	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.389374	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.347000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.090358	379,307	34,273	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.388695	20,633	8,020	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.380250	453,429	172,416	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.311508	18,998	5,918	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.298736	323,034	96,502	31.00	
32.00	RENAL DIALYSIS	74.00	0.288938	15,393	4,448	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	ENDOSCOPY	75.01	0.075776	0	0	33.01	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.784421	1,336	1,048	37.00	
37.01	PARTIAL HOSPITALIZATION	90.01	0.383490	0	0	37.01	
37.02	COVID-19 VACCINE CLINIC	90.02	0.000000	0	0	37.02	
37.03	BURN CLINIC	90.03	2.508000	0	0	37.03	
38.00	EMERGENCY	91.00	0.116020	0	0	38.00	
38.01	WOUND CARE 002	91.01	0.122451	0	0	38.01	
38.02	WOUND CARE 001	91.02	0.297630	0	0	38.02	
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03	
38.04	ZIONSVILLE CLINIC	91.04	0.528114	0	0	38.04	
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05	
38.06	OP ANTICOAGULATION CLINIC	91.06	0.300902	0	0	38.06	
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.412251	0	0	38.07	
38.08	FAMILY PRACTICE	91.08	6.128492	0	0	38.08	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.338272	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			6,939,197	954,883	41.00	

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

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

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-4
					Component CCN:		Date/Time Prepared: 1/21/2025 5:24 pm
					Kidney	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	46	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0	45.01	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			46	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	1,336	0.000000	0	51.00	
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0	51.01	
51.02	COVID-19 VACCINE CLINIC	23.02	0	0.000000	0	51.02	
51.03	BURN CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
52.01	WOUND CARE 002	24.01	0	0.000000	0	52.01	
52.02	WOUND CARE 001	24.02	0	0.000000	0	52.02	
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0	52.03	
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0	52.04	
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0	52.05	
52.06	OP ANTICOAGULATION CLINIC	24.06	0	0.000000	0	52.06	
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0	52.07	
52.08	FAMILY PRACTICE	24.08	0	0.000000	0	52.08	
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		1,336		0	55.00	
Cost Center Description					Cost	Charges	
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,131,854		7,328,774		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	12,980,508		16,280,153		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	14,112,362		23,608,927		61.00	
Cost Center Description					Usable Organs		
					1.00	2.00	3.00
							4.00
62.00	Total Usable Organs (see instructions)		172			62.00	
63.00	Medicare Usable Organs (see instructions)		146			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.848837			64.00	

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

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

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

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

Provider CCN: 15-0084

Period:

Worksheet D-4

Component CCN:

From 07/01/2023

Date/Time Prepared:

To 06/30/2024

1/21/2025 5:24 pm

		Kidney		Hospital		PPS
		Cost		Charges		
Cost Center Description		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
65.00	Medicare Cost and Charges (see instructions)	11,979,095		20,040,131		65.00
66.00	Revenue for organs sold (see instructions)	142,044		0		66.00
66.01	Partial primary payor amounts applicable to organ acquisition	0		0		66.01
66.02	Partial primary payor amounts applicable to transplants (informational only)	0		0		66.02
67.00	Subtotal (see instructions)	11,837,051		20,040,131		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,837,051	0	20,040,131	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00	2.00	3.00		
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		20	76		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs (see instructions)			76		73.00
74.00	Total (sum of lines 70 through 73)		20	152		74.00
75.00	Organs Transplanted		20	76		75.00
75.01	Organs transplanted into Medicare beneficiaries		20	27		75.01
75.02	Kidneys transplanted into MA beneficiaries		0	23		75.02
75.03	Organs transplanted, Medicare secondary payer		0	0	0	75.03
75.04	Organs transplanted, Other (see instructions)		0	26		75.04
76.00	Organs sold to other hospitals					76.00
77.00	Organs sold to OPOs		0	76	142,044	77.00
78.00	Organs sold to transplant hospitals		0	0	0	78.00
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00
79.01	Kidneys sold to MRTC with an agreement		0	0	0	79.01
80.00	Organs sold outside the U.S.		0	0	0	80.00
81.00	Organs sent outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs used for research		0	0	0	82.00
83.00	Unusable/Discarded organs (see instructions)		0	0		83.00
84.00	Total (see instructions)		20	152	142,044	84.00

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

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

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-4 Date/Time Prepared: 1/21/2025 5:24 pm	
				Component CCN:			
				Heart	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,376.56	0.00	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,919.46	0.00	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0.00	0	3.00
3.01	CARDIOTHORACIC VASCULAR TRANSPL	44.01	38,320	3,847.19	2.00	7,694	3.01
4.00	BURN INTENSIVE CARE UNIT	45.00	0	3,098.10	0.00	0	4.00
4.01	PEDIATRIC INTENSIVE CARE UNIT	45.01	0	2,918.00	0.00	0	4.01
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0.00	0	5.00
5.01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,369.35	0.00	0	5.01
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0.00	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		38,320		2.00	7,694	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.091686	135,486	12,422	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.143690	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.000000	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.257379	7,649	1,969	12.00	
12.01	AMBULATORY CARDIOVASCULAR SVC	54.01	0.153115	0	0	12.01	
12.02	ULTRASOUND	54.02	0.101260	345	35	12.02	
12.03	ECHOCARDIOLOGY	54.03	0.060819	0	0	12.03	
12.04	ONCOLOGY	54.04	0.191846	0	0	12.04	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.097349	3,756	366	15.00	
16.00	MRI	58.00	0.269306	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.051221	18,934	970	17.00	
17.01	CARDIAC REHAB	59.01	0.412220	0	0	17.01	
18.00	LABORATORY	60.00	0.088764	82,572	7,329	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.224464	19,890	4,465	23.00	
24.00	PHYSICAL THERAPY	66.00	0.587014	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.389374	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.347000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.090358	9,306	841	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.388695	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0.380250	6,257	2,379	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.311508	521	162	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.298736	22,350	6,677	31.00	
32.00	RENAL DIALYSIS	74.00	0.288938	4,982	1,439	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
33.01	ENDOSCOPY	75.01	0.075776	0	0	33.01	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.784421	0	0	37.00	
37.01	PARTIAL HOSPITALIZATION	90.01	0.383490	0	0	37.01	
37.02	COVID-19 VACCINE CLINIC	90.02	0.000000	0	0	37.02	
37.03	BURN CLINIC	90.03	2.508000	0	0	37.03	
38.00	EMERGENCY	91.00	0.116020	0	0	38.00	
38.01	WOUND CARE 002	91.01	0.122451	0	0	38.01	
38.02	WOUND CARE 001	91.02	0.297630	0	0	38.02	
38.03	LAFAYETTE RD CLINIC	91.03	0.000000	0	0	38.03	
38.04	ZIONSVILLE CLINIC	91.04	0.528114	0	0	38.04	
38.05	BROWNSBURG CLINIC	91.05	0.000000	0	0	38.05	
38.06	OP ANTICOAGULATION CLINIC	91.06	0.300902	0	0	38.06	
38.07	ST VINCENT OUTPATIENT TREATMENT	91.07	0.412251	0	0	38.07	
38.08	FAMILY PRACTICE	91.08	6.128492	0	0	38.08	
39.00	OBSERVATION BEDS (NON-DISTINCT	92.00	0.338272	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			312,048	39,054	41.00	

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

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

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet D-4
					Component CCN:		Date/Time Prepared: 1/21/2025 5:24 pm
					Heart	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
44.01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	2	0	44.01	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
45.01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0	0	45.01	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
46.01	NEONATAL INTENSIVE CARE UNIT	6.01	0.00	0	0	46.01	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PARTIAL HOSPITALIZATION	23.01	0	0.000000	0	51.01	
51.02	COVID-19 VACCINE CLINIC	23.02	0	0.000000	0	51.02	
51.03	BURN CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
52.01	WOUND CARE 002	24.01	0	0.000000	0	52.01	
52.02	WOUND CARE 001	24.02	0	0.000000	0	52.02	
52.03	LAFAYETTE RD CLINIC	24.03	0	0.000000	0	52.03	
52.04	ZIONSVILLE CLINIC	24.04	0	0.000000	0	52.04	
52.05	BROWNSBURG CLINIC	24.05	0	0.000000	0	52.05	
52.06	OP ANTICOAGULATION CLINIC	24.06	0	0.000000	0	52.06	
52.07	ST VINCENT OUTPATIENT TREATMENT	24.07	0	0.000000	0	52.07	
52.08	FAMILY PRACTICE	24.08	0	0.000000	0	52.08	
53.00	OBSERVATION BEDS (NON-DISTINCT	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	46,748		350,368		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	6,050,673		4,726,004		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (see instructions)	6,097,421		5,076,372		61.00	
Cost Center Description					Usable Organs		
					1.00	2.00	3.00
							4.00
62.00	Total Usable Organs (see instructions)		32			62.00	
63.00	Medicare Usable Organs (see instructions)		12			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (see instructions)		0.375000			64.00	

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

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

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 15-0084		Period: From 07/01/2023 To 06/30/2024		Worksheet D-4	
		Component CCN:				Date/Time Prepared: 1/21/2025 5:24 pm	
		Heart		Hospital		PPS	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
65.00	Medicare Cost and Charges (see instructions)	2,286,533		1,903,640		65.00	
66.00	Revenue for organs sold (see instructions)	45,759		0		66.00	
66.01	Partial primary payor amounts applicable to organ acquisition	0		0		66.01	
66.02	Partial primary payor amounts applicable to transplants (informational only)	0		0		66.02	
67.00	Subtotal (see instructions)	2,240,774		1,903,640		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,240,774	0	1,903,640	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	9		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs (see instructions)			23		73.00	
74.00	Total (sum of lines 70 through 73)		0	32		74.00	
75.00	Organs Transplanted		0	23		75.00	
75.01	Organs transplanted into Medicare beneficiaries		0	3		75.01	
75.02	Kidneys transplanted into MA beneficiaries		0	0		75.02	
75.03	Organs transplanted, Medicare secondary payer		0	0	0	75.03	
75.04	Organs transplanted, Other (see instructions)		0	20		75.04	
76.00	Organs sold to other hospitals					76.00	
77.00	Organs sold to OPOs		0	9	45,759	77.00	
78.00	Organs sold to transplant hospitals		0	0	0	78.00	
79.00	Organs sold to MRTC without an agreement or VA hospitals		0	0	0	79.00	
79.01	Kidneys sold to MRTC with an agreement		0	0	0	79.01	
80.00	Organs sold outside the U.S.		0	0	0	80.00	
81.00	Organs sent outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs used for research		0	0	0	82.00	
83.00	Unusable/Discarded organs (see instructions)		0	0		83.00	
84.00	Total (see instructions)		0	32	45,759	84.00	

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

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

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 1/21/2025 5:24 pm
		Title XVIII	Hospital	PPS
			Before GEO Reclass	On/After GEO Reclass
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	21,689,237	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	47,304,569	13,411,706	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0	0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	1,248,609	0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	2,700,187	709,186	2.04
3.00	Managed Care Simulated Payments	62,755,229	12,021,739	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	713.67		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	97.92		5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)	0.00		5.01
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	0.00		6.26
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)	0.00		7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	40.83		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	18.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00		8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)	0.00		8.21
8.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)			8.28
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.28 (see instructions)	156.75		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	150.97		10.00
11.00	FTE count for residents in dental and podiatric programs.	12.00		11.00
12.00	Current year allowable FTE (see instructions)	162.97		12.00
13.00	Total allowable FTE count for the prior year.	150.22		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	121.11		14.00
15.00	Sum of lines 12 through 14 divided by 3.	144.77		15.00
16.00	Adjustment for residents in initial years of the program (see instructions)	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	144.77		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.202853		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.209954		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.202853		21.00
22.00	IME payment adjustment (see instructions)	7,234,415	1,406,298	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	6,580,262	1,260,551	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.02		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	-5.78		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 1/21/2025 5:24 pm	
		Title XVIII	Hospital	PPS	
			Before GEO Reclass	On/After GEO Reclass	
			1.00	1.01	
28.00	IME add-on adjustment amount (see instructions)		0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		7,234,415	1,406,298	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		6,580,262	1,260,551	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.46		30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.17		31.00
32.00	Sum of lines 30 and 31		37.63		32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.26	20.26	33.00
34.00	Disproportionate share adjustment (see instructions)		3,494,537	679,303	34.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Payment Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital UCP, including supplemental UCP (see instructions)		10,391,959	7,811,050	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		2,619,345	5,847,618	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		8,466,963		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before GEO Reclass	On/After GEO Reclass	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		90,357,212	17,987,798	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	0	48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			116,185,823	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			7,617,690	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			4,433,076	52.00
53.00	Nursing and Allied Health Managed Care payment			149,216	53.00
54.00	Special add-on payments for new technologies			84,674	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			14,077,825	55.00
55.01	Cellular therapy acquisition cost (see instructions)			0	55.01
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			56,426	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			383,636	58.00
59.00	Total (sum of amounts on lines 49 through 58)			142,988,366	59.00
60.00	Primary payer payments			8,313	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			142,980,053	61.00
62.00	Deductibles billed to program beneficiaries			6,694,272	62.00
63.00	Coinsurance billed to program beneficiaries			331,128	63.00
64.00	Allowable bad debts (see instructions)			480,143	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			312,093	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			157,314	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			136,266,746	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS			13,713	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)			0	70.50
70.75	N95 respirator payment adjustment amount (see instructions)			0	70.75
70.76	Essential medicines payment adjustment amount (see instructions)				70.76
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-33,059	70.93
70.94	HRR adjustment amount (see instructions)			-74,699	70.94
70.95	Recovery of accelerated depreciation			0	70.95

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part A Date/Time Prepared: 1/21/2025 5:24 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3	0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		136,172,701	71.00
71.01	Sequestration adjustment (see instructions)		2,723,454	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		126,938,206	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		6,511,041	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		8,925,707	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural
		0	1.00	2.00	3.00	4.00	4.01	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	21,689,237	0	21,689,237			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	60,716,275	0		47,304,569	13,411,706	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,248,609	0	1,248,609			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,409,373	0		2,700,187	709,186	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	74,776,968	0	19,726,616	43,028,613	12,021,739	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.202853	0.202853	0.202853	0.202853	0.202853	5.00
6.00	IME payment adjustment (see instructions)	22.00	8,640,713	0	2,274,247	4,960,168	1,406,298	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,840,813	0	2,068,454	4,511,808	1,260,551	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,640,713	0	2,274,247	4,960,168	1,406,298	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,840,813	0	2,068,454	4,511,808	1,260,551	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2026	0.2026	0.2026	0.2026	0.2026	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,173,840	0	1,098,560	2,395,977	679,303	11.00
11.01	Uncompensated care payments	36.00	8,466,963	0	2,619,345	4,204,309	1,643,309	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	108,345,010	0	28,929,998	61,565,210	17,849,802	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	116,185,823	0	30,998,452	66,077,018	19,110,353	15.00
16.00	Payment for inpatient program capital (from wkst. L, Pt. I, if applicable)	50.00	7,617,690	0	1,984,797	4,474,367	1,158,526	16.00

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII				Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01		
17.00	Special add-on payments for new technologies	54.00	84,674	0	75,823	8,851		0	17.00
17.01	Net organ acquisition cost								17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0		0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0		0	18.00
19.00	SUBTOTAL			0	33,059,072	70,560,236	20,268,879		19.00
		W/S L, line	(Amounts from L)			Urban	Rural		
		0	1.00	2.00	3.00	4.00	4.01		
20.00	Capital DRG other than outlier	1.00	6,327,707	0	1,642,656	3,651,259	1,033,792		20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0		20.01
21.00	Capital DRG outlier payments	2.00	259,833	0	74,717	146,807	38,309		21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0		21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0836	0.0836	0.0836	0.0836	0.0836		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	528,996	0	137,326	305,245	86,425		23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0792	0.0792	0.0792	0.0792	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	501,154	0	130,098	371,056	0		25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,617,690	0	1,984,797	4,474,367	1,158,526		26.00
		W/S E, Part A line	(Amounts to E, Part A)			Urban	Rural		
		0	1.00	2.00	3.00	4.00	4.01		
27.00	Low volume adjustment factor				0.000000	0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0		28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0		29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y						100.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII		Hospital		1/21/2025 5:24 PM	
		Total (Col 2 through 4)				PPS	
		5.00					
1.00	DRG amounts other than outlier payments	0					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	21,689,237					1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	60,716,275					1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0					1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0					1.04
2.00	Outlier payments for discharges (see instructions)						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0					2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	1,248,609					2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	3,409,373					2.03
3.00	Operating outlier reconciliation	0					3.00
4.00	Managed care simulated payments	74,776,968					4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)						5.00
6.00	IME payment adjustment (see instructions)	8,640,713					6.00
6.01	IME payment adjustment for managed care (see instructions)	7,840,813					6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)						7.00
8.00	IME adjustment (see instructions)	0					8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0					8.01
9.00	Total IME payment (sum of lines 6 and 8)	8,640,713					9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	7,840,813					9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)						10.00
11.00	Disproportionate share adjustment (see instructions)	4,173,840					11.00
11.01	Uncompensated care payments	8,466,963					11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	0					12.00
13.00	Subtotal (see instructions)	108,345,010					13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0					14.00
15.00	Total payment for inpatient operating costs (see instructions)	116,185,823					15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	7,617,690					16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
17.00	Special add-on payments for new technologies	84,674			17.00
17.01	Net organ aquisition cost				17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	123,888,187			19.00
		5.00			
20.00	Capital DRG other than outlier	6,327,707			20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0			20.01
21.00	Capital DRG outlier payments	259,833			21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0			21.01
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (see instructions)	528,996			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (see instructions)	501,154			25.00
26.00	Total prospective capital payments (see instructions)	7,617,690			26.00
		5.00			
27.00	Low volume adjustment factor				27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.				100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	On/After 10/01		
					Urban	Rural	
		0	1.00	2.00	3.00	3.01	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	21,689,237	21,689,237		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	60,716,275		47,304,569	13,411,706	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,248,609	1,248,609			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,409,373		2,700,187	709,186	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	74,776,968	19,726,616	43,028,613	12,021,739	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.202853	0.202853	0.202853	0.202853	5.00
6.00	IME payment adjustment (see instructions)	22.00	8,640,713	2,274,247	4,960,168	1,406,298	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,840,813	2,068,454	4,511,808	1,260,551	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	8,640,713	2,274,247	4,960,168	1,406,298	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,840,813	2,068,454	4,511,808	1,260,551	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2026	0.2026	0.2026	0.2026	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	4,173,840	1,098,560	2,395,977	679,303	11.00
11.01	Uncompensated care payments	36.00	8,466,963	2,619,345	4,204,309	1,643,309	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	108,345,010	28,929,998	61,565,210	17,849,802	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	116,185,823	30,998,452	66,077,018	19,110,353	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	7,617,690	1,984,797	4,474,367	1,158,526	16.00
17.00	Special add-on payments for new technologies	54.00	84,674	75,823	8,851	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			33,059,072	70,560,236	20,268,879	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
20.00	Capital DRG other than outlier	1.00	6,327,707	1,642,656	3,651,259	1,033,792	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	259,833	74,717	146,807	38,309	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	0.0836	0.0836	0.0836	0.0836	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	528,996	137,326	305,245	86,425	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0792	0.0792	0.0792	0.0000	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	501,154	130,098	371,056	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	7,617,690	1,984,797	4,474,367	1,158,526	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-33,059	0	-33,059	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-74,699	-26,118	-37,852	-10,729	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
		0	1.00	2.00	Urban 3.00	Rural 3.01	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII		Hospital	PPS
		Total (cols. 2 and 3)			
		4.00			
1.00	DRG amounts other than outlier payments				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	21,689,237			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	60,716,275			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0			1.04
2.00	Outlier payments for discharges (see instructions)				2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0			2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	1,248,609			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	3,409,373			2.03
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	74,776,968			4.00
Indirect Medical Education Adjustment					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	8,640,713			6.00
6.01	IME payment adjustment for managed care (see instructions)	7,840,813			6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
7.00	IME payment adjustment factor (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0			8.01
9.00	Total IME payment (sum of lines 6 and 8)	8,640,713			9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	7,840,813			9.01
Disproportionate Share Adjustment					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	4,173,840			11.00
11.01	Uncompensated care payments	8,466,963			11.01
Additional payment for high percentage of ESRD beneficiary discharges					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	108,345,010			13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs (see instructions)	116,185,823			15.00
16.00	Payment for inpatient program capital (from wkst. L, Pt. I, if applicable)	7,617,690			16.00
17.00	Special add-on payments for new technologies	84,674			17.00
17.01	Net organ acquisition cost				17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	123,888,187			19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII		Hospital	PPS
		4.00			
20.00	Capital DRG other than outlier	6,327,707			20.00
20.01	Model 4 BPCI Capital DRG other than outlier	0			20.01
21.00	Capital DRG outlier payments	259,833			21.00
21.01	Model 4 BPCI Capital DRG outlier payments	0			21.01
22.00	Indirect medical education percentage (see instructions)				22.00
23.00	Indirect medical education adjustment (see instructions)	528,996			23.00
24.00	Allowable disproportionate share percentage (see instructions)				24.00
25.00	Disproportionate share adjustment (see instructions)	501,154			25.00
26.00	Total prospective capital payments (see instructions)	7,617,690			26.00
		4.00			
27.00					27.00
28.00	Low volume adjustment prior to October 1	0			28.00
29.00	Low volume adjustment on or after October 1	0			29.00
30.00	HVBP payment adjustment (see instructions)	-33,059			30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	0			30.01
31.00	HRR adjustment (see instructions)	-74,699			31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	0			31.01
		(Amt. to Wkst. E, Pt. A)			
		4.00			
32.00	HAC Reduction Program adjustment (see instructions)	0			32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 1/21/2025 5:24 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		34,337	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		57,587,998	2.00
3.00	OPPS or REH payments		50,749,509	3.00
4.00	Outlier payment (see instructions)		399,965	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from wkst. D, Pt. IV, col. 13, line 200		250,306	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		34,337	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		115,332	12.00
13.00	Organ acquisition charges (from wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		115,332	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		115,332	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		80,995	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		34,337	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		51,399,780	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,546,660	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		43,887,457	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		1,711,148	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		45,598,605	30.00
31.00	Primary payer payments		5,593	31.00
32.00	Subtotal (line 30 minus line 31)		45,593,012	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		626,538	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		407,250	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		439,877	36.00
37.00	Subtotal (see instructions)		46,000,262	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		46,000,262	40.00
40.01	Sequestration adjustment (see instructions)		920,005	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		45,080,016	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		241	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		25,036	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 1/21/2025 5:24 pm	
		Title XVIII	Hospital	PPS	
				1.00	
94.00	Total (sum of lines 91 and 93)			0	94.00
				1.00	
MEDICARE PART B ANCILLARY COSTS					
200.00	Part B Combined Billed Days			0	200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN:15-S084	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 1/21/2025 5:24 pm
		Title XVIII	Subprovider - IPF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		447	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,893	2.00
3.00	OPPS or REH payments		1,620	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs including REH direct graduate medical education costs from wkst. D, Pt. IV, col. 13, line 200		3	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		447	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,496	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,496	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,496	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,049	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		447	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,623	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		282	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,788	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
28.50	REH facility payment amount (see instructions)			28.50
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27, 28, 28.50 and 29)		1,788	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,788	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,788	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,788	40.00
40.01	Sequestration adjustment (see instructions)		36	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		1,710	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		42	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00

1/21/2025 5:24 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall 2024 Cost Reports\Indy HFS\28500-24.mcrx

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2023 To 06/30/2024	Worksheet E Part B Date/Time Prepared: 1/21/2025 5:24 pm	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
93.00	Time value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00
				1.00	
MEDICARE PART B ANCILLARY COSTS					
200.00	Part B Combined Billed Days				200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E-1
Part I
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		126,231,406		44,992,716	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/07/2024	624,500	02/07/2024	87,300	3.01
3.02		08/07/2024	82,300		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		706,800		87,300	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		126,938,206		45,080,016	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		6,511,041		241	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		133,449,247		45,080,257	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0084

Period:

Worksheet E-1

Component CCN: 15-S084

From 07/01/2023
To 06/30/2024Part I
Date/Time Prepared:
1/21/2025 5:24 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,306,693		1,710	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,306,693		1,710	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		4,908		42	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,311,601		1,752	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E-1
Part II
Date/Time Prepared:
1/21/2025 5:24 pm

Title XVIII		Hospital	PPS
			1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		1.00
2.00	Medicare days (see instructions)		2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3.00
4.00	Total inpatient days (see instructions)		4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		7.00
8.00	Calculation of the HIT incentive payment (see instructions)		8.00
9.00	Sequestration adjustment amount (see instructions)		9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2023 To 06/30/2024	Worksheet E-3 Part II Date/Time Prepared: 1/21/2025 5:24 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,431,607 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			35,834 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			36.945355 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,467,441 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,467,441 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,467,441 18.00
19.00	Deductibles			120,800 19.00
20.00	Subtotal (line 18 minus line 19)			1,346,641 20.00
21.00	Coinsurance			13,256 21.00
22.00	Subtotal (line 20 minus line 21)			1,333,385 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,173 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			1,412 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			7,884 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,334,797 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			3,571 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.98	Recovery of accelerated depreciation.			0 30.98
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,338,368 31.00
31.01	Sequestration adjustment (see instructions)			26,767 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,306,693 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			4,908 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING ON OR BEFORE MAY 11, 2023 (THE END OF THE COVID-19 PHE)				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet E-3
Part VII
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		41,874,366		1.00
2.00	Medical and other services			10,030,567	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		41,874,366	10,030,567	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		41,874,366	10,030,567	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		94,825,335		8.00
9.00	Ancillary service charges		116,164,738	52,334,468	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		210,990,073	52,334,468	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		210,990,073	52,334,468	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		169,115,707	42,303,901	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		41,874,366	10,030,567	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		41,874,366	10,030,567	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		41,874,366	10,030,567	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		41,874,366	10,030,567	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		41,874,366	10,030,567	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		41,874,366	10,030,567	40.00
41.00	Interim payments		41,874,366	10,030,567	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2023 To 06/30/2024	Worksheet E-3 Part VII Date/Time Prepared: 1/21/2025 5:24 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		645,607		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant programs only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		645,607	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		645,607	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,363,254		8.00
9.00	Ancillary service charges		187,277	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		2,550,531	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		2,550,531	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,904,924	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		645,607	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		645,607	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		645,607		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		645,607	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		645,607	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		645,607	0	40.00
41.00	Interim payments		645,607	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084	Period: From 07/01/2023 To 06/30/2024	Worksheet E-4 Date/Time Prepared: 1/21/2025 5:24 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			98.92	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)			0.00	2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)			0.00	3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			23.65	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			18.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)			0.00	4.21
4.28	The amount of increase if the hospital was awarded FTE cap slots under §4122 of the CAA 2023 (see instructions)				4.28
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.28)			140.57	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			152.01	6.00
7.00	Enter the lesser of line 5 or line 6			140.57	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	107.91	37.88	145.79	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	104.05	36.52	140.57	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		12.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		12.00		10.01
11.00	Total weighted FTE count	104.05	48.52		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	110.40	48.56		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	88.61	39.31		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	101.02	45.46		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	101.02	45.46		17.00
18.00	Per resident amount	105,774.17	105,774.17		18.00
18.01	Per resident amount under §131 of the CAA 2021	0.00	0.00		18.01
19.00	Approved amount for resident costs	10,685,307	4,808,494	15,493,801	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			12.89	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			11.44	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.22	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			124,440.22	23.00
24.00	Multiply line 22 time line 23			649,578	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			16,143,379	25.00

Health Financial Systems		ASCENSION ST. VINCENT HOSPITAL		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0084		Period: From 07/01/2023 To 06/30/2024	Worksheet E-4 Date/Time Prepared: 1/21/2025 5:24 pm
		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total
		1.00	2.00	2.01	3.00
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	36,920	21,602	18,000	26.00
27.00	Total Inpatient Days (see instructions)	198,204	198,204	198,204	27.00
28.00	Ratio of inpatient days to total inpatient days	0.186273	0.108989	0.090816	28.00
29.00	Program direct GME amount	3,007,076	1,759,451	1,466,077	29.00
29.01	Percent reduction for MA DGME		2.74	2.74	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		48,209	40,171	30.00
31.00	Net Program direct GME amount				31.00
					1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32.00
33.00	Renal dialysis and home dialysis total charges (wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34.00
35.00	Medicare outpatient ESRD charges (see instructions)				35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)				37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)				38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)				39.00
40.00	Primary payer payments (see instructions)				40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)				42.00
43.00	Primary payer payments (see instructions)				43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)				44.00
45.00	Total reasonable cost (sum of lines 41 and 44)				45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)				48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)				49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)				50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet E-5

Date/Time Prepared:
1/21/2025 5:24 pm

Title XVIII

PPS

1.00

TO BE COMPLETED BY CONTRACTOR

1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)	0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2	0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)	0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)	0	4.00
5.00	The rate used to calculate the time value of money (see instructions)	0.00	5.00
6.00	Time value of money for operating expenses (see instructions)	0	6.00
7.00	Time value of money for capital related expenses (see instructions)	0	7.00

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

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet G

Date/Time Prepared:
1/21/2025 5:24 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	2,058,680	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	1,269,335,081	0	0	0	4.00
5.00 Other receivable	33,885,412	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-890,844,576	0	0	0	6.00
7.00 Inventory	30,578,699	0	0	0	7.00
8.00 Prepaid expenses	67,998	0	0	0	8.00
9.00 Other current assets	862,554	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	445,943,848	0	0	0	11.00
FIXED ASSETS					
12.00 Land	15,100,644	0	0	0	12.00
13.00 Land improvements	23,050,255	0	0	0	13.00
14.00 Accumulated depreciation	-14,067,702	0	0	0	14.00
15.00 Buildings	826,963,927	0	0	0	15.00
16.00 Accumulated depreciation	-407,127,635	0	0	0	16.00
17.00 Leasehold improvements	13,694,418	0	0	0	17.00
18.00 Accumulated depreciation	-12,053,998	0	0	0	18.00
19.00 Fixed equipment	27,918,657	0	0	0	19.00
20.00 Accumulated depreciation	-27,375,127	0	0	0	20.00
21.00 Automobiles and trucks	3,488,938	0	0	0	21.00
22.00 Accumulated depreciation	-2,761,134	0	0	0	22.00
23.00 Major movable equipment	350,320,969	0	0	0	23.00
24.00 Accumulated depreciation	-279,017,395	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	518,134,817	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	65,982,154	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	104,905,645	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	170,887,799	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	1,134,966,464	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	28,169,854	0	0	0	37.00
38.00 Salaries, wages, and fees payable	25,919,709	0	0	0	38.00
39.00 Payroll taxes payable	655,886	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	266,931,144	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	321,676,593	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	199,656,468	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	199,656,468	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	521,333,061	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	613,633,403				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	613,633,403	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	1,134,966,464	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet G-1

Date/Time Prepared:
1/21/2025 5:24 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		373,164,067		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		75,397,624				2.00
3.00	Total (sum of line 1 and line 2)		448,561,691		0		3.00
4.00	Transfer rstr contrib	756,511		0		0	4.00
5.00	Temp Restricted	299,400		0		0	5.00
6.00	Net Income from Noncontrolling Interests	12,751,026		0		0	6.00
7.00	TRANSFER TO AFFILIATE	165,274,902		0		0	7.00
8.00	ROUNDING	2		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		179,081,841		0		10.00
11.00	Subtotal (line 3 plus line 10)		627,643,532		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	Dis of Cap Nonctrl Int	14,010,129		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		14,010,129		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		613,633,403		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Transfer rstr contrib		0				4.00
5.00	Temp Restricted		0				5.00
6.00	Net Income from Noncontrolling Interests		0				6.00
7.00	TRANSFER TO AFFILIATE		0				7.00
8.00	ROUNDING		0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	Dis of Cap Nonctrl Int		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet G-2
Parts I & II
Date/Time Prepared:
1/21/2025 5:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	492,349,817		492,349,817	1.00
2.00	SUBPROVIDER - IPF	45,366,810		45,366,810	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	537,716,627		537,716,627	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	189,358,544		189,358,544	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
12.01	CARDIOTHORACIC VASCULAR TRANSPL	63,353,568		63,353,568	12.01
13.00	BURN INTENSIVE CARE UNIT	42,473,264		42,473,264	13.00
13.01	PEDIATRIC INTENSIVE CARE UNIT	32,612,407		32,612,407	13.01
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	285,708,935		285,708,935	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	613,506,718		613,506,718	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,151,223,345		1,151,223,345	17.00
18.00	Ancillary services	2,002,221,801	1,490,578,697	3,492,800,498	18.00
19.00	Outpatient services	144,268,971	403,873,288	548,142,259	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	149,851	20,104,205	20,254,056	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	158,094,636	158,094,636	25.00
26.00	HOSPICE	0	184,656,398	184,656,398	26.00
27.00	PROFESSIONAL FEES	0	184,656,398	184,656,398	27.00
27.01	Kidney Acquisition	11,512,856	4,767,297	16,280,153	27.01
27.02	Heart Acquisition	4,192,120	533,884	4,726,004	27.02
27.04	Billing	15,867	76,250,915	76,266,782	27.04
27.05	NON-PATIENT DIETARY REVENUE	0	31,554	31,554	27.05
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	3,313,584,811	2,338,890,874	5,652,475,685	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		1,418,422,928		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		1,418,422,928		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024

Worksheet G-3

Date/Time Prepared:
1/21/2025 5:24 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	5,652,475,685	1.00
2.00	Less contractual allowances and discounts on patients' accounts	4,221,918,905	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,430,556,780	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	1,418,422,928	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,133,852	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	231,985	6.00
7.00	Income from investments	228,225	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	9	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	4,073,393	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	5,872,640	17.00
18.00	Revenue from sale of medical records and abstracts	1,692	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	-14,840	20.00
21.00	Rental of vending machines	136,115	21.00
22.00	Rental of hospital space	936,087	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other	64,414,439	24.00
24.50	COVID-19 PHE Funding	135,053	24.50
25.00	Total other income (sum of lines 6-24)	76,014,798	25.00
26.00	Total (line 5 plus line 25)	88,148,650	26.00
27.00	Non Controlling Interest Loss	12,751,026	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	12,751,026	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	75,397,624	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 15-0084

Period:
From 07/01/2023
To 06/30/2024Worksheet L
Parts I-III
Date/Time Prepared:
1/21/2025 5:24 pm

		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		6,327,707	0	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		259,833		2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0		2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		509.08		3.00
4.00	Number of interns & residents (see instructions)		144.77		4.00
5.00	Indirect medical education percentage (see instructions)		8.36		5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		528,996		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.46		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.17		8.00
9.00	Sum of lines 7 and 8		37.63		9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.92		10.00
11.00	Disproportionate share adjustment (see instructions)		501,154		11.00
12.00	Total prospective capital payments (see instructions)		7,617,690		12.00
				1.00	
PART II - PAYMENT UNDER REASONABLE COST					
1.00	Program inpatient routine capital cost (see instructions)			0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	3.00
4.00	Capital cost payment factor (see instructions)			0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0	5.00
				1.00	
PART III - COMPUTATION OF EXCEPTION PAYMENTS					
1.00	Program inpatient capital costs (see instructions)			0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)			0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)			0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)			0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0	14.00
15.00	Current year allowable operating and capital payment (see instructions)			0	15.00
16.00	Current year operating and capital costs (see instructions)			0	16.00
17.00	Current year exception offset amount (see instructions)			0	17.00