This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 09-30-2025 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 15-0051 Worksheet S Peri od: From 01/01/2022 Parts I-III AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: 5/30/2023 10:22 am PART I - COST REPORT STATUS Provi der 1. [X] Electronically prepared cost report Date: 5/30/2023 Time: 10:22 am use only] Manually prepared cost report Ilf this is an amended report enter the number of times the provider resubmitted this cost report [Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. [1] Cost Report Status
[1] As Submitted
[2] Settled without Audit
[3] Settled with Audit
[4] Date Received:
[5] To. NPR Date:
[6] 10. NPR Date:
[7] 11. Contractor's Vendor Code:
[7] 12. [8] Initial Report for this Provider CCN
[9] [8] Final Report for this Provider CCN
[10] NPR Date:
[11] 12. NPR Date:
[12] 13. NPR Date:
[13] 14. NPR Date:
[14] 15. NPR Date:
[15] 15. NPR Date:
[16] 16. NPR Date:
[17] 17. NPR Date:
[18] 17. NPR Date:
[18] 18. NPR Date:
[18] 18. NPR Date:
[18] 19. NPR Contractor use only (3) Settled with Audit number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

(4) Reopened (5) Amended

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 IU HEALTH BLOOMINGTON HOSPITAL (15-0051) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	
	1			SI GNATURE STATEMENT	
1	Mic	hael Craig	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	Mi chael Crai g			2
3	Signatory Title	CHIEF FINANCIAL OFFICER			3
4	Date	(Dated when report is electronica			4

	·		Title	XVIII			
		Title V	Part A	Part B	HIT	Title XIX	
		1.00	2.00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPI TAL	0	587, 532	35, 365	0	0	1. 00
2.00	SUBPROVI DER - I PF	0	0	0		0	2. 00
3.00	SUBPROVI DER - I RF	0	0	0		0	3. 00
4.00	SUBPROVI DER (OTHER)						4.00
5.00	SWING BED - SNF	0	0	0		0	5. 00
6.00	SWING BED - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	o	0		0	9. 00
200.0	TOTAL	0	587, 532	35, 365	0	0	200. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The 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.

Heal th	Financial Systems	IU HEALTH BLOOMIN	IGTON HOSE	PLTAL		Li	n Lieu	of For	m CMS-2	2552-10
	TAL AND HOSPITAL HEALTH CARE COMPLEX I	DENTIFICATION DATA	Provi d	er CCN:		Period: From 01/01/ To 12/31/	2022	Workshe Part I Date/Ti		
	1.00	2.00		2.00				5/30/20	23 10:	22 am
	1.00 Hospital and Hospital Health Care Co	mnley Address:		3. 00			4. 00			
1.00	Street: 601 WEST SECOND STREET	P0 Box: 1149								1.00
2.00	Ci ty: BLOOMINGTON	State: IN	Zip Code	e: 47402	2 Count	y: MONROE				2. 00
		Component Name	CCN	CBSA				nt Syst		
			Number	Numbe	er Type	Certi fi ed	V 1,	0, or	N) XIX	
		1. 00	2.00	3. 00	4.00	5. 00	6.00		8.00	
	Hospital and Hospital-Based Componen									
3.00	Hospi tal	IU HEALTH BLOOMINGTON	150051	14020	0 1	07/01/1966	N	P	Р	3. 00
4. 00	Subprovi der - IPF	HOSPI TAL								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 10. 00	Hospi tal -Based SNF Hospi tal -Based NF									9. 00 10. 00
11. 00	Hospi tal -Based OLTC									11.00
	Hospi tal -Based HHA									12. 00
13. 00	Separately Certified ASC									13. 00
	Hospi tal -Based Hospi ce									14.00
	Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FOHC									15. 00 16. 00
	Hospital-Based (CMHC) I									17.00
18. 00	Renal Dialysis									18.00
19. 00	Other					<u> </u>				19. 00
						From:		To		
20.00	Cost Reporting Period (mm/dd/yyyy)					1.00		2. C		20. 00
	Type of Control (see instructions)					2	022	12,01,	2022	21.00
	Inpatient PPS Information				1. 00	2. 00		3.0	00	
22. 00	Does this facility qualify and is it	currently receiving pay	ments for		Y	N				22. 00
	disproportionate share hospital adjus	stment, in accordance wi	th 42 CFR							
	§412.106? In column 1, enter "Y" for									
	facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" for		endment							
22. 01	Did this hospital receive interim UCI		al UCPs.	for	Υ	Y	ŀ			22. 01
	this cost reporting period? Enter in									
	for the portion of the cost reporting									
	1. Enter in column 2, "Y" for yes or		ion of th	ie						
	cost reporting period occurring on or instructions)	i arter october i. (see								
22. 02	Is this a newly merged hospital that	requires a final UCP to	be		N	N				22. 02
	determined at cost report settlement			umn						
	1, "Y" for yes or "N" for no, for the period prior to October 1. Enter in a			no						
	for the portion of the cost reporting			110,						
22. 03	Did this hospital receive a geograph			,	N	N		N		22. 03
	rural as a result of the OMB standard	ds for delineating stati	stical ar	eas						
	adopted by CMS in FY2015? Enter in co									
	for the portion of the cost reporting in column 2, "Y" for yes or "N" for			91						
	reporting period occurring on or after									
	Does this hospital contain at least									
	counted in accordance with 42 CFR 41: yes or "N" for no.	2.105)? Enter in column	3, "Y" fo	or						
22 04	Did this hospital receive a geographi	ic reclassification from	urban to	,			ŀ			22. 04
22.0.	rural as a result of the revised OMB									
	adopted by CMS in FY 2021? Enter in									
	for the portion of the cost reporting			er						
	in column 2, "Y" for yes or "N" for a reporting period occurring on or afte									
	Does this hospital contain at least	-		ıs						
	counted in accordance with 42 CFR 413									
22.00	yes or "N" for no.	digaid days an lines 24	and/ar ar			2 N				22.00
∠3.00	Which method is used to determine Medbelow? In column 1, enter 1 if date of					3 N				23. 00
	if date of discharge. Is the method									
	reporting period different from the									
	reporting period? In column 2, enter	i y for yes or "N" for	no.			1	ļ			I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	Provider CC	Period:	H: Worksheet S-2 D1/01/2022 Part I					
					1/2022	Date/T	ime Pre	pared:
	In-State	In-State	Out-of	Out-of	Medi ca		023 10: 2 Other	22 am
	Medi cai d	Medi cai d	State	State	HMO da	- I	di cai d	
	paid days	el i gi bl e unpai d	Medicaid paid days	Medicaid eligible			days	
		days		unpai d				
24.00 If this provider is an IPPS hospital, enter the	1.00	2. 00	3. 00	4. 00	5. 00 15	220	6. 00 28	24. 00
in-state Medicaid paid days in column 1, in-state	1,007	1,220		3,	10,	220	20	21.00
Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3,								
out-of-state Medicaid eligible unpaid days in column								
4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.								
25.00 If this provider is an IRF, enter the in-state	C	0	О	0		О		25. 00
Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2,								
out-of-state Medicaid days in column 3, out-of-state								
Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.								
, par a and a reg. at a are an par a are just a series and a seri	'	'		Urban/R				
26.00 Enter your standard geographic classification (not wa	age) status	at the bec	ninnina of t	1. (00 1	2.	00	26. 00
cost reporting period. Enter "1" for urban or "2" for	r rural.	_						
27.00 Enter your standard geographic classification (not water in column 1, "1" for urban or				st	1			27. 00
enter the effective date of the geographic reclassifi	ication in	column 2.			_			
35.00 If this is a sole community hospital (SCH), enter the effect in the cost reporting period.	e number of	periods SC	CH status ir	1	0			35. 00
				Begi ni		Endi		
36.00 Enter applicable beginning and ending dates of SCH s	tatus. Subs	script line	36 for numb	1. (00	2.	00	36. 00
of periods in excess of one and enter subsequent date	es.				_			
37.00 If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period.	r the numbe	er of period	ds MDH statu	IS	0			37. 00
37.01 Is this hospital a former MDH that is eligible for the								37. 01
accordance with FY 2016 OPPS final rule? Enter "Y" for instructions)	or yes or "	N" for no.	(see					
38.00 If line 37 is 1, enter the beginning and ending dates								38. 00
greater than 1, subscript this line for the number or enter subsequent dates.	r perioas i	n excess of	one and					
				Y/			′N 00	
39.00 Does this facility qualify for the inpatient hospital	l payment a	ndjustment f	for low volu				1	39. 00
hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet				n				
accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii				es				
or "N" for no. (see instructions) 40.00 Is this hospital subject to the HAC program reduction	n adiustmen	nt? Enter "V	/" for ves d	or N			J	40. 00
"N" for no in column 1, for discharges prior to Octol	ber 1. Ente	er "Y" for y					`	40.00
no in column 2, for discharges on or after October 1.	. (see inst	ructions)			V	XVIII	XI X	
					1.00		3.00	
Prospective Payment System (PPS)-Capital 45.00 Does this facility qualify and receive Capital payment	nt for disc	roporti opat	e share in	accordance	l N	Y	l N	45. 00
with 42 CFR Section §412.320? (see instructions)		•						
46.00 Is this facility eligible for additional payment exceptable pursuant to 42 CFR §412.348(f)? If yes, complete Wks					N	N	N	46. 00
Pt. III.				J				
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS (48.00 Is the facility electing full federal capital paymen)			,		l N N	N N	N N	47. 00 48. 00
Teaching Hospitals		-						
56.00 Is this a hospital involved in training residents in periods beginning prior to December 27, 2020, enter	approved G "Y" for ves	GME programs s or "N" for	s? For cost no in colu	reporting mn 1. For	N			56. 00
cost reporting periods beginning on or after December	r 27, 2020,	under 42 0	CFR 413.78(b)(2), see				
the instructions. For column 2, if the response to continuously involved in training residents in approved GME programmes.								
and are you are impacted by CR 11642 (or applicable (CRs) MA dir							
"Y" for yes; otherwise, enter "N" for no in column 2. 57.00 For cost reporting periods beginning prior to December), if line 5	56, column 1	, is yes,				57. 00
is this the first cost reporting period during which	resi dents	in approved	d GME progra	ms trained				
at this facility? Enter "Y" for yes or "N" for no in residents start training in the first month of this of					r			
"N" for no in column 2. If column 2 is "Y", complete	e Worksheet	E-4. If co	olumn 2 is "	N",				
complete Wkst. D, Parts III & IV and D-2, Pt. II, if beginning on or after December 27, 2020, under 42 CFI								
which month(s) of the cost report the residents were for yes, enter "Y" for yes in column 1, do not comple								
58.00 If line 56 is yes, did this facility elect cost reim	bursement f	or physicia						58. 00
defined in CMS Pub. 15-1, chapter 21, §2148? If yes,	complete W	lkst. D-5.						

. 00 A					1.00	2.00 3.00	_
. 00	re costs claimed on line 100 of Worksheet A? If yes	compl	ete Wkst D-2	Pt. I.	1. 00 N	7 2.00 3.00	59
	in a costs of all med of Time 100 of Morksheet A. The year	, compr	oto mot. b 2,	NAHE 413.85	Worksheet A	Pass-Through	
				Y/N	Li ne #	Qual i fi cati o	
				·		Criterion Cod	de
				1. 00	2.00	3.00	
00 A	re you claiming nursing and allied health education	(NAHE)	costs for	Y	Y	0.00	60
	my programs that meet the criteria under 42 CFR 413.					İ	"
	nstructions) Enter "Y" for yes or "N" for no in col					İ	
	s "Y", are you impacted by CR 11642 (or subsequent C					İ	
	djustment? Enter "Y" for yes or "N" for no in colum		1			İ	
	fline 60 is yes, complete columns 2 and 3 for each		n. (see		23. 00	1	60
i	nstructions)						
		Y/N	IME	Direct GME	IME	Direct GME	
		1 00	2.00	2.00	4.00	F 00	_
00 0	id your been tal receive FTF clate under ACA	1.00	2. 00	3. 00	4.00	5.00	20 (1
	your hospital receive FTE slots under ACA	N			0.00	0.0	00 61
	ection 5503? Enter "Y" for yes or "N" for no in					İ	
	olumn 1. (see instructions)					İ	
	inter the average number of unweighted primary care					İ	61
	TEs from the hospital's 3 most recent cost reports					ŀ	
	ending and submitted before March 23, 2010. (see					ŀ	
- 1	nstructions)					ľ	41
	inter the current year total unweighted primary care TE count (excluding OB/GYN, general surgery FTEs,					ŀ	61
	and primary care FTEs added under section 5503 of					ŀ	
	CA). (see instructions)						
	inter the base line FTE count for primary care					İ	61
	nd/or general surgery residents, which is used for					İ	0'
	letermining compliance with the 75% test. (see					İ	
	nstructions)					İ	
	inter the number of unweighted primary care/or					İ	61
	surgery allopathic and/or osteopathic FTEs in the					İ	0.
	surrent cost reporting period (see instructions).					İ	
	inter the difference between the baseline primary					İ	61
	nd/or general surgery FTEs and the current year's					İ	0'
	rimary care and/or general surgery FTE counts (line					İ	
	1.04 minus line 61.03). (see instructions)					İ	
	inter the amount of ACA §5503 award that is being						61
	sed for cap relief and/or FTEs that are nonprimary					İ	
	are or general surgery. (see instructions)						
		Pro	ogram Name	Program Code	Unweighted IME	Unwei ghted	
					FTE Count	Direct GME FT	Ē
						Count	
10 0	f the FTFe in line (1 OF enesify each new program		1. 00	2. 00	3.00	4.00	0 (1
	of the FTEs in line 61.05, specify each new program				0. 00	0. 0	00 61
	pecialty, if any, and the number of FTE residents or each new program. (see instructions) Enter in					İ	
	, , ,					İ	
	column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE					İ	
ln.	inweighted count. Enter in column 4, the direct GME					İ	
	TE unweighted count.					İ	
u					0.00	0.0	00 61
u F					0.00	J 0. C	0 61
u F 20 0	f the FTEs in line 61.05, specify each expanded					i	
20 0 p	of the FTEs in line 61.05, specify each expanded brogram specialty, if any, and the number of FTE					ļ.	
20 0 p	of the FTEs in line 61.05, specify each expanded brogram specialty, if any, and the number of FTE besidents for each expanded program. (see						
20 0 p r i	of the FTEs in line 61.05, specify each expanded brogram specialty, if any, and the number of FTE residents for each expanded program. (see nstructions) Enter in column 1, the program name.						
20 0 p r i E	of the FTEs in line 61.05, specify each expanded brogram specialty, if any, and the number of FTE desidents for each expanded program. (see instructions) Enter in column 1, the program name. Inter in column 2, the program code. Enter in column						
20 0 p r i E 3	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 nstructions) Enter in column 1, the program name. The in column 2, the program code. Enter in column 1, the IME FTE unweighted count. Enter in column 4,						
20 0 p r i E 3	of the FTEs in line 61.05, specify each expanded brogram specialty, if any, and the number of FTE desidents for each expanded program. (see instructions) Enter in column 1, the program name. Inter in column 2, the program code. Enter in column						
20 0 p r i E 3	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 nstructions) Enter in column 1, the program name. The in column 2, the program code. Enter in column 1, the IME FTE unweighted count. Enter in column 4,					1.00	
20 0 p r i E 3 t	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. The in column 2, the program code. Enter in column 4, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. CA Provisions Affecting the Health Resources and Ser						
20 0 p r i E 3 t	of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE desidents for each expanded program. (see instructions) Enter in column 1, the program name. Inter 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. CA Provisions Affecting the Health Resources and Serenter the number of FTE residents that your hospital	trai ned			od for which		00 62
20 0 p r i E 3 t t	or the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE desidents for each expanded program. (see nstructions) Enter in column 1, the program name. The in column 2, the program code. Enter in column 1, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. CA Provisions Affecting the Health Resources and Serinter the number of FTE residents that your hospital rour hospital received HRSA PCRE funding (see instructions).	trai ned	d in this cost	reporting peri		0. (
20 0 p r i E 3 t t	of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE esidents for each expanded program. (see nstructions) Enter in column 1, the program name. Inter in column 2, the program code. Enter in column 1, the IME FTE unweighted count. Enter in column 4, he direct GME FTE unweighted count. CA Provisions Affecting the Health Resources and Ser inter the number of FTE residents that your hospital received HRSA PCRE funding (see instruction the number of FTE residents that rotated from a content of the specific program of the number of FTE residents that rotated from a content of the number of FTE residents that rotated from a content of the program of the specific program of the number of FTE residents that rotated from a content of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the pr	trai ned ti ons) Teachi	d in this cost ng Health Cen	reporting peri ter (THC) into		0. (00 62
20 0 p r i E 3 t t	or the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE esidents for each expanded program. (see nstructions) Enter in column 1, the program name. Inter in column 2, the program code. Enter in column 1, the IME FTE unweighted count. Enter in column 4, he direct GME FTE unweighted count. CA Provisions Affecting the Health Resources and Ser inter the number of FTE residents that your hospital rour hospital received HRSA PCRE funding (see instructional process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process o	trained tions) Teachi ram. (s	d in this cost ng Health Cent see instruction	reporting peri ter (THC) into		0. (
20 0 p r i E 3 t t	of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE esidents for each expanded program. (see nstructions) Enter in column 1, the program name. Inter in column 2, the program code. Enter in column 1, the IME FTE unweighted count. Enter in column 4, he direct GME FTE unweighted count. CA Provisions Affecting the Health Resources and Ser inter the number of FTE residents that your hospital received HRSA PCRE funding (see instruction the number of FTE residents that rotated from a content of the specific program of the number of FTE residents that rotated from a content of the number of FTE residents that rotated from a content of the program of the specific program of the number of FTE residents that rotated from a content of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the pr	traineo tions) Teachi ram. (s er Setti	d in this cost ng Health Cent see instruction ings	reporting peri ter (THC) into ns)	your hospital	0. (

your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)

0.00

Ν

0 00

0.00

Ν

0.00

95.00

96.00

97.00

95.00

96.00

applicable column.

applicable column.

If line 94 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the

97.00 If line 96 is "Y", enter the reduction percentage in the applicable column.

		rom 01/01/2022	Worksheet S-2 Part I	<u>/</u>
	T	o 12/31/2022		
		1. 00	XI X 2. 00	-
98.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residustepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N" for yes or "N"		N N	Y	98. 00
column 1 for title V, and in column 2 for title XIX. 98.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of char C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 1.		N	Y	98. 01
title XIX. 98.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of object costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in		N	Y	98. 02
for title V, and in column 2 for title XIX. 98.03 Does title V or XIX follow Medicare (title XVIII) for a critical access hose reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no		N	N	98. 03
for title V, and in column 2 for title XIX. 98.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 1019 outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for the column 1 for the column 1 for the column 1 for the column 1 for the column 1 for the column 1 for the column 1 for the column 1 for the column 1 for the column 1 for the column 1 for the column 1 for the column 2 for title XIX.	N	N	98. 04	
in column 2 for title XIX. 98.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disa Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for tit		N	Y	98. 05
column 2 for title XIX. 98.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V,		N	Y	98. 06
column 2 for title XIX. Rural Providers				
105.00 Does this hospital qualify as a CAH? 106.00 If this facility qualifies as a CAH, has it elected the all-inclusive method for outpatient services? (see instructions)	od of payment	N		105. 00 106. 00
107.00 Column 1: If line 105 is Y, is this facility eligible for cost reimbursemer training programs? Enter "Y" for yes or "N" for no in column 1. (see instruction of the column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs approved medical education program in the CAH's excluded IPF and/or IRF ur	ructions) in an			107. 00
Enter "Y" for yes or "N" for no in column 2. (see instructions) 108.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedu CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	ul e? See 42	N		108. 00
Physi cal 1.00	Occupati onal 2.00	Speech 3.00	Respiratory 4.00	-
109.00 on 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.	2.00	3.00	4.00	109. 00
		'	1.00	
110.00 Did this hospital participate in the Rural Community Hospital Demonstration Demonstration) for the current cost reporting period? Enter "Y" for yes or "complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, line applicable.	"N" for no. If	ges,	N	110. 00
		1. 00	2.00	-
111.00 If this facility qualifies as a CAH, did it participate in the Frontier Com Health Integration Project (FCHIP) demonstration for this cost reporting per "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, er integration prong of the FCHIP demo in which this CAH is participating in column 1. If the response to column 1 is Y, er integration prong of the FCHIP demo in which this CAH is participating in CEnter all that apply: "A" for Ambulance services; "B" for additional beds; for tele-health services.	eriod? Enter nter the column 2.	N N	2.00	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	N N	2.00	3.00	112.00
participation in the demonstration, if applicable. 113.00Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				113.00
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	N			115. 00
psychiatric, rehabilitation and long term hospitals providers) based on				11/ 0/
psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1. 116.00 Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Υ			116. 00

home office and enter the home office contractor name and contractor number.									
141.00 Name: INDIANA UNIVERSITY HEALTH INC	Contractor's	Name: WPS	Contractor	's Number: 0810	1	141. 00			
142.00 Street: 340 W. 10TH STREET	PO Box:					142. 00			
143.00 City: INDIANAPOLIS	State:	I N	Zip Code:	4620	2-3082	143. 00			
					1.00				
144.00 Are provider based physicians' costs i	Υ	144. 00							
				1. 00	2.00				
145.00 If costs for renal services are claime	d on Wkst. A,	line 74, are the	e costs for	Υ		145. 00			
inpatient services only? Enter "Y" for	yes or "N" f	for no in column f	1. If column 1 is						
no, does the dialysis facility include	Medicare uti	lization for this	s cost reporting						
period? Enter "Y" for yes or "N" for	no in column	2.							
146.00 Has the cost allocation methodology ch	anged from th	ne previously file	ed cost report?	N		146. 00			
Enter "Y" for yes or "N" for no in col	umn 1. (See C	MS Pub. 15-2, cha	apter 40, §4020) If						
yes, enter the approval date (mm/dd/yy	yy) in columr	1 2.							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	Provi der C	CN: 15-0051		1/01/2022 2/31/2022		epared:
						1.00	-
147.00 Was there a change in the statisti	cal basis? Enter "Y" fo	or yes or "N" for	no.			Y	147. 00
148.00 Was there a change in the order of						N	148. 00
149.00 Was there a change to the simplifi	ed cost finding method					N	149. 00
		Part A	Part B	T	itle V	Title XIX	_
D 0		1.00	2.00		3.00	4.00	
Does this facility contain a provi							
or charges? Enter "Y" for yes or '	N TOT NO TOT Each com	ponent for Part P	N AND PAIL B	. (See 42	V N	N N	155. 00
156. 00 Subprovi der - TPF		N N	N N		N	N N	156. 00
157. 00 Subprovider - IRF		N N	N N		N	N N	157. 00
158. 00 SUBPROVI DER						1	158. 00
159. 00 SNF		N	l N		N	N	159. 00
160.00 HOME HEALTH AGENCY		N	l N		N	N	160, 00
161. 00 CMHC			N		N	N	161. 00
·				<u> </u>			
						1.00	
Mul ti campus							
165.00 Is this hospital part of a Multica	impus hospital that has	one or more camp	uses in dif	ferent CB	SAs?	N	165. 00
Enter "Y" for yes or "N" for no.	N	0 1		7' 0 1	ODCA	ETE (O	
	Name 0	County 1.00	2. 00	Zip Code 3.00	4. 00	FTE/Campus 5.00	-
166.00 If line 165 is yes, for each	0	1.00	2.00	3.00	4.00		0 166. 00
campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in						3.5	
column 5 (see instructions)							
						1.00	
Heal th Information Technology (HI				ent Act			4.7.00
167.00 s this provider a meaningful user 168.00 of this provider is a CAH (line 10 reasonable cost incurred for the h	05 is "Y") and ís a mear	ningful user (lin		'), enter	the	Y	167. 00 168. 00
168.01 If this provider is a CAH and is rexception under §413.70(a)(6)(ii)?	ot a meaningful user, o 'Enter "Y" for yes or '	does this provide 'N" for no. (see	i nstructi on	s)	·		168. 01
169.00 If this provider is a meaningful utransition factor. (see instruction		and is not a CAH	(line 105 i	s "N"), e	enter the	9.9	9169. 00
(•			Ве	gi nni ng	Endi ng	
					1. 00	2.00	
170.00 Enter in columns 1 and 2 the EHR beginning period respectively (mm/dd/yyyy)	eginning date and endir	ng date for the r	eporti ng				170. 00
					1. 00	2.00	-
171.00 fline 167 is "Y", does this prov	i der have anv davs for	indi vi dual s enro	lled in		Υ Υ		1171.00
section 1876 Medicare cost plans r "Y" for yes and "N" for no in colu 1876 Medicare days in column 2. (s	eported on Wkst. S-3, F umn 1. If column 1 is ye	Pt. I, line 2, co	I. 6? Enter	on	•	1,10	

SPI T	Financial Systems IU HEALTH BLOOMIN AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C		Peri od:	u of Form CMS- Worksheet S-: Part II	
				From 01/01/2022 To 12/31/2022		
				Y/N	Date	. 22 ai
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSEM	IENT OUESTLONN	IALDE	1. 00	2. 00	
	General Instruction: Enter Y for all YES responses. Enter N			er all dates in t	he	
	mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS					
	Provider Organization and Operation					
00	Has the provider changed ownership immediately prior to the reporting period? If yes, enter the date of the change in co			N		1.
	reporting periods in yes, enter the date of the change in co	orumin 2. (see	Y/N	Date	V/I	
00	Has the provider terminated participation in the Medicare Pr	cogram2 lf	1.00 N	2. 00	3. 00	2.
00	yes, enter in column 2 the date of termination and in column voluntary or "I" for involuntary.		l IV			2.
00	Is the provider involved in business transactions, including contracts, with individuals or entities (e.g., chain home of		Y			3.
	or medical supply companies) that are related to the provide					
	officers, medical staff, management personnel, or members of of directors through ownership, control, or family and other					
	relationships? (see instructions)	Silliiiai				
			Y/N 1.00	Type 2. 00	Date 3.00	
	Financial Data and Reports		1.00	2.00	3.00	
00	Column 1: Were the financial statements prepared by a Certi Accountant? Column 2: If yes, enter "A" for Audited, "C" fo or "R" for Reviewed. Submit complete copy or enter date avai	or Compiled,	Y	A	02/23/2023	4.
00	column 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues differ those on the filed financial statements? If yes, submit reco		N			5.
				Y/N 1.00	Legal Oper. 2.00	
00	Approved Educational Activities Column 1: Are costs claimed for a nursing program? Column 2	e: If ves. is	the provide	r N		6.
	the legal operator of the program?	,	, the provide			
00	Are costs claimed for Allied Health Programs? If "Y" see ins Were nursing programs and/or allied health programs approved cost reporting period? If yes, see instructions.		ed during th	e Y N		8.
00	Are costs claimed for Interns and Residents in an approved g		al education	N		9.
. 00	program in the current cost report? If yes, see instructions Was an approved Intern and Resident GME program initiated or		he current	N		10.
00	cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I	R D in on Apr	royad	N		11.
. 00	Teaching Program on Worksheet A? If yes, see instructions.	& к іп ап арр	or oved	IN		''
					Y/N	
	Bad Debts				1. 00	+
	Is the provider seeking reimbursement for bad debts? If yes,				Y	12
. 00	If line 12 is yes, did the provider's bad debt collection poperiod? If yes, submit copy.	orrey change o	iuring this c	ost reporting	N	13
. 00	If line 12 is yes, were patient deductibles and/or coinsuran instructions.	nce amounts wa	ived? If yes	, see	N	14
. 00	Bed Complement Did total beds available change from the prior cost reportin	ng period? If	yes, see ins	tructions.	Υ	15.
			t A	Par		
		1. 00	2.00	Y/N 3. 00	4. 00	
00	PS&R Data	N.I.	1	N		1,
00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 (see	N		N		16
00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date	Υ	04/03/2023	Y	04/03/2023	17
00	in columns 2 and 4. (see instructions)	N/				1.0
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	N		N		18
	cost report? If yes, see instructions.		I			19.

Heal th	Financial Systems IU HEALTH BLOOM	INGTON HOSPITA	L	In Lie	u of Form CM	S-2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider (CCN: 15-0051	Peri od: From 01/01/2022 To 12/31/2022	Worksheet S Part II Date/Time P 5/30/2023 1	repared:
			i pti on	Y/N	Y/N	
20, 00	If line 1/ on 17 is you want adjustments made to DOOD		0	1.00	3.00	20.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20. 00
		Y/N	Date	Y/N	Date	
	III	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 (EXCI	EPT CHILDRENS	HOSPI TALS)			
00.00	Capital Related Cost					
22. 00 23. 00	Have assets been relifed for Medicare purposes? If yes, see Have changes occurred in the Medicare depreciation expense			ing the cost		22. 00 23. 00
23.00	reporting period? If yes, see instructions.	due to apprai	sars made dur	ing the cost		23.00
24. 00	Were new leases and/or amendments to existing leases enter	ed into during	this cost re	eporting period?		24. 00
25. 00	If yes, see instructions Have there been new capitalized leases entered into during	the cost repo	rting period?	Plf yes, see		25. 00
	instructions.	•	0 .	•		24.00
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during thinstructions.	ne cost report	ing perioa? i	r yes, see		26. 00
27. 00	Has the provider's capitalization policy changed during the copy.	e cost reporti	ng period? If	f yes, submit		27. 00
	Interest Expense					
28. 00	Were new loans, mortgage agreements or letters of credit eleperiod? If yes, see instructions.	ntered into du	ring the cost	reporting		28. 00
29. 00	Did the provider have a funded depreciation account and/or		ebt Service F	Reserve Fund)		29. 00
30. 00	treated as a funded depreciation account? If yes, see inst Has existing debt been replaced prior to its scheduled mate		deht? If ves	See		30.00
	instructions.	•	•			
31. 00	Has debt been recalled before scheduled maturity without instructions.	ssuance of new	debt? If yes	s, see		31. 00
32. 00	Purchased Services Have changes or new agreements occurred in patient care se	rvi ces furni sh	ed through co	ontractual		32.00
22.00	arrangements with suppliers of services? If yes, see instru	uctions.	•			22.00
33. 00	If line 32 is yes, were the requirements of Sec. 2135.2 approx, see instructions.	pried pertarni	ng to competi	tive brading? II		33. 00
	Provi der-Based Physi ci ans					
34. 00	Were services furnished at the provider facility under an all fyes, see instructions.	arrangement wi	th provider-b	pased physicians?		34.00
35. 00	If line 34 is yes, were there new agreements or amended ex		nts with the	provi der-based		35. 00
	physicians during the cost reporting period? If yes, see i	nstructions.		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 p	repared by the	home office?			37. 00
38. 00	If yes, see instructions. If line 36 is yes , was the fiscal year end of the home of			-		38. 00
39. 00	the provider? If yes, enter in column 2 the fiscal year en- If line 36 is yes, did the provider render services to other					39. 00
	see instructions.	•	,	?1		
40. 00	If line 36 is yes, did the provider render services to the instructions.	home office?	If yes, see			40. 00
		1	. 00	2	00	
	Cost Report Preparer Contact Information			Σ.		
41. 00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	RHONDA		UTTER		41. 00
42. 00	respectively. Enter the employer/company name of the cost report	INDIANA UNIVE	RSITY HEALTH			42. 00
43. 00	preparer. Enter the telephone number and email address of the cost	317-962-1093		RUTTER@I UHEALTI	H ORG	43.00
4 3.00	report preparer in columns 1 and 2, respectively.	017 702-1073		NOT LIKE OHEALT	n. oko	+3.00

Heal th	Financial Systems IU HEALTH	NGTON HOSPITAL	In Lie	In Lieu of Form CMS-2552-			
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE			Provider CCN: 15-0051		eriod: rom 01/01/2022	Worksheet S-2 Part II	!
							pared: 22 am
			3. 00				
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/positi	i on	DI RECTOR				41. 00
	held by the cost report preparer in columns 1, 2, ar	nd 3,					
	respecti vel y.						
42.00	Enter the employer/company name of the cost report						42.00
	preparer.						
43.00	Enter the telephone number and email address of the	cost					43.00
	report preparer in columns 1 and 2, respectively.						

 Heal th Financial
 Systems
 I U HEALTH

 HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX
 STATISTICAL DATA
 | Peri od: | Worksheet S-3 | From 01/01/2022 | Part I | To 12/31/2022 | Date/Time Prepared: Provider CCN: 15-0051

					10 12/31/2022	5/30/2023 10:	
						I/P Days / O/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
		Li ne No.		Avai I abl e			
		1. 00	2. 00	3.00	4. 00	5. 00	
	PART I - STATISTICAL DATA			•			
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00	17	64, 24	0.00	0	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)						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		17	64, 24	0.00	0	7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31. 00	1	6 5, 840	0.00	0	8. 00
9.00	CORONARY CARE UNIT	32. 00		0	0.00	0	9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11. 00
12.00	NEONATAL INTENSIVE CARE UNIT	35. 00	1	8 6, 570	0.00	0	12.00
13.00	NURSERY	43.00				0	13. 00
14.00	Total (see instructions)		21	0 76, 650	0.00	0	14. 00
15.00	CAH visits					0	15. 00
16.00	SUBPROVI DER - I PF						16. 00
17.00	SUBPROVI DER - I RF						17. 00
18.00	SUBPROVI DER	42. 00		ol (0	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	101. 00				0	22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)	115. 00					23. 00
24. 00	HOSPI CE	116. 00		ol 14º	9		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)		21	ol			27. 00
28. 00	Observation Bed Days					0	28. 00
29.00	Ambul ance 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)		1	2 4, 380			32. 00
32. 01	Total ancillary labor & delivery room		·				32. 01
	outpatient days (see instructions)						
33.00	LTCH non-covered days						33. 00
33. 01	LTCH site neutral days and discharges						33. 01
34.00	Temporary Expansion COVID-19 PHE Acute Care	30. 00	2	4 8, 760		0	34. 00
		•	•	•	•		•

Health Financial Systems IU HEALTH BLOOMINGTON HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CO Provider CCN: 15-0051

Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Component Comp					'		5/30/2023 10:	22 am
PART I - STATISTICAL DATA 6.00 7.00 8.00 9.00 10.00			I/P Days	3 / O/P Visits	/ Trips	Full Time E		
PART I - STATISTICAL DATA		Component	Title XVIII	Title XIX				
PART I - STATISTICAL DATA			4.00	7.00				
1.00		DADT I CTATICTICAL DATA	6.00	7.00	8.00	9.00	10.00	
8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds) 2.00 HM0 and other (see instructions) 3.00 HM0 IPF Subprovi der 4.00 HO HO IPF Subprovi der 5.00 Hospi tal Adult six Pedes. Swing Bed SNF 6.00 Hospi tal Adult six Pedes. Swing Bed SNF 7.00 Total Adult sand Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 DORNARY CARE UNIT 10.00 BURN INTENSIVE CARE UNIT 11.00 BURN INTENSIVE CARE UNIT 11.00 BURN INTENSIVE CARE UNIT 12.00 NEONATAL INTENSIVE CARE UNIT 13.00 NEONATAL INTENSIVE CARE UNIT 14.00 Total (see instructions) 15.00 CAH vi sits 15.00 SUBPROVIDER - IPF 16.00 SUBPROVIDER - IPF 17.00 SUBPROVIDER - IPF 18.00 SUBPROVIDER - IRF 18.00 SUBPROVIDER - IRF 19.00 ON CONTROL CARE UNIT 20.00 ON SUBPROVIDER - IRF 20.00 ON CONTROL CARE UNIT 21.00 ON CONTROL CARE UNIT 22.00 ON CONTROL CARE UNIT 23.00 ON CONTROL CARE UNIT 24.00 Total (see instructions) 25.00 CAH vi sits 26.00 ON CONTROL CARE UNIT 27.00 ON CONTROL CARE UNIT 28.00 SUBPROVIDER - IPF 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CARE UNIT 29.00 ON CONTROL CA	1 00		15 700	742	40.045	:		1 00
Hospice days) (see instructions for col. 2	1.00		13, 706	703	49, 940			1.00
For the portion of LDP room available beds 2								
2.00								
3.00 HMO IPF Subprovider	2 00	1	12 287	15 372				2 00
4. 00 HMO I RF Subprovider 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			12, 207	13, 372				
5.00				Ö				
6.00 Hospital Adults & Peds. Swing Bed NF 700 Total Adults and Peds. (exclude observation beds) (see instructions) 8.00 INTENSIVE CARE UNIT 9.00 CONONARY CARE UNIT 10.00 BURN INTENSIVE CARE UNIT 11.00 SURRICAL INTENSIVE CARE UNIT 12.00 NEONATAL INTENSIVE CARE UNIT 13.00 NURSERY 14.00 Total (see instructions) 15.708 763 49,945 10.00 CONONARY CARE UNIT 10.00 SURRICAL INTENSIVE CARE UNIT 11.00 SURRICAL INTENSIVE CARE UNIT 12.00 NEONATAL INTENSIVE CARE UNIT 13.00 NURSERY 15.67 2,694 14.00 Total (see instructions) 17.676 3,018 61,190 0.00 1,626.36 14,00 15.00 CAH visits 15.00 SUBPROVIDER - IFF 17.00 SUBPROVIDER - IFF 18.00 SUBPROVIDER - IFF 18.00 SUBPROVIDER - IRF 19.00 SKILLED NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 19.00 ON NURSING FACILITY 21.00 ON NURSING FACILITY 22.00 ON AMBULATORY SURGICAL CENTER (D.P.) 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.10 HOSPICE (non-distinct part) 25.00 CMRC - CMRC 26.00 RURAL HEALTH CLINIC 26.00 CMRC - CMRC 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 AMBULATORY SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURGICAL SURG				Ö	(
7. 00 Total Adults and Peds (exclude observation beds) (see instructions) 15,708 19,00 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,00			Ĭ					
Deds) (see instructions) 1,968 873 5,224 8.00 9,00 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000			15 708		49 945			
8. 00 INTENSIVE CARE UNIT 1,968 873 5,224 8. 00 0 0 0 0 0 0 0 0 0	7.00	,	10, 700	700	17, 710			7.00
9. 00 CORONARY CARE UNIT 0 0 0 0 0 0 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 11.00 10.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 1	8 00	1 ' '	1 968	873	5 224			8 00
10. 00 BURN INTENSIVE CARE UNIT 10. 00 SURGICAL INTENSIVE CARE UNIT 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00			0	0	0,22.			
11.00 SURGICAL INTENSIVE CARE UNIT			Ĭ	Ĭ	_			
12. 00 NEONATAL INTENSIVE CARE UNIT 0 115 3, 327 2, 694 13. 00 13. 00 14. 00 15. 00 14. 00 15. 00 14. 00 15. 00 14. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 00 15. 0								•
13. 00 NURSERY 14. 00 Total (see instructions) 15. 00 CAH visits 0 0 0 0 0 0 0 0.00 14. 626. 36 14. 00 15. 00 CAH visits 0 0 0 0 0 0 0 0.00 15. 00 16. 00 SUBPROVI DER - IPF 17. 00 SUBPROVI DER - IRF 18. 00 SUBPROVI DER - IRF 18. 00 SUBPROVI DER ROUTH OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF ACTION OF AC			ا	115	3 327	,		
14.00			Ĭ		·			•
15. 00 CAH visits			17 676				1 626 36	•
16. 00 SUBPROVIDER - IPF 16. 00 17. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 18. 00 SUBPROVIDER - IRF 19. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00		,			01, 170	0.00	1,020.00	•
17. 00 SUBPROVIDER - IRF 0 0 0 0 0 0 0 0 18. 00 19. 00 19. 00 SUBPROVIDER 0 0 0 0 0 0 0 0 18. 00 19. 00 0 0 0 0 0 0 0 0 0			Ĭ	Ĭ	_			
18. 00 SUBPROVI DER 0 0 0 0 0 0 0 0 0		1						
19.00 SKILLED NURSING FACILITY 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.				0	C	0.00	0.00	1
20.00 NURSING FACILITY 20.00 21.00 21.00 22.00 22.00 AMBULATORY SURGICAL CENTER (D.P.) 0.00 0.00 0.00 22.00 24.00 HOSPICE 0 0 0 149 0.00 0.00 24.00 24.10 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00				آ	_			1
21.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 HOSPICE 30 O MICHORAL HEALTH CLINIC 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINIC 26.25 FEDERALLY QUALIFIED HEALTH CENTER 30 Observation Bed Days 30.00 Employee discount days (see instruction) 31.00 Employee discount days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 33.01 LTCH non-covered days 30.00 Servatal days and discharges 21.00 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00								
22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D.P.) 24. 00 HOSPICE 4. 01 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 RURAL HEALTH CLINIC 26. 27. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 01 LTCH site neutral days and discharges								
23. 00			ol	0	C	0.00	0.00	1
24. 00 HOSPICE]	٦	_			1
24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 30. 01 LTCH site neutral days and discharges		1	ol	0	149			•
25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 Total (sum of lines 14-26) 27. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 30. 01 CTCH site neutral days and discharges 25. 00 26. 00 0 0 0 0 0. 00 0. 00 0. 00 26. 25 0 0. 00 0 0. 00 0. 00 0. 00 26. 25 0 0 0 0 0 0 0. 00 0. 00 0. 00 26. 25 0 0 0 0 0 0 0. 00 0. 00 0. 00 26. 25 0 0 0 0 0 0 0. 00 0. 00 0. 00 26. 25 0 0 0 0 0 0. 00 0. 00 0. 00 26. 25 0 0 0 0 0 0. 00 0. 00 0. 00 26. 25 0 0 0 0 0 0. 00 0. 00 26. 25 0 0 0 0 0 0. 00 0. 00 26. 25 0 0 0 0 0. 00 0. 00 26. 25 0 0 0 0 0. 00 0. 00 26. 25 0 0 0 0 0. 00 0. 00 26. 25 0 0 0 0 0 0. 00 0. 00 26. 25 0 0 0 0 0 0. 00 0. 00 0 0 0. 00 0. 00 26. 25 0 0 0 0 0 0. 00 0. 00 0 0 0. 00 0. 00 26. 25 0 0 0 0 0 0. 00 0. 00 0 0 0. 00 0. 00 26. 25 0 0 0 0 0. 00 0. 00 0 0 0. 00 0. 00 0. 00 0 0 0. 00 0. 00 0 0 0. 00 0. 00 0 0 0. 00 0. 00 0 0 0. 00 0. 00 0 0 0. 00 0. 00 0 0 0. 00 0. 00 0 0. 00 0. 00 0 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0. 00 0. 00 0 0 0 0]	٦				•
26. 00 RURAL HEALTH CLINIC 26. 00 26. 25 27. 00 70 tal (sum of lines 14-26) 28. 00 28. 00 28. 00 28. 00 29. 00 28. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 00 29. 0		1						25. 00
26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0 0.00 0.00 26. 25 27. 00 Total (sum of lines 14-26) 0 0.00 1, 626. 36 27. 00 28. 00 Observation Bed Days 0 4, 953 28. 00 29. 00 Ambulance Trips 0 29. 00 Employee discount days (see instruction) 30. 00 Employee discount days - IRF 0 31. 00 28 1, 344 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 00 1 LTCH site neutral days and discharges 0 33. 01								
27. 00 Total (sum of lines 14-26) 0. 00 1, 626. 36 27. 00 28. 00 Observation Bed Days 0 4, 953 28. 00 29. 00 Ambulance Trips 0 0 30. 00 31. 00 Employee discount days (see instruction) 0 31. 00 32. 00 Labor & delivery days (see instructions) 0 28 1, 344 32. 00 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 33. 00 LTCH non-covered days 0 33. 00 33. 01 LTCH site neutral days and discharges 0 33. 01			l ol	o	C	0.00	0.00	26, 25
28. 00 Observation Bed Days 0 4,953 28. 00 29. 00 30. 00 Employee discount days (see instruction) 0 30. 00 31. 00 Employee discount days - IRF 0 31. 00 32. 00 Labor & delivery days (see instructions) 0 28 1,344 32. 00 33. 01 LTCH site neutral days and discharges 0 33. 01 CTCH site neutral days and discharges 0 33. 01 28. 00 29. 00 29. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00 30. 00						0.00	1, 626, 36	
29. 00 Ambulance Trips 0 29. 00 30. 00 Employee discount days (see instruction) 0 30. 00 31. 00 Employee discount days - IRF 0 31. 00 32. 00 Labor & delivery days (see instructions) 0 28 1, 344 32. 00 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 0 32. 01 33. 00 LTCH non-covered days 0 33. 00 33. 01 LTCH site neutral days and discharges 0 33. 01				o	4, 953	3	,	
30.00 Employee discount days (see instruction) 30.00 31.00 Employee discount days - IRF 0 31.00 32.00 Labor & delivery days (see instructions) 0 28 1,344 32.00 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 0 33.00 LTCH non-covered days 0 33.00 LTCH site neutral days and discharges 0 33.01			l ol		,			29. 00
31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 33.01 LTCH site neutral days and discharges 31.00 28 1,344 32.00 32.01 0 33.01	30.00				C			30.00
32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 33.01 LTCH site neutral days and discharges 32.00 28 1,344 0 32.00 0 32.01 0 33.01	31. 00	1 . 3			C			31. 00
32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 33.01 LTCH site neutral days and discharges 0 32.01			l ol	28	1, 344			
outpatient days (see instructions) 33.00 LTCH non-covered days 33.01 LTCH site neutral days and discharges 0 33.01								
33.00 LTCH non-covered days 0 33.00 LTCH site neutral days and discharges 0 33.01					_			
33.01 LTCH site neutral days and discharges 0 33.01	33.00		o					33. 00
	33. 01	1	o					33. 01
	34.00	Temporary Expansion COVID-19 PHE Acute Care	0	o	4, 316			34.00

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part I | To 12/31/2022 | Date/Time Prepared: Provider CCN: 15-0051

				10	12/31/2022	5/30/2023 10:	
		Full Time		Di sch	arges		
		Equi val ents					
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers				Pati ents	
		11. 00	12.00	13. 00	14. 00	15. 00	
	PART I - STATISTICAL DATA						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and		(3, 079	239	10, 570	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			1, 973	2, 265		2. 00
3.00	HMO IPF Subprovider				0		3. 00
4.00	HMO IRF Subprovider				이		4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF						5. 00
6.00	Hospital Adults & Peds. Swing Bed NF						6. 00
7. 00	Total Adults and Peds. (exclude observation						7. 00
	beds) (see instructions)						
8. 00	I NTENSI VE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY					40.570	13.00
14. 00	Total (see instructions)	0. 00	(3, 079	239	10, 570	14.00
15.00	CAH visits						15.00
16.00	SUBPROVI DER - I PF						16.00
17. 00	SUBPROVI DER - I RF	0.00					17. 00
18.00	SUBPROVI DER	0. 00	(7	O	0	18.00
19. 00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21. 00	OTHER LONG TERM CARE	0.00					21.00
22. 00	HOME HEALTH AGENCY	0.00					22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)	0.00					23. 00
24. 00	HOSPICE	0. 00					24. 00 24. 10
24. 10 25. 00	HOSPICE (non-distinct part)						25. 00
26. 00	CMHC						26.00
26. 00	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 00
27. 00		0.00					27. 00
28. 00	Total (sum of lines 14-26) Observation Bed Days	0.00					28.00
29. 00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31. 00	Employee discount days (see Instruction)						30.00
31.00	Labor & delivery days (see instructions)						31.00
32. 00	Total ancillary labor & delivery room	}					32.00
32.01	outpatient days (see instructions)						32.01
33. 00	LTCH non-covered days			o			33. 00
33. 01	LTCH site neutral days and discharges			0			33. 01
	Temporary Expansi on COVID-19 PHE Acute Care						34. 00
5 7. 55	1. Imp. 3. 3 Expansion on South 17 The Model Out C			1	l		, 5 55

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet S-3 | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12

					11	0 12/31/2022	Date/lime Pre 5/30/2023 10:	
		Wkst. A Line Number		Reclassificati on of Salaries (from Wkst.	Salaries (col.2 ± col.	Paid Hours Related to Salaries in	Average Hourly Wage (col. 4 ÷ col. 5)	
		1. 00	2.00	A-6) 3. 00	3) 4.00	col . 4 5.00	6. 00	
	PART II - WAGE DATA							
1. 00	SALARIES Total salaries (see	200.00	145, 465, 760	-628, 189	144, 837, 571	3, 382, 829. 60	42. 82	1.00
2. 00	instructions) Non-physician anesthetist Part		0	0		0.00		
3. 00	A Non-physician anesthetist Part		0	0	0	0. 00		
4. 00	B Physician-Part A -		0	0	0	0. 00		
4. 01	Administrative Physicians - Part A - Teaching		0	0		0. 00		
5. 00	Physician and Non Physician-Part B		97, 828	0	97, 828			
6. 00	Non-physician-Part B for hospital-based RHC and FQHC		0	0	0	0.00	0.00	6. 00
7. 00	Interns & residents (in an	21. 00	0	0	0	0.00	0.00	7. 00
7. 01	approved program) Contracted interns and residents (in an approved		0	0	0	0.00	0.00	7. 01
8. 00	programs) Home office and/or related		0	0	0	0.00	0.00	8. 00
9.00	organization personnel	44. 00	0	0	0	0.00		
10. 00	Excluded area salaries (see instructions)		8, 033, 196	1, 995, 145	10, 028, 341	337, 369. 69	29. 73	10.00
11. 00	OTHER WAGES & RELATED COSTS Contract labor: Direct Patient		0	0	0	0.00	0.00	11. 00
12. 00	Care Contract Labor: Top Level		0	0	0	0.00	0.00	12. 00
	management and other management and administrative services							
13. 00	Contract Labor: Physician-Part A - Administrative		2, 886, 280	0	2, 886, 280	12, 498. 39	230. 93	13. 00
14. 00	Home office and/or related organization salaries and		0	0	0	0. 00	0. 00	14. 00
14. 01	wage-related costs Home office salaries		36, 597, 009	0	36, 597, 009			14. 01
14. 02 15. 00	Related organization salaries Home office: Physician Part A		0	0	0 0	0. 00 0. 00		
16. 00	- Administrative Home office and Contract		0	0	0	0. 00	0. 00	16. 00
16. 01	Physicians Part A - Teaching Home office Physicians Part A		0	0	0	0. 00	0. 00	16. 01
16. 02	- Teaching Home office contract		0	0	0	0. 00	0. 00	16. 02
	Physicians Part A - Teaching WAGE-RELATED COSTS							<u> </u>
17. 00	Wage-related costs (core) (see instructions)		30, 759, 637	0	30, 759, 637			17. 00
18. 00	Wage-related costs (other) (see instructions)							18. 00
19. 00 20. 00	Excluded areas Non-physician anesthetist Part		2, 866, 277 0	0	2, 866, 277 0			19. 00 20. 00
21. 00	A Non-physician anesthetist Part		0	0	0			21. 00
22. 00	B Physician Part A -		0	0	0			22. 00
22. 01	Administrative Physician Part A - Teaching		0	0	0			22. 01
23. 00 24. 00	Physician Part B Wage-related costs (RHC/FQHC)		12, 208 0	0	12, 208			23. 00 24. 00
25. 00	Interns & residents (in an approved program)		0	0	Ö			25. 00
25. 50	Home office wage-related (core)		10, 782, 759	0	10, 782, 759			25. 50
25. 51	Related organization wage-related (core)		0	0	0			25. 51
25. 52	Home office: Physician Part A - Administrative -		0	0	0			25. 52
	wage-related (core)						I	l

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared:

					11	0 12/31/2022	5/30/2023 10:	
		Wkst. A Line	Amount	Reclassi fi cati	Adjusted	Pai d Hours	Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
			·	(from Wkst.	(col.2 ± col.	Salaries in	col . 5)	
				A-6)	3)	col. 4		
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00	
25. 53	Home office: Physicians Part A		0	0	0			25. 53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARII							
26. 00	Employee Benefits Department	4. 00	357, 313		· ·			
27. 00	Administrative & General	5. 00	12, 039, 107			107, 863. 45		27. 00
28. 00	Administrative & General under		3, 031, 464	0	3, 031, 464	14, 989. 35	202. 24	28. 00
	contract (see inst.)							
29. 00	Maintenance & Repairs	6. 00	0	0	0	0.00		29. 00
30. 00	Operation of Plant	7. 00	2, 644, 437	-31, 950	2, 612, 487	81, 046. 57		
31. 00	Laundry & Linen Service	8. 00	0	0	0	0. 00		
32. 00	Housekeepi ng	9. 00	1, 946, 658			98, 018. 40		
33. 00	Housekeeping under contract		164, 719	0	164, 719	6, 572. 97	25. 06	33. 00
	(see instructions)							
34. 00	Di etary	10. 00	2, 954, 704	-958, 269	1, 996, 435			34. 00
35. 00	Dietary under contract (see		0	0	0	0. 00	0. 00	35. 00
	instructions)		_					
36. 00	Cafeteri a	11. 00	0	943, 295	943, 295	·		36. 00
37. 00	Maintenance of Personnel	12. 00	0	0	0	0.00		37. 00
38. 00	Nursing Administration	13. 00	15, 271, 820	31, 089	15, 302, 909			
39. 00	Central Services and Supply	14. 00	0	0	0	0. 00		
40.00	Pharmacy	15. 00	6, 428, 900	-745, 823	5, 683, 077	119, 075. 99		
41.00	Medical Records & Medical	16. 00	0	0	0	0.00	0. 00	41. 00
	Records Library							
42. 00	Soci al Servi ce	17. 00	0	0	0	0.00		42.00
43. 00	Other General Service	18. 00	916, 504	-1, 276	915, 228	34, 154. 45	26. 80	43.00

| Period: | Worksheet S-3 | From 01/01/2022 | Part III | To 12/31/2022 | Date/Time Prepared:

					11	0 12/31/2022	5/30/2023 10:	
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col. 5)	
				Worksheet A-6)	3)	col. 4		
		1.00	2.00	3.00	4. 00	5. 00	6. 00	
PART III - HOSPITAL WAGE INDEX SUMMARY								
1.00	Net salaries (see		148, 564, 115	-628, 189	147, 935, 926	3, 403, 606. 92	43. 46	1. 00
	instructions)							
2.00	Excluded area salaries (see		8, 033, 196	1, 995, 145	10, 028, 341	337, 369. 69	29. 73	2. 00
	instructions)							
3.00	Subtotal salaries (line 1		140, 530, 919	-2, 623, 334	137, 907, 585	3, 066, 237. 23	44. 98	3. 00
	minus line 2)							
4.00	Subtotal other wages & related		39, 483, 289	0	39, 483, 289	998, 927. 39	39. 53	4. 00
	costs (see inst.)							
5.00	Subtotal wage-related costs		41, 542, 396	0	41, 542, 396	0.00	30. 12	5. 00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		221, 556, 604	-2, 623, 334	218, 933, 270	4, 065, 164. 62	53. 86	6. 00
7.00	Total overhead cost (see		45, 755, 626	-8, 245, 778	37, 509, 848	849, 958. 15	44. 13	7. 00
	instructions)							

	To 12/3	1/2022	Date/Time Prep 5/30/2023 10:	
			Amount	22 (111)
			Reported	
			1.00	
	PART IV - WAGE RELATED COSTS			
	Part A - Core List			
	RETI REMENT COST			
1.00	401K Employer Contributions		5, 487, 163	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		0	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)		15, 995, 600	8. 02
8.03	Health Insurance (Purchased)		0	8. 03
9.00	Prescription Drug Plan		0	9. 00
10.00	Dental, Hearing and Vision Plan		352, 548	10.00
11. 00	Life Insurance (If employee is owner or beneficiary)		0	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)		628, 190	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15. 00	'Workers' Compensation Insurance		630, 753	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB	106.	0	16.00
	Noncumulative portion)			
	TAXES			
17. 00	FICA-Employers Portion Only		10, 538, 337	17. 00
18. 00	Medicare Taxes - Employers Portion Only		0	18. 00
19. 00	Unempl oyment Insurance		0	19. 00
20. 00	State or Federal Unemployment Taxes		0	20. 00
	OTHER			
21. 00	Executive Deferred Compensation (Other Than Retirement Cost Reported on Lines 1 through 4 above.	(see	0	21. 00
	instructions))		_	
22. 00	Day Care Cost and Allowances		0	22. 00
23. 00	Tuition Reimbursement		5, 531	
24. 00	Total Wage Related cost (Sum of lines 1 -23)		33, 638, 122	24. 00
	Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	l		25. 00

Health Financial Systems	IU HEALTH BLOOMINGTON HOSPITAL	In Lieu of Form CMS-2552-10		
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provi der CCN: 15-0051	Peri od: From 01/01/2022	Worksheet S-3 Part V	

	i i	o 12/31/2022	Date/Time Prep 5/30/2023 10:	
	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	0	0	1. 00
2.00	Hospi tal	0	0	2.00
3.00	SUBPROVI DER - I PF			3.00
4.00	SUBPROVI DER - I RF			4. 00
5.00	Subprovi der - (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	Hospi tal -Based HHA	0	0	11. 00
12.00	AMBULATORY SURGICAL CENTER (D. P.) I	0	0	12.00
13.00	Hospi tal -Based Hospi ce	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15. 00	Hospital-Based Health Clinic FQHC			15.00
16. 00	Hospi tal -Based-CMHC			16.00
17. 00	RENAL DIALYSIS I	0	0	17.00
18. 00	Other	0	0	18. 00

ISPI I	AL UNCOMPENSATED AND INDIGENT CARE DATA Pro	ovider CCN:		Peri od: From 01/01/2022	Worksheet S-10	0	
				To 12/31/2022	Date/Time Prep 5/30/2023 10:		
					1. 00		
	Uncompensated and indigent care cost computation						
00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divid	ded by line	202 column	8)	0. 204970	1.	
00	Medicaid (see instructions for each line) Net revenue from Medicaid				61, 858, 862	2.	
00	Did you receive DSH or supplemental payments from Medicaid?				01, 030, 002 Υ	3.	
00	If line 3 is yes, does line 2 include all DSH and/or supplemental	payments	from Medica	i d?	Ϋ́	4	
00	If line 4 is no, then enter DSH and/or supplemental payments from		0	5			
00	Medi cai d charges		384, 503, 576	6.			
00	Medicaid cost (line 1 times line 6)	.	6.1.	0 15 16	78, 811, 698		
00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if 16,952,836 < zero then enter zero)						
	Children's Health Insurance Program (CHIP) (see instructions for	each line)					
00	Net revenue from stand-alone CHIP				0	9.	
. 00	Stand-alone CHIP charges				0		
. 00	Stand-alone CHIP cost (line 1 times line 10)	11:	- 1: 0 :	£ +	0	11.	
. 00	Difference between net revenue and costs for stand-alone CHIP (lienter zero)	ne II minu	s line 9; i	r < zero tnen	0	12	
	Other state or local government indigent care program (see instru	ictions for	each line)				
. 00	Net revenue from state or local indigent care program (Not includ	ded on line	s 2, 5 or 9		10, 124	13	
. 00	Charges for patients covered under state or local indigent care p	orogram (No	t included	in lines 6 or	287, 729	14	
00	[10]				F0 07/	1 -	
. 00	State or local indigent care program cost (line 1 times line 14)	ont caro n	rogram (Lin	o 15 minus lino	58, 976		
. 00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 48,852 16						
	13; if < zero then enter zero)	gent care p	rogram (TTT	e is illinus i ine	40, 002	10.	
	13; if < zero then enter zero) Grants, donations and total unreimbursed cost for Medicaid, CHIP					10	
00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line)	and state/	local indig		ns (see		
	Grants, donations and total unreimbursed cost for Medicaid, CHIP	and state/ ding charit	local indig		ns (see	17	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i	and state/ ding charit spital oper	local indig y care ations	ent care program	ns (see	17. 18.	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos	and state/ ding charit spital oper	local indig y care ations	ent care program	os (see	17. 18.	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i	and state/ ding charit spital oper	I ocal i ndig y care ations re programs Uninsured patients	ent care program (sum of lines Insured patients	0 0 17,001,688 Total (col. 1 + col. 2)	17. 18.	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16)	and state/ ding charit spital oper	I ocal indig y care ations re programs Uninsured	ent care program (sum of lines	0 0 17,001,688 Total (col. 1	17. 18.	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line)	and state/ ding charit spital oper ndigent ca	I ocal indig y care ations re programs Uninsured patients 1.00	(sum of lines Insured patients 2.00	0 0 17,001,688 Total (col. 1 + col. 2) 3.00	17 18 19	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil	and state/ ding charit spital oper ndigent ca	I ocal i ndig y care ations re programs Uninsured patients	(sum of lines Insured patients 2.00	0 0 17,001,688 Total (col. 1 + col. 2) 3.00	17. 18. 19.	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line)	and state/ ding charit spital oper ndigent ca	I ocal indig y care ations re programs Uninsured patients 1.00	(sum of lines Insured patients 2.00	0 0 17,001,688 Total (col. 1 + col. 2) 3.00	17 18 19	
0.00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions)	and state/ ding charit spital oper ndigent ca	I ocal i ndi g y care ati ons re programs Uni nsured pati ents 1.00	(sum of lines Insured patients 2.00 9 888,620 4 888,620	0 0 17,001,688 Total (col. 1 + col. 2) 3.00 26,229,469 6,082,734	17. 18. 19. 20. 21.	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of	and state/ ding charit spital oper ndigent ca	I ocal i ndi g y care ati ons re programs Uni nsured pati ents 1.00	(sum of lines Insured patients 2.00	0 0 17,001,688 Total (col. 1 + col. 2) 3.00 26,229,469 6,082,734	17. 18. 19. 20. 21.	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care	and state/ ding charit spital oper ndigent ca	I ocal i ndig y care ations re programs Uni nsured pati ents 1.00 25,340,84 5,194,11	(sum of lines Insured patients 2.00 888,620 4 888,620 0 0	Total (col. 1 + col. 2) 3.00 26, 229, 469 6, 082, 734	17. 18. 19. 20. 21.	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care	and state/ ding charit spital oper ndigent ca	I ocal i ndi g y care ati ons re programs Uni nsured pati ents 1.00	(sum of lines Insured patients 2.00 888,620 4 888,620 0 0	0 0 17,001,688 Total (col. 1 + col. 2) 3.00 26,229,469 6,082,734	17 18 19 20 21 22	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22)	and state/ ding charit spital oper ndigent ca ity ss (see	I ocal i ndi g y care ati ons re programs Uni nsured pati ents 1.00 25,340,84 5,194,11	(sum of lines	0 0 17,001,688 Total (col. 1 + col. 2) 3.00 26,229,469 6,082,734 0 6,082,734	177 188 199 200 211 22 23	
. 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22)	and state/ ding charit spital oper ndigent ca ity ss (see	I ocal i ndi g y care ati ons re programs Uni nsured pati ents 1.00 25,340,84 5,194,11	(sum of lines	0 0 17,001,688 Total (col. 1 + col. 2) 3.00 26,229,469 6,082,734 0 6,082,734	17. 18. 19. 20. 21.	
00 00 00 00 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care pr If line 24 is yes, enter the charges for patient days beyond the	and state/ ding charit spital oper ndigent ca ity ity ss (see ff as days beyon ogram?	Jocal indig y care ations re programs Uninsured patients 1.00 25,340,84 5,194,11	(sum of lines Insured patients 2.00 888,620 4 888,620 0 4 888,620 of stay limit	0 0 17,001,688 Total (col. 1 + col. 2) 3.00 26,229,469 6,082,734 0 6,082,734	17 18 19 20 21 22 23	
.00 .00 .00 .00 .00 .00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care provided in the stay limit.	and state/ ding charit spital oper ndigent ca ity ity ss (see f as days beyon rogram? indigent c	Jocal indig y care ations re programs Uninsured patients 1.00 25,340,84 5,194,11	(sum of lines Insured patients 2.00 888,620 4 888,620 0 4 888,620 of stay limit	0 0 17, 001, 688 Total (col. 1 + col. 2) 3.00 26, 229, 469 6, 082, 734 0 6, 082, 734 1.00 N	20 21 22 23 24 25	
. 00 . 00 . 00 . 00 . 00 . 00 . 00 . 00 . 00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care pr If line 24 is yes, enter the charges for patient days beyond the	and state/ ding charit spital oper ndigent ca ity cs (see ff as days beyon cogram? indigent c	Jocal indig y care ations re programs Uninsured patients 1.00 25,340,84 5,194,11 dalength are program	(sum of lines Insured patients 2.00 888,620 4 888,620 0 4 888,620 of stay limit	0 0 17, 001, 688 Total (col. 1 + col. 2) 3. 00 26, 229, 469 6, 082, 734 0 6, 082, 734	177 188 19 20 21 22 23 24 25 26	
.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care pr If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instructions)	and state/ ding charit spital oper ndigent ca ity ss (see ff as days beyon ogram? indigent c ructions) (see instru	I ocal i ndi g y care ati ons re programs Uni nsured pati ents 1.00 25,340,84 5,194,11 5,194,11 d a length are program	(sum of lines Insured patients 2.00 888,620 4 888,620 0 4 888,620 of stay limit	0 0 0 17, 001, 688 Total (col. 1 + col. 2) 3.00 26, 229, 469 6, 082, 734 0 6, 082, 734 1.00 N 0 14, 334, 980 544, 522 837, 727	20 21 22 23 24 25 26 27 27	
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care pr If line 24 is yes, enter the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instrudedicare reimbursable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	and state/ ding charit spital oper ndigent ca ity ity ss (see ff as days beyon ogram? indigent c ructions) (see instructi	I ocal i ndi g y care ati ons re programs Uni nsured pati ents 1.00 25,340,84 5,194,11 d a l ength are program cti ons) ons)	(sum of lines Insured patients 2.00 888,620 4 888,620 0 4 888,620 of stay limit	0 0 17, 001, 688 Total (col. 1 + col. 2) 3. 00 26, 229, 469 6, 082, 734 0 6, 082, 734 1. 00 N 0 14, 334, 980 544, 522 837, 727 13, 497, 253	20 21 22 23 24 25 26 27 27 28	
	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line) Private grants, donations, or endowment income restricted to fund Government grants, appropriations or transfers for support of hos Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16) Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facil (see instructions) Cost of patients approved for charity care and uninsured discount instructions) Payments received from patients for amounts previously written of charity care Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care provided in the stay limit to the charges for patient days beyond the stay limit Total bad debt expense for the entire hospital complex (see instructions) Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	and state/ ding charit spital oper ndigent ca ity ity ss (see ff as days beyon ogram? indigent c ructions) (see instructi	I ocal i ndi g y care ati ons re programs Uni nsured pati ents 1.00 25,340,84 5,194,11 d a l ength are program cti ons) ons)	(sum of lines Insured patients 2.00 888,620 4 888,620 0 4 888,620 of stay limit	0 0 0 17, 001, 688 Total (col. 1 + col. 2) 3.00 26, 229, 469 6, 082, 734 0 6, 082, 734 1.00 N 0 14, 334, 980 544, 522 837, 727	20 21 22 23 24 25 26 27 27 28 29	

	*	E EADENCES			Peri od:	Worksheet A	2332-10
RECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der Co	F	rom 01/01/2022		narad.
					To 12/31/2022	Date/Time Pre 5/30/2023 10:	pared: <u>22 am</u>
	Cost Center Description	Sal ari es	0ther		Reclassi fi cati	Recl assi fi ed	
				+ col . 2)	ons (See A-6)	Trial Balance (col. 3 +-	
						col . 4)	
		1. 00	2. 00	3. 00	4. 00	5. 00	
1 00	GENERAL SERVICE COST CENTERS O0100 CAP REL COSTS-BLDG & FIXT				11 452 404	11 450 404	1 00
1. 00 2. 00	00200 CAP REL COSTS-BLDG & FIXT		0	(11, 452, 494 21, 927, 003	1. 00 2. 00
3.00	00300 OTHER CAP REL COSTS		Ō	Ò	0	0	3. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	357, 313	1, 142, 456			23, 304, 417	4. 00
5. 00 7. 00	OO5OO ADMINISTRATIVE & GENERAL OO7OO OPERATION OF PLANT	12, 039, 107 2, 644, 437	96, 161, 423 29, 934, 827			94, 711, 848 15, 216, 050	
8. 00	00800 LAUNDRY & LINEN SERVICE	2, 644, 437	29, 934, 627			253, 673	
9.00	00900 HOUSEKEEPI NG	1, 946, 658	4, 282, 411			5, 650, 934	
10.00	01000 DI ETARY	2, 954, 704	2, 596, 393	5, 551, 097		3, 302, 787	
11. 00 13. 00	O1100 CAFETERI A O1300 NURSI NG ADMI NI STRATI ON	15, 271, 820	4, 840, 894	20, 112, 714	1, 687, 071 3, 158, 204	1, 687, 071 16, 954, 510	
14. 00	01400 CENTRAL SERVICES & SUPPLY	0	4, 488, 703			13, 303, 449	1
15. 00	01500 PHARMACY	6, 428, 900	38, 932, 365	45, 361, 265	-37, 149, 509	8, 211, 756	
16. 00 18. 00	O1600 MEDICAL RECORDS & LIBRARY O1850 SOCIAL SERVICES	0	0	(0	0	16. 00 18. 00
18. 00	01851 CENTRAL STERI LI ZATI ON	916, 504	1, 223, 928	2, 140, 432	-433, 477	1, 706, 955	
23. 00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY	155, 683	59, 827				1
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 NTENSIVE CARE UNIT	26, 897, 051 4, 965, 450	28, 405, 433 3, 417, 223			52, 715, 628 7, 466, 771	
32. 00	03200 CORONARY CARE UNIT	4, 903, 430	3, 417, 223	0, 302, 073	0	7, 400, 771	32.00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	2, 363, 628	1, 738, 825	4, 102, 453	-329, 033	3, 773, 420	
42.00	04200 SUBPROVI DER	0	0	(0	0	42.00
43. 00	04300 NURSERY ANCI LLARY SERVICE COST CENTERS	0	0	(997, 648	997, 648	43. 00
50.00	05000 OPERATING ROOM	7, 455, 779	34, 807, 781	42, 263, 560	-20, 787, 406	21, 476, 154	50.00
50. 01	05001 CV SURGERY	0	0	(0	0	50. 01
51. 00 52. 00	O5100 RECOVERY ROOM O5200 DELIVERY ROOM & LABOR ROOM	5, 987, 175 2, 886, 284	2, 738, 549 2, 841, 556			7, 747, 188 4, 923, 425	
53. 00	05300 ANESTHESI OLOGY	2, 880, 284	2, 641, 550	3, 727, 640	0 -804, 413	4, 723, 423	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 491, 778	3, 133, 424			6, 136, 769	
55. 00	05500 RADI OLOGY-THERAPEUTI C	2, 264, 823	3, 642, 587	5, 907, 410	-2, 365, 417	3, 541, 993	
56. 00 57. 00	05600 RADI OI SOTOPE 05700 CT SCAN	605, 734	2, 269, 264	2, 874, 998	-818, 899	0 2, 056, 099	
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	600, 939	1, 302, 776			977, 613	
59. 00	05900 CARDI AC CATHETERI ZATI ON	2, 119, 041	16, 653, 390			4, 180, 888	
60. 00 64. 00	06000 LABORATORY 06400 INTRAVENOUS THERAPY	230	18, 131, 355	18, 131, 585	185, 933	18, 317, 518 0	1
65. 00	06500 RESPIRATORY THERAPY	3, 813, 942	1, 701, 980	5, 515, 922	-900, 426	_	
66.00	06600 PHYSI CAL THERAPY	6, 275, 585	2, 597, 712	8, 873, 297	-1, 951, 934	6, 921, 363	66. 00
69. 00	06900 ELECTROCARDI OLOGY	1, 062, 307	964, 520	· · ·		1, 404, 721	
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	105, 908	2, 210, 591 0	2, 316, 499		2, 214, 900 9, 865, 731	
	07200 I MPL. DEV. CHARGED TO PATIENTS	Ö	Ō			16, 245, 225	
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	(38, 197, 460	38, 197, 460	
73. 01 74. 00	07302 OP PHARMACY 07400 RENAL DIALYSIS	466, 742	3, 014, 599			3, 365, 298	1
74.00	07697 CARDI AC REHABI LI TATI ON	485, 260	1, 676, 181 262, 245			1, 651, 512 696, 257	
	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0				1
00.00	OUTPATIENT SERVICE COST CENTERS	1 500 //4	445 107	1 0/5 77	057.071	1 707 000	00.00
90. 00 90. 01	O9000 CLINIC O9001 OP ONCOLOGY INFUSION CENTER	1, 520, 664 4, 701, 611	445, 107 2, 606, 636			1, 707, 900 6, 327, 533	
90. 02	09002 WOUND CARE CENTER	577, 351	450, 903		·	727, 433	
90. 03	09003 PAIN CLINIC	507, 371	553, 996			741, 750	
90. 04 90. 05	O9004 OB CLINIC O9005 OP PSYCH CLINIC	2, 422, 299	882, 865 459, 765			2, 882, 193	
90.05	09006 MULTI SPECIALTY CLINIC	885, 470 1, 860, 177	951, 006			1, 143, 685 2, 361, 233	
91. 00	09100 EMERGENCY	7, 394, 586	17, 859, 664			23, 359, 038	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.455.004	- 40- 47/	0.054.44			92.00
92. 01	O9202 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	3, 155, 936	5, 195, 476	8, 351, 412	2 -3, 671, 915	4, 679, 497	92. 01
94. 00	09400 HOME PROGRAM DI ALYSI S	0	0		0	0	94.00
	09500 AMBULANCE SERVICES	0	0	(0	
	10000 I &R SERVICES-NOT APPRVD PRGM	0	0	(-		100.00
	10100 HOME HEALTH AGENCY 10200 OPIOID TREATMENT PROGRAM	0 0	0		0 0		101. 00 102. 00
. 52. 50	SPECIAL PURPOSE COST CENTERS						1
	11300 INTEREST EXPENSE		0	(113.00
	11400 UTILIZATION REVIEW-SNF 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	(114. 00 115. 00
	11600 HOSPI CE	0	0				116. 00
		·					·

Health Financial Systems	J HEALTH BLOOMIN	GTON HOSPITAL		In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der CO		Peri od:	Worksheet A
				From 01/01/2022 To 12/31/2022	Date/Time Prepared:
				12/31/2022	5/30/2023 10: 22 am
Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	Recl assi fi ed
			+ col. 2)	ons (See A-6)	Trial Balance
					(col. 3 +-
	1.00	0.00		4 00	col . 4)
440.00	1.00	2.00	3.00	4.00	5. 00
118. 00 SUBTOTALS (SUM OF LINES 1 through 117)	137, 588, 247	344, 836, 119	482, 424, 366	-902, 854	481, 521, 512 118. 00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	24 424	15 055	40.40	11 722	37, 758 190. 00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	34, 436 2, 410, 055	15, 055 1, 427, 843	· ·		3, 142, 700 190. 01
190. 02 19002 RENTAL PROPERTIES	2, 410, 055	1, 427, 843	3, 837, 898	-095, 198	3, 142, 700 190. 01
190. 03 19003 OLCOTT	0	0			0 190. 02
190. 04 19004 PHYSI CLAN RECRUITMENT	0	0			0 190. 04
190. 05 19005 FOUNDATION	0	0			0 190. 05
190. 06 19006 MARKETI NG	0	0			0 190.06
190. 07 19007 HME STORE	0	0			0 190. 07
190. 08 19008 UNUSED SPACE	o	0	ì	ol ol	0 190. 08
190. 09 19009 CLINI CAL TRI ALS	o	0	Ò		0 190. 09
190. 10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	ol	0	(ol ol	0 190.10
190. 11 19011 COMMUNITY HEALTH SERVICES	5, 231, 437	4, 609, 286	9, 840, 723	-7, 925, 908	1, 914, 815 190. 11
191. 00 19100 RESEARCH	0	0		7, 046	7, 046 191. 00
191. 01 19101 RESEARCH	О	0	(o	0 191. 01
191.02 19102 OTHER SPONSORED ACTIVITIES	0	0	(6, 713, 469	6, 713, 469 191. 02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	198, 576	19, 629	218, 205	-117, 995	100, 210 192. 00
193.00 19300 NONPALD WORKERS	0	0	(0	0 193. 00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	(865, 423	865, 423 194. 00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	(1, 935, 955	1, 935, 955 194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	(0	0 194. 02
194. 03 07953 I U HEALTH SIP	2, 204	1, 179	3, 383	131, 903	135, 286 194. 03
194. 04 07954 HOME CARE	0	0	(이	0 194. 04
194. 05 07955 HOSPI CE	805	8, 101	8, 906		8, 798 194. 05
200.00 TOTAL (SUM OF LINES 118 through 199)	145, 465, 760	350, 917, 212	496, 382, 972	일 이	496, 382, 972 200. 00

Health Financial Systems IU HEALTH BLORGE RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

Peri od: From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/30/2023 10: 22 am

In Lieu of Form CMS-2552-10

				5/30/2023 10:	22 am
	Cost Center Description	Adjustments	Net Expenses		
		(See A-8) 6.00	For Allocation 7.00		
	GENERAL SERVICE COST CENTERS	0.00	7.00		-
1.00	00100 CAP REL COSTS-BLDG & FIXT	879, 607	12, 332, 101		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	3, 135, 250	25, 062, 253		2. 00
3.00	00300 OTHER CAP REL COSTS	0	0		3. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	35, 047	23, 339, 464		4. 00
5.00	00500 ADMINISTRATIVE & GENERAL	-17, 008, 233	77, 703, 615		5. 00
7. 00	00700 OPERATION OF PLANT	-779, 286	14, 436, 764		7. 00
8.00	00800 LAUNDRY & LINEN SERVICE	0	253, 673		8.00
9.00	00900 HOUSEKEEPI NG	-38, 000	5, 612, 934		9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	-35, 585 0	3, 267, 202		10.00
13. 00	01300 NURSING ADMINISTRATION	-74, 878	1, 687, 071 16, 879, 632		13.00
14. 00	01400 CENTRAL SERVICES & SUPPLY	-74,676	13, 303, 449		14. 00
15. 00	01500 PHARMACY	-2, 025	8, 209, 731		15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	0	0, 207, 701		16. 00
18. 00	01850 SOCI AL SERVI CES	0	o		18. 00
18. 01	01851 CENTRAL STERI LI ZATI ON	0	1, 706, 955		18. 01
23. 00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY	56, 762	475, 988		23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDI ATRI CS	-5, 496, 316	47, 219, 312		30. 00
31. 00	03100 I NTENSI VE CARE UNI T	0	7, 466, 771		31.00
32. 00	03200 CORONARY CARE UNIT	0	0		32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	-336, 512	3, 436, 908		35. 00
42. 00	04200 SUBPROVI DER	0	007 (40		42.00
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	997, 648		43. 00
50. 00	05000 OPERATING ROOM	-3, 715, 844	17, 760, 310		50.00
50. 00	05001 CV SURGERY	-3, 713, 044	17, 700, 310		50.00
51. 00	05100 RECOVERY ROOM	0	7, 747, 188		51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	4, 923, 425		52. 00
53. 00	05300 ANESTHESI OLOGY	0	0		53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	-479, 391	5, 657, 378		54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	-262, 182	3, 279, 811		55. 00
56. 00	05600 RADI 0I SOTOPE	0	0		56. 00
57.00	05700 CT SCAN	0	2, 056, 099		57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	0	977, 613		58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	4, 180, 888		59. 00
60.00	06000 LABORATORY	-97, 213	18, 220, 305		60.00
64.00	06400 I NTRAVENOUS THERAPY	0	4 (00 74)		64.00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	-6, 750 -98, 092	4, 608, 746		65. 00 66. 00
69. 00	06900 ELECTROCARDI OLOGY	-96, 092 -9, 392	6, 823, 271 1, 395, 329		69.00
70. 00	07000 ELECTROENCEPHALOGRAPHY	-2, 063, 798	151, 102		70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,000,770	9, 865, 731		71.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16, 245, 225		72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	38, 197, 460		73. 00
73. 01	07302 OP PHARMACY	-26, 503	3, 338, 795		73. 01
74.00	07400 RENAL DIALYSIS	0	1, 651, 512		74. 00
	07697 CARDI AC REHABI LI TATI ON	0	696, 257		76. 97
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77. 00
	OUTPATIENT SERVICE COST CENTERS				4
90.00	09000 CLINIC	-38, 666	1, 669, 234		90.00
90. 01	09001 OP ONCOLOGY INFUSION CENTER	-347, 687	5, 979, 846		90. 01
90. 02	09002 WOUND CARE CENTER	-132	727, 301		90. 02
90. 03 90. 04	09003 PAIN CLINIC 09004 OB CLINIC	0 -949	741, 750 2, 881, 244		90. 03
90.04	09005 OP PSYCH CLINIC	0	1, 143, 685		90.05
90. 06	09006 MULTI SPECIALTY CLINIC	0	2, 361, 233		90.06
91. 00	09100 EMERGENCY	-4, 234, 940	19, 124, 098		91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 20 1, 1 10	,,		92.00
92. 01	09202 OBSERVATION BEDS (DISTINCT PART)	-231	4, 679, 266		92. 01
	OTHER REIMBURSABLE COST CENTERS				
	09400 HOME PROGRAM DIALYSIS	0	0		94. 00
	09500 AMBULANCE SERVICES	0	0		95. 00
	10000 I&R SERVICES-NOT APPRVD PRGM	0	0		100. 00
	10100 HOME HEALTH AGENCY	0	0		101. 00
102.00	10200 OPI OI D TREATMENT PROGRAM	0	0		102. 00
110 0	SPECIAL PURPOSE COST CENTERS		51		4112 00
	11300 I NTEREST EXPENSE	0	0		113.00
	11400 UTI LI ZATI ON REVI EW-SNF	0	0		114.00
	11500 AMBULATORY SURGI CAL CENTER (D. P.) 11600 HOSPI CE	0	0		115. 00 116. 00
118.00		_	450, 475, 573		118.00
	1 1000 10 MEO (SOM OF EINES I THOUGHT IT!)	01,040,707	100, 470, 070	I	1.10.00

Health Financial Systems IU HEALTH BLORGE RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provi der CCN: 15-0051

			5/30/2023 10: 22 am
Cost Center Description		Net Expenses	
	(See A-8) F	or Allocation	
	6. 00	7. 00	
NONREI MBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37, 758	190. 00
190. 01 19001 PROMPTCARE	-25, 920	3, 116, 780	190. 01
190. 02 19002 RENTAL PROPERTI ES	0	0	190. 02
190. 03 19003 OLCOTT	0	0	190. 03
190. 04 19004 PHYSI CLAN RECRUITMENT	0	0	190. 04
190. 05 19005 FOUNDATI ON	0	O	190. 05
190. 06 19006 MARKETI NG	0	O	190. 06
190.07 19007 HME STORE	0	O	190. 07
190. 08 19008 UNUSED SPACE	0	O	190. 08
190. 09 19009 CLINICAL TRIALS	0	O	190. 09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	o	O	190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	0	1, 914, 815	190. 11
191. 00 19100 RESEARCH	0	7, 046	191. 00
191. 01 19101 RESEARCH	0	O	191. 01
191. 02 19102 OTHER SPONSORED ACTIVITIES	0	6, 713, 469	191. 02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	-56, 918	43, 292	192. 00
193.00 19300 NONPALD WORKERS	O	0	193. 00
194.00 07950 IU HEALTH PAOLI HOSPITAL	o	865, 423	194. 00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	o	1, 935, 955	194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL	o	0	194. 02
194. 03 07953 IU HEALTH SIP	o	135, 286	194. 03
194.04 07954 HOME CARE	0	0	194. 04
194. 05 07955 HOSPI CE	0	8, 798	194. 05
200.00 TOTAL (SUM OF LINES 118 through 199)	-31, 128, 777	465, 254, 195	200. 00

IU HEALTH BLOOMINGTON HOSPITAL Provider CCN: 15-0051 Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/30/2023 10:22 am

					5/30/2023 10:	22 am
	Cost Center	Increases Line #	Colomi	O+b ov		
	2. 00	3. 00	Sal ary 4.00	0ther 5.00		
	A - BENEFITS	0.00	1.00	0.00		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21, 949, 898		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 7. 00		0. 00 0. 00	0	0		6. 00 7. 00
8.00		0.00	0	0		8. 00
9. 00		0.00	0	o		9. 00
10. 00		0.00	o	O		10.00
11.00		0.00	o	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 16. 00		0. 00 0. 00	0	0		15. 00 16. 00
17. 00		0.00	0	0		17. 00
18. 00		0.00	0	o		18. 00
19. 00		0.00	O	0		19. 00
20.00		0.00	О	0		20. 00
21.00		0.00	0	0		21. 00
22. 00		0. 00	0	0		22. 00
23. 00		0. 00	0	0		23. 00
24. 00		0.00	0	0		24. 00
25. 00 26. 00		0. 00 0. 00	0	0		25. 00 26. 00
27. 00		0.00	0	0		27. 00
28. 00		0.00	o	0 0		28. 00
29. 00		0.00	o	Ö		29. 00
30.00		0.00	О	0		30. 00
31.00		0.00	0	0		31. 00
32.00		0.00	0	0		32. 00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34. 00
35. 00 36. 00		0. 00 0. 00	0	0		35. 00 36. 00
37. 00		0.00	o	0		37. 00
38. 00		0.00	o	0		38. 00
39.00		0.00	0	0		39. 00
40.00		0.00	0	0		40. 00
41.00		0.00	•	0		41. 00
	O CARLEAN DELATED		0	21, 949, 898		
1. 00	B - CAPITAL RELATED CAP REL COSTS-BLDG & FIXT	1.00	0	10, 171, 188		1.00
2. 00	CAP REL COSTS-MVBLE EQUIP	2.00	0	21, 631, 156		2. 00
3.00	PHYSICIANS' PRIVATE OFFICES	192. 00	o	23, 026		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 10. 00		0. 00 0. 00	0	0		9. 00 10. 00
11. 00		0.00	0	0		11. 00
12. 00		0.00	0	Ö		12. 00
13.00		0.00	O	0		13. 00
14.00		0.00	O	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
19. 00 20. 00		0. 00 0. 00	0	0		20.00
21. 00		0.00	0	0		21. 00
22. 00		0.00	Ö	Ö		22. 00
23. 00		0.00	O	0		23. 00
24.00		0.00	0	0		24. 00
25. 00		0.00	0	0		25. 00
26.00		0.00	0	0		26. 00
27. 00		0.00	0	0		27. 00
28. 00 29. 00		0. 00 0. 00	0	0		28. 00 29. 00
29. 00 30. 00		0.00	0	0		30.00
00.00	1	0.00	<u> </u>	0		. 55. 55

IU HEALTH BLOOMINGTON HOSPITAL Provider CCN: 15-0051 Health Financial Systems RECLASSIFICATIONS In Lieu of Form CMS-2552-10
Worksheet A-6 Peri od: From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/30/2023 10:22 am

					 5/30/2023 10: 2	2 am
	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4. 00	5. 00		
31. 00		0.00	0	0		31. 00
32. 00		0.00	0	0		32. 00
33. 00 34. 00		0. 00 0. 00	0	0		33. 00 34. 00
35. 00		0.00	0	0		35. 00
36. 00		0.00	ő	0		36. 00
37.00		0.00	О	0		37.00
38. 00		0.00	0	0		38. 00
39. 00		0.00	0	0		39. 00
40. 00		0.00	0	<u>0</u> 31, 825, 370		40. 00
	C - BILLABLE MEDICAL SUPPLIES		<u> </u>	31, 023, 370		
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	9, 865, 731		1. 00
	PATI ENTS		_			
2.00	RADI OLOGY-DI AGNOSTI C	54. 00 0. 00	0	21, 669		2.00
3. 00 6. 00		0.00	0	0		3. 00 6. 00
7. 00		0.00	ő	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
12. 00 14. 00		0. 00 0. 00	0	0	1	12. 00 14. 00
15. 00		0.00	o	o		15. 00
16.00		0.00	O	0		16.00
17. 00		0.00	0	0		17. 00
18.00		0.00	0	0		18.00
19. 00 20. 00		0. 00 0. 00	0	0	1	19. 00 20. 00
21. 00		0.00	0	0		21. 00
22. 00		0.00	Ö	Ö		22. 00
23.00		0.00	0	0		23. 00
24.00		0.00	0	0		24. 00
25. 00 26. 00		0. 00 0. 00	0	0		25. 00 26. 00
27. 00		0.00	0	0		27. 00
28. 00		0.00	o	O		28. 00
29. 00		0.00	0	0		29. 00
30.00		0. 00	0	0		30.00
31. 00		0.00	0	0		31. 00
32. 00 33. 00		0. 00 0. 00	0	0		32. 00 33. 00
34. 00		0.00	ő	Ö		34. 00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37. 00		0.00	0	0		37. 00
38. 00 39. 00		0. 00 0. 00	0	0	1	38. 00 39. 00
37.00	0 — — — — —		— — ŏ	9, 887, 400		37.00
	D - NONBILLABLE MEDICAL SUPPL	IES	,			
1.00	CENTRAL SERVICES & SUPPLY	14. 00	0	11, 307, 414		1.00
2. 00 3. 00	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5. 00 7. 00	0	321, 097 65, 513		2. 00 3. 00
4. 00	HOUSEKEEPI NG	7. 00 9. 00	0	2, 091		4. 00
5. 00	DI ETARY	10.00	ő	254		5. 00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	0	48, 733		6. 00
7.00	RADI OLOGY-THERAPEUTI C	55. 00	0	157, 351		7. 00
8. 00	MAGNETIC RESONANCE I MAGING	58. 00	0	1, 628		8. 00
9. 00	(MRI) PHYSICAL THERAPY	66. 00	0	2, 711		9. 00
10. 00	RENAL DIALYSIS	74. 00	0	80		10. 00
11. 00	COMMUNITY HEALTH SERVICES	190. 11	O	1, 259		11. 00
12.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	768		12.00
13.00	IU HEALTH SIP	194. 03	0	1, 198		13.00
14. 00 15. 00		0. 00 0. 00	0	0		14. 00 15. 00
16. 00		0.00	0	0		16. 00
17. 00		0.00	0	o		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 22. 00		0. 00 0. 00	0	0		21. 00 22. 00
23. 00		0.00	0	o		23. 00
	•					

Peri od: From 01/01/2022 To 12/31/2022

In Lieu of Form CMS-2552-10
Worksheet A-6 Date/Time Prepared: 5/30/2023 10:22 am

					5/30/2023 10:	22 am
	Cost Contor	Increases Line #	Salary	Othor		
	Cost Center 2.00	3.00	Sal ary 4.00	0ther 5.00		
24. 00	2.00	0.00	4.00	0		24. 00
25. 00		0.00	0	0		25. 00
26. 00		0.00	o	0		26. 00
27. 00		0.00	o	0		27. 00
28. 00		0.00	0	0		28. 00
29. 00		0.00	0	0		29. 00
30. 00		0.00	0	0		30.00
31. 00		0.00	Ö	0		31. 00
01.00		<u> </u>		11, 910, 097		000
	E - IMPLANTS SUPPLIES		-1	,,		1
1.00	IMPL. DEV. CHARGED TO	72.00	0	16, 245, 225		1.00
	PATI ENTS					
2.00		0.00	О	0		2.00
3.00		0.00	О	0		3. 00
4.00		0.00	o	0		4. 00
5.00		0.00	О	0		5. 00
6.00		0.00	o	0		6. 00
7. 00		0.00	o	0		7. 00
8.00		0.00	O	0		8. 00
9.00		0.00	o	0		9. 00
10.00		0.00	o	0		10.00
11. 00		0.00	o	0		11.00
12. 00		0.00	o	0		12.00
13. 00		0.00	o	0		13.00
14. 00		0.00	o	0		14. 00
15. 00		0.00	o	0		15. 00
16. 00		0.00		0		16. 00
				16, 245, 225		
	F - LEASE EXPENSE			·		1
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1, 408, 701		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	o	64, 235		2. 00
3.00		0.00	0	0		3. 00
4.00		0.00	О	0		4. 00
5.00		0.00	О	0		5. 00
6.00		0.00	О	0		6. 00
7.00		0.00	0	0		7. 00
8.00		0.00	0	0		8. 00
9.00		0.00	О	0		9. 00
10.00		0.00	О	0		10.00
11. 00		0.00	o	0		11.00
12.00		0.00	o	0		12.00
13. 00		0.00	o	0		13. 00
14.00		0.00	o	0		14.00
15. 00		0.00	O	0		15. 00
16.00		0.00	o	0		16.00
17. 00		0.00	o	0		17. 00
18. 00		0.00	o	0		18. 00
19. 00		0.00	o	0		19. 00
20. 00		0.00	o	0		20. 00
				1, 472, 936		
	G - BILLABLE DRUGS					1
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	38, 197, 460		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	O	Ö		12. 00
13.00		0.00	0	0		13. 00
14.00		0.00	O	0		14. 00
15. 00		0.00	O	O		15. 00
16. 00		0.00	Ö	Ö		16. 00
17. 00		0.00	Ö	o		17. 00
18. 00		0.00	o	Ö		18. 00
19. 00		0.00	0	Ö		19. 00
20. 00		0.00	0	Ö		20. 00
21. 00		0.00	0	Ö		21. 00
22. 00		0.00	o	Ö		22. 00
23. 00		0.00	0	Ö		23. 00
	I .	2. 20	91			

Health Financial Systems RECLASSIFICATIONS | Period: | Worksheet A-6 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: 5/30/2023 10: 22 am Provider CCN: 15-0051

					5/30/2023 10	
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3.00	4. 00	5. 00		
24. 00		0.00	0	0		24. 00
25.00		0.00	o	0		25. 00
26. 00		0.00	0	O		26. 00
27. 00		0.00	0	Ö		27. 00
28. 00		0.00	O O	Ö		28. 00
29. 00		0.00	0	0		29. 00
			0	-		1
30.00		0.00	U	0		30.00
31. 00		0.00	0	0		31. 00
32. 00	L	0.00	•	0		32. 00
	0		0	38, 197, 460		_
	H - NON-BILLABLE DRUGS					
1. 00	PHARMACY	15. 00	0	1, 597, 447		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	O	0		7. 00
8.00		0.00	0	0		8. 00
9.00		0.00	o	0		9. 00
10. 00		0.00	o	Ö		10. 00
11. 00		0.00	o	o		11. 00
		· · · · · · · · · · · · · · · · · · ·	-			1
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	o	0		19. 00
20.00		0.00	o	0		20.00
21. 00		0.00	0	O		21. 00
22. 00		0.00	0	Ö		22. 00
23. 00		0.00	o o	0		23. 00
23.00			— —)	1, 597, 447		25.00
	J - INTEREST EXPENSE		UU	1, 377, 447		+
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	334		1.00
1.00	CAP KEL COSTS-BLDG & FIXT		— — — #	334		1.00
	V DUADMACY DESIDENCY		υ	334		-
4 00	K - PHARMACY RESIDENCY	22.00	040 (75	47.070		4 00
1. 00	PARAMED ED PRGM-PHARMACY	23. 00	212, 675	16, 270		1. 00
	RESI DENCY		_	_		
2.00	L	0.00		0		2. 00
	0		212, 675	16, 270		_
	L - PSYCH ADMIN					
1.00	OP_PSYCH_CLINIC	90. 05	122, 944	19, 201		1. 00
	0		122, 944	19, 201		
	M - SOFTWARE LICENSE	•	•	<u> </u>		
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	235, 252		1. 00
2.00		0.00	o	0		2. 00
3.00		0.00	0	0		3. 00
4. 00		0.00	o	0		4. 00
5. 00		0.00	o	Ö		5. 00
6. 00		0.00	o	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	o	Ö		16. 00
17. 00		0.00	o	o		17. 00
18. 00		0.00	0	0		18.00
19. 00		0.00	0			19. 00
			•	0		
20.00		0.00	0	0		20. 00
21. 00		0.00	0	0		21. 00
22. 00		0.00	0	0		22. 00
23.00		0.00	0	0		23. 00
24.00		0.00	0	0		24. 00
25. 00		0.00	0	0		25. 00
26.00		0.00	0	0		26. 00
27.00		0.00	O	0		27. 00
						<u> </u>

Health Financial Systems RECLASSIFICATIONS | Period: | Worksheet A-6 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: 5/30/2023 10: 22 am Provider CCN: 15-0051

					5/30/2023 10	D: 22 am
		Increases				
	Cost Center	Li ne #	Sal ary	Other		
	2. 00	3. 00	4. 00	5. 00		
28. 00		0. 00	0	0		28. 00
29. 00		0.00	0	0		29. 00
30.00		0.00	0	0		30.00
31. 00				0		31. 00
	U CAFETEDIA		0	235, 252		
1 00	N - CAFETERIA	11. 00	943, 295	742 774		1.00
1. 00	CAFETERI A		943, 295 943, 295	74 <u>3, 7</u> 76 743, 776		1.00
	O - SHORT TERM DISABILITY/FLW		743, 273	743, 770		
1.00	ADMI NI STRATI VE & GENERAL	5.00	O	11, 668		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	o	4, 123		2. 00
3.00	OPERATION OF PLANT	7. 00	O	4, 920		3. 00
4.00	HOUSEKEEPI NG	9.00	0	17, 370		4. 00
5.00	DI ETARY	10.00	0	14, 974		5. 00
6.00	NURSING ADMINISTRATION	13. 00	0	27, 263		6. 00
7.00	PHARMACY	15. 00	0	92, 543		7. 00
8.00	CENTRAL STERILIZATION	18. 01	0	1, 276		8. 00
9.00	ADULTS & PEDIATRICS	30.00	0	88, 433		9. 00
10. 00	INTENSIVE CARE UNIT	31.00	0	12, 885		10. 00
11. 00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2, 756		11. 00
12.00	OPERATING ROOM	50.00	0	27, 354		12.00
13.00	RECOVERY ROOM	51.00	0	53, 950		13. 00
14. 00 15. 00	DELIVERY ROOM & LABOR ROOM	52. 00 54. 00	0	55, 887		14. 00 15. 00
16. 00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	55. 00	0	31, 344 6, 220		16. 00
17. 00	CT SCAN	57.00	0	3, 547		17. 00
18. 00	CARDIAC CATHETERIZATION	59.00	o	2, 631		18. 00
19. 00	RESPIRATORY THERAPY	65.00	o	18, 517		19. 00
20. 00	PHYSI CAL THERAPY	66.00	o	52, 215		20. 00
21. 00	ELECTROCARDI OLOGY	69. 00	o	1, 075		21. 00
22.00	OP PHARMACY	73. 01	0	661		22. 00
23.00	CARDIAC REHABILITATION	76. 97	o	2, 634		23. 00
24.00	CLINIC	90.00	0	4, 909		24. 00
25.00	OP ONCOLOGY INFUSION CENTER	90. 01	0	15, 268		25. 00
26.00	WOUND CARE CENTER	90. 02	0	1, 952		26. 00
27. 00	PAIN CLINIC	90. 03	1, 719	0		27. 00
28. 00	OB CLINIC	90. 04	0	7, 588		28. 00
29. 00	OP PSYCH CLINIC	90. 05	0	3, 768		29. 00
30.00	MULTI SPECIALTY CLINIC	90.06	0	13, 103		30.00
31. 00	EMERGENCY	91.00	U	6, 574		31.00
32. 00	OBSERVATION BEDS (DISTINCT PART)	92. 01	٩	5, 038		32. 00
33. 00	PROMPTCARE	190. 01	0	28, 854		33. 00
34. 00	COMMUNITY HEALTH SERVICES	190. 11	0	8, 608		34. 00
01100	0	— — <u>·—</u> ·†		629, 908		000
	P - UTILITIES EXPENSE		, ,	,		
1.00	OPERATION OF PLANT	7. 00	0	303, 433		1. 00
2.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	203		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 8. 00		0. 00 0. 00	0	0		7. 00 8. 00
8. 00 9. 00		0.00	0	0		9. 00
10. 00		0.00	o	0		10.00
11. 00		0.00	Ö	o		11. 00
12. 00		0.00	o	Ö		12. 00
13. 00		0.00	Ö	Ō		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. 00	0	0		22. 00 23. 00
23. 00 24. 00		0.00	0	0		23.00
25. 00		0.00	0	0		25. 00
26. 00		0.00	o	o		26. 00
27. 00		0.00	Ö	Ö		27. 00
28. 00		0.00	Ö	Ō		28. 00
		· ·		<u> </u>		

Health Financial Systems RECLASSIFICATIONS Peri od: Worksheet A-6
From 01/01/2022
To 12/31/2022 Date/Time Prepared: Provider CCN: 15-0051

					To 12/31/2022 Date/Time Prepared 5/30/2023 10: 22 am	
		Increases		011		
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00		
	0	3.00	0	303, 636		_
1 00	R - OCCUPATIONAL HEALTH ADMIN		240, 022	0	1.0	00
1. 00	ADMI NI STRATI VE & GENERAL 0		24 <u>8, 922</u> 248, 922	0	1.0	JU
	S - NURSERY	<u>'</u>				
1. 00 2. 00	NURSERY	43. 00	706, 272 0	208, 026	1.0	
2.00		0.00	706, 272	208, 026	2. (50
	T - BEDFORD ALLOCATION					
1. 00 2. 00	IU HEALTH BEDFORD HOSPITAL	194. 01 0. 00	1, 314, 067	621, 888 0	1.0	
3. 00		0.00	0	0	3.0	
4.00		0.00	0	0	4. 0	
5. 00 6. 00		0. 00 0. 00	0	0	5.0	
7. 00		0.00	Ö	Ö	7. (
	O DAGLI ALLOGATION		1, 314, 067	621, 888		
1. 00	U - PAOLI ALLOCATION IU HEALTH PAOLI HOSPITAL	194. 00	579, 944	285, 479	1.0	00
2. 00		0.00	0	0	2. (00
3. 00 4. 00		0. 00 0. 00	0	0	3.0	
5. 00		0.00	o	0	5.0	
6.00		0.00	ō	O	6. 0	00
7. 00			00 579, 944	0 285, 479	7.0	00
	V - LIBERTY BUILDING DEPRECIA	TI ON	579, 944	200, 479		
1.00	IU HEALTH SIP	194. 03	0	131, 369	1. (
2. 00		0.00	0	00	2. (00
	X - ACCRUED PTO		<u> </u>			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	109, 917	1. (00
	AA - BLOOD STORAGE		0	109, 917		
1.00	LABORATORY	60.00	0	32, 934	1. (
2. 00	COMMUNITY HEALTH SERVICES	1 <u>90.</u> 11	0	<u>3, 346</u> 36, 280	2.0	00
	AB - PACU RECLASS		<u> </u>	30, 200		
1.00	ADULTS & PEDIATRICS	30.00	1, 472, 888	1, 867, 555	1. (
2. 00 3. 00		0. 00 0. 00	0	0	2.0	
0.00	0		1, 472, 888	1, 867, 555		
1 00	AC - GRANT RESEARCH	101 00		7.04/	1.0	00
1. 00 2. 00	OTHER SPONSORED ACTIVITIES	191. 00 191. 02	0 4, 072, 674	7, 046 2, 541, 707	1.0	
	0		4, 072, 674	2, 548, 753		
1. 00	AD - PHYSICIAN ADULTS & PEDIATRICS	30.00	o	67, 200	1.0	00
2.00	OPERATING ROOM	50.00	0	2, 151, 185	2.0	
3.00	RADI OLOGY-DI AGNOSTI C	54.00	o	440, 859	3. (
4. 00 5. 00	RADI OLOGY-THERAPEUTI C LABORATORY	55. 00 60. 00	0	11, 000 308, 568	4.0	
6. 00	RESPI RATORY THERAPY	65. 00	o	15, 600	6. (
7. 00	ELECTROCARDI OLOGY	69.00	0	<u>16, 5</u> 00	7. (00
	AE - SPOT AND RETENTION		0	3, 010, 912		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	48, 010	0	1. (
2. 00 3. 00	NURSING ADMINISTRATION ADULTS & PEDIATRICS	13. 00 30. 00	211, 019	0	2.0	
4. 00	INTENSIVE CARE UNIT	31. 00	1, 718, 564 457, 722	0	3. (
5.00	NEONATAL INTENSIVE CARE UNIT	35. 00	224, 017	0	5. (
6. 00 7. 00	OPERATING ROOM RECOVERY ROOM	50. 00 51. 00	680, 908 585, 619	0	6.0	
8. 00	DELIVERY ROOM & LABOR ROOM	52. 00	330, 770	0	8.0	
9.00	RADI OLOGY - DI AGNOSTI C	54.00	67, 837	0	9. (
10. 00 11. 00	RADI OLOGY-THERAPEUTI C CARDI AC CATHETERI ZATI ON	55. 00 59. 00	45, 537 179, 873	0	10.0	
12. 00	RESPIRATORY THERAPY	65. 00	325, 818	Ö	12. (
13.00	ELECTROCARDI OLOGY	69.00	26, 596	0	13. (
14. 00 15. 00	CARDIAC REHABILITATION CLINIC	76. 97 90. 00	44, 420 59, 811	0	14. (
16. 00	OP ONCOLOGY INFUSION CENTER	90. 01	469, 445	O	16.0	00
17.00	WOUND CARE CENTER	90. 02	40, 194	0	17. (
18. 00	PAIN CLINIC	90. 03	14, 315	0	18.0	<u> </u>

IU HEALTH BLOOMINGTON HOSPITAL

In Lieu of Form CMS-2552-10

Health Financial Systems RECLASSIFICATIONS Provider CCN: 15-0051

					5/30/2023 TO: 22 alli
		Increases			
	Cost Center	Li ne #	Sal ary	0ther	
	2. 00	3.00	4.00	5. 00	
19. 00	OB CLINIC	90. 04	240, 444	0	19.00
20.00	OP PSYCH CLINIC	90. 05	30, 940	0	20.00
21.00	MULTI SPECIALTY CLINIC	90.06	117, 949	0	21. 00
22. 00	EMERGENCY	91.00	412, 882	0	22. 00
23.00	OBSERVATION BEDS (DISTINCT	92. 01	94, 009	0	23. 00
	PART)				
24.00	PROMPTCARE	190. 01	47, 562	0	24.00
25.00	COMMUNITY HEALTH SERVICES	190. 11	28, 193	0	25. 00
26.00	ADMINISTRATIVE & GENERAL	5. 00	5, 830	0	26. 00
27.00	NURSERY	43.00	83, 350	0	27. 00
28. 00	OTHER SPONSORED ACTIVITIES	191. 02	99, 088	0	28. 00
	TOTALS		6, 690, 722	₀	
500.00	Grand Total: Increases		16, 366, 122	143, 854, 389	500.00

	Financial Systems	1	U HEALTH BLOOM				u of Form CMS	
RECLAS	SIFICATIONS			Provi der (Period: From 01/01/2022	Worksheet A	
						To 12/31/2022	Date/Time P 5/30/2023 1	
		Decreases	0.1	011		1		
	Cost Center 6.00	Li ne # 7.00	Sal ary 8. 00	0ther 9.00	Wkst. A-7 Ref. 10.00	-		
	A - BENEFITS				_			
1. 00 2. 00	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5. 00 7. 00	0	903, 562 498, 353				1. 00 2. 00
3.00	HOUSEKEEPI NG	9. 00	0	472, 368		l .		3. 00
4.00	DI ETARY	10.00	0	529, 689		l .		4. 00
5.00	NURSI NG ADMI NI STRATI ON	13. 00	0	2, 043, 188		l .		5. 00
6. 00 7. 00	PHARMACY CENTRAL STERILIZATION	15. 00 18. 01	0	860, 455 145, 407				6. 00 7. 00
8. 00	PARAMED ED PRGM-PHARMACY	23. 00	0	25, 216		l .		8. 00
	RESI DENCY							
9.00	ADULTS & PEDIATRICS	30.00	0					9. 00
10. 00 11. 00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31. 00 35. 00	0	623, 281 399, 136				10. 00 11. 00
12. 00	OPERATING ROOM	50.00	0	1, 252, 408		1		12. 00
13. 00	RECOVERY ROOM	51.00	0	926, 828				13. 00
14.00	DELIVERY ROOM & LABOR ROOM	52. 00	0	510, 729				14. 00
15. 00 16. 00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	54. 00 55. 00	0	541, 959 380, 326				15. 00 16. 00
17. 00	CT SCAN	57. 00	0	84, 542				17. 00
18. 00	MAGNETIC RESONANCE IMAGING	58. 00	0	84, 247				18. 00
10.00	(MRI)	FO. 00	0	212 212				10.00
19. 00 20. 00	CARDI AC CATHETERI ZATI ON LABORATORY	59. 00 60. 00	0	312, 213	B C			19. 00 20. 00
21. 00	RESPIRATORY THERAPY	65. 00	0	520, 622				21. 00
22. 00	PHYSI CAL THERAPY	66. 00	0	1, 088, 315	5 0			22. 00
23. 00	ELECTROCARDI OLOGY	69.00	0	177, 538				23. 00
24. 00 25. 00	ELECTROENCEPHALOGRAPHY OP PHARMACY	70. 00 73. 01	0	7, 72 <i>6</i> 97, 174		1		24. 00 25. 00
26. 00	CARDIAC REHABILITATION	76. 97	0	77, 093				26. 00
27. 00	CLINIC	90. 00	0	286, 125		1		27. 00
28. 00	OP ONCOLOGY INFUSION CENTER	90. 01	0	786, 002		l .		28. 00
29. 00 30. 00	WOUND CARE CENTER PAIN CLINIC	90. 02 90. 03	0	113, 296 98, 999				29. 00 30. 00
31. 00	OB CLINIC	90.03	0	624, 651				31.00
32. 00	OP PSYCH CLINIC	90. 05	Ō	265, 385		l .		32. 00
33. 00	MULTI SPECIALTY CLINIC	90. 06	0	429, 820				33. 00
34. 00 35. 00	EMERGENCY	91. 00 92. 01	0	927, 879				34. 00 35. 00
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	U	420, 369	′	,		35.00
36. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	11, 733	3 C			36. 00
27.00	CANTEEN	100.01	0	3/0 F00				27.00
37. 00 38. 00	PROMPTCARE COMMUNITY HEALTH SERVICES	190. 01 190. 11	0	360, 598 1, 161, 391				37. 00 38. 00
39. 00	PHYSICIANS' PRIVATE OFFICES	192. 00	Ō	26, 106				39. 00
40. 00	IU HEALTH SIP	194. 03	0	663				40. 00
41. 00	HOSPICE	1 <u>94.</u> 05	0			0		41. 00
	B - CAPITAL RELATED		U	21, 949, 090	P			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	95, 456	9)		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0					2. 00
3. 00 4. 00	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	7. 00 8. 00	0	16, 939, 668 3, 810		1		3. 00 4. 00
4. 00 5. 00	HOUSEKEEPING	9. 00	0	3, 810 107, 398		1		5. 00
6.00	DI ETARY	10. 00	0	31, 552				6. 00
7. 00	NURSING ADMINISTRATION	13. 00	0	1, 047, 487		1		7. 00
8. 00 9. 00	CENTRAL SERVICES & SUPPLY PHARMACY	14. 00 15. 00	0	2, 920 324, 054				8. 00 9. 00
10. 00	CENTRAL STERILIZATION	18. 01	0	257, 941				10.00
11. 00	ADULTS & PEDIATRICS	30.00	0	1, 405, 503				11. 00
12.00	INTENSIVE CARE UNIT	31.00	0	270, 770				12. 00
13. 00 14. 00	NEONATAL INTENSIVE CARE UNIT	35. 00 50. 00	0	77, 377 3, 170, 123		l .		13. 00 14. 00
15. 00	RECOVERY ROOM	51.00	0	14, 199				15. 00
16. 00	DELIVERY ROOM & LABOR ROOM	52.00	0	152, 583				16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	333, 443				17. 00
18. 00 19. 00	RADI OLOGY-THERAPEUTI C CT SCAN	55. 00 57. 00	0	1, 919, 822				18. 00 19. 00
20. 00	MAGNETIC RESONANCE IMAGING	57. 00 58. 00	0	438, 944 742, 837				20.00
	(MRI)							
21. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	1, 534, 199				21. 00
22. 00 23. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY	65. 00 66. 00	0	141, 914 21, 170				22. 00 23. 00
24. 00	ELECTROCARDI OLOGY	69. 00	0					24. 00
25. 00	ELECTROENCEPHALOGRAPHY	70.00				l .		25. 00
	<u>'</u>	'	<u>'</u>					

	Financial Systems	1	U HEALTH BLOOM				u of Form CMS-	
RECLAS	SIFICATIONS			Provi der (1	Period: From 01/01/2022	Worksheet A-	
						To 12/31/2022	Date/Time Pro 5/30/2023 10:	
	Cost Center	Decreases	Salary	Other	Wkst A 7 Dof	I		
	6. 00	Li ne # 7.00	Sal ary 8.00	9. 00	Wkst. A-7 Ref. 10.00	-		
26. 00	OP PHARMACY	73. 01	0	14, 652		•		26. 00
27. 00 28. 00	CARDIAC REHABILITATION CLINIC	76. 97 90. 00	0	17, 279 473		1		27. 00 28. 00
29. 00	OP ONCOLOGY INFUSION CENTER	90. 01	o	34, 588		1		29. 00
30.00	WOUND CARE CENTER	90. 02	o	57, 179		l .		30.00
31. 00 32. 00	PAIN CLINIC OP PSYCH CLINIC	90. 03 90. 05	0	69, 230 3, 690		1		31. 00 32. 00
33. 00	EMERGENCY	91.00	o	243, 320		1		33.00
34. 00	OBSERVATION BEDS (DISTINCT	92. 01	o	13, 201	0			34. 00
35. 00	PART) OB CLINIC	90. 04	o	4, 163	0			35. 00
36. 00	PROMPTCARE	190. 01	o	19, 257				36. 00
37. 00 38. 00	MULTI SPECIALTY CLINIC COMMUNITY HEALTH SERVICES	90. 06 190. 11	0	34, 167 753		1		37. 00 38. 00
39. 00	LABORATORY	60.00	0	122, 624		1		39. 00
40. 00	RENAL DI ALYSI S	<u>74.</u> 00		12, 398	<u> </u>	<u> </u>		40. 00
	C - BILLABLE MEDICAL SUPPLIES		0	31, 825, 370)			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	0	270		•		1. 00
2. 00 3. 00	OPERATION OF PLANT NURSING ADMINISTRATION	7. 00 13. 00	0	25 217		•		2. 00 3. 00
6. 00	CENTRAL SERVICES & SUPPLY	14. 00	o	2, 247, 430		l .		6. 00
7.00	PHARMACY	15. 00	O	77		1		7. 00
8. 00 9. 00	CENTRAL STERILIZATION ADULTS & PEDIATRICS	18. 01 30. 00	0	2, 369		l .		8. 00 9. 00
10. 00	INTENSIVE CARE UNIT	31.00	o	185, 678 58, 478		1		10.00
12. 00	NEONATAL INTENSIVE CARE UNIT	35. 00	O	8, 412		1		12. 00
14.00	OPERATING ROOM	50.00	0	2, 018, 611		l .		14.00
15. 00 16. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51. 00 52. 00	0	14, 977 197, 038		l .		15. 00 16. 00
17. 00	RADI OLOGY-THERAPEUTI C	55. 00	O	2, 977	0			17. 00
18.00	CT SCAN	57.00	0	2, 561		l .		18.00
19. 00	MAGNETIC RESONANCE IMAGING (MRI)	58. 00	0	578	0			19. 00
20. 00	CARDIAC CATHETERIZATION	59. 00	O	4, 874, 432		1		20. 00
21. 00 22. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY	65. 00 66. 00	0	1, 008 3, 771		1		21. 00 22. 00
23. 00	ELECTROCARDI OLOGY	69.00	0	2, 820		1		23. 00
24.00	ELECTROENCEPHALOGRAPHY	70. 00	O	84	0			24. 00
25. 00	RENAL DIALYSIS CARDIAC REHABILITATION	74.00	0	891		1		25. 00
26. 00 27. 00	ICLINIC	76. 97 90. 00	0	66 1, 300		1		26. 00 27. 00
28. 00	OP ONCOLOGY INFUSION CENTER	90. 01	o	68, 697	0			28. 00
29. 00	WOUND CARE CENTER	90. 02	0	74, 145	0			29. 00
30. 00 31. 00	PAIN CLINIC OB CLINIC	90. 03 90. 04	0	5, 832 438				30. 00 31. 00
32.00	OP PSYCH CLINIC	90. 05	O	16	0			32. 00
33. 00	MULTI SPECIALTY CLINIC	90.06	0	6, 332				33.00
34. 00 35. 00	EMERGENCY OBSERVATION BEDS (DISTINCT	91. 00 92. 01	0	82, 595 21, 809				34. 00 35. 00
	PART)		_					
36. 00 37. 00	PROMPTCARE COMMUNITY HEALTH SERVICES	190. 01 190. 11	0	2, 749 286		1		36. 00 37. 00
38. 00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	430		l .		38.00
39. 00	IU_HEALTH_SIP	194. 03	9	1	0	<u> </u>		39. 00
	O D - NONBILLABLE MEDICAL SUPPL	LFS.	0	9, 887, 400)			-
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3, 250		•		1. 00
2.00	CENTRAL STERILIZATION	18. 01	0	19, 819				2.00
3. 00 4. 00	NURSING ADMINISTRATION PHARMACY	13. 00 15. 00	0	37, 661 186, 670				3. 00 4. 00
5. 00	ADULTS & PEDIATRICS	30.00	0	883, 830		l .		5. 00
6.00	INTENSIVE CARE UNIT	31.00	0	282, 980		1		6. 00
7. 00 8. 00	NEONATAL INTENSIVE CARE UNIT	0. 00 35. 00	0) nl	46, 721	0			7. 00 8. 00
9. 00	James Table 10 State State State	0.00	0	0	0	1		9. 00
10.00	OPERATING ROOM	50.00	0	7, 921, 387		1		10.00
11. 00 12. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51. 00 52. 00	0	197, 009 163, 422		1		11. 00 12. 00
13. 00	LABORATORY	60.00	ol	1, 713				13. 00
14.00	CT SCAN	57. 00	0	23, 244	0			14. 00
15. 00 16. 00	CARDIAC CATHETERIZATION RESPIRATORY THERAPY	59. 00 65. 00	0	579, 357 546, 417		1		15. 00 16. 00
17. 00	ELECTROCARDI OLOGY	69.00	0	26, 623		1		17. 00
	•		-1	-, -=-	· · · · · · · · · · · · · · · · · · ·	•		• • •

Heal th	Financial Systems	I	U HEALTH BLOOM	INGTON HOSPITA	AL	In Lieu	of Form CMS-2552-10
RECLAS	SIFICATIONS			Provi der		Period: W From 01/01/2022	Worksheet A-6
						Γο 12/31/2022 [Date/Time Prepared: 5/30/2023 10:22 am
		Decreases					7 307 2023 10. 22 4111
	Cost Center 6.00	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref.		
18. 00	ELECTROENCEPHALOGRAPHY	7.00	0.00	22, 56			18. 00
19. 00	OP PHARMACY	73. 01	0	1, 49		•	19. 00
20. 00	CARDIAC REHABILITATION	76. 97	0	25		•	20. 00
21. 00 22. 00	CLINIC OP ONCOLOGY INFUSION CENTER	90. 00 90. 01	0	3, 53		•	21. 00 22. 00
23. 00	WOUND CARE CENTER	90.01	0	166, 93 15, 61		•	23. 00
24. 00	PAIN CLINIC	90. 03	0	41, 08		•	24. 00
25. 00	OB CLINIC	90.04	0	29, 18	1 0		25. 00
26. 00	OP PSYCH CLINIC	90.05	0	4, 37		•	26.00
27. 00 28. 00	MULTI SPECIALTY CLINIC EMERGENCY	90. 06 91. 00	0	41, 14 495, 31		•	27. 00 28. 00
29. 00	OBSERVATION BEDS (DISTINCT	92. 01	0	157, 46		•	29. 00
	PART)] -		
30.00	PROMPTCARE	190. 01	0	11, 03		•	30. 00
31. 00	PARAMED ED PRGM-PHARMACY RESIDENCY	23. 00	0	1	3 0		31.00
	0		<u> </u>	11, 910, 09	7		
	E - IMPLANTS SUPPLIES			1/1 0/		I	
1. 00 2. 00	CENTRAL SERVICES & SUPPLY PHARMACY	14. 00 15. 00	0	161, 86 21			1.00
3.00	CENTRAL STERILIZATION	18. 01	0	4, 24			3. 00
4. 00	ADULTS & PEDIATRICS	30.00	0	1, 51			4. 00
5.00	INTENSIVE CARE UNIT	31.00	0	4			5. 00
6.00	OPERATI NG ROOM	50.00	0	8, 818, 44			6.00
7. 00 8. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51. 00 52. 00	0	64 10, 30		•	7. 00 8. 00
9. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	2, 13		•	9. 00
10.00	CT SCAN	57. 00	0	3, 14		•	10. 00
11. 00	MAGNETIC RESONANCE I MAGING	58.00	0	31	1 0		11. 00
12. 00	(MRI) CARDIAC CATHETERIZATION	59. 00	0	7, 237, 80	9 0		12. 00
13. 00	OP ONCOLOGY INFUSION CENTER	90. 01	0	7, 237, 80 3, 25			13. 00
14. 00	WOUND CARE CENTER	90. 02	0		2 0		14. 00
15. 00	EMERGENCY	91. 00	0	1, 26			15. 00
16. 00	OBSERVATION BEDS (DISTINCT	92. 01	0	3	1 0		16. 00
	PART)	 	<u> </u>	16, 245, 22	5		
	F - LEASE EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19, 28		•	1.00
2. 00 3. 00	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5. 00 7. 00	0	1, 58 247, 19		ł	2.00
4.00	NURSING ADMINISTRATION	13.00	0	2, 58		ł	4. 00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	41, 48			5. 00
6.00	OPERATING ROOM	50.00	0	3, 85			6. 00
7.00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	54.00	0	10, 10			7.00
8. 00 9. 00	LABORATORY	55. 00 60. 00	0	1, 66 27, 73			8. 00 9. 00
10. 00	RESPIRATORY THERAPY	65.00	0	9, 95		•	10. 00
11. 00	PHYSI CAL THERAPY	66.00	0	638, 21			11. 00
12.00	CLINIC	90.00	0	1, 63			12.00
13. 00 14. 00	OP ONCOLOGY INFUSION CENTER WOUND CARE CENTER	90. 01 90. 02	0	63, 21 71, 90		•	13. 00 14. 00
15. 00	PAIN CLINIC	90.02	0	48, 03		•	15. 00
16. 00	OP PSYCH CLINIC	90.05	0	101, 10			16. 00
17. 00	EMERGENCY	91.00	0	23, 65		•	17. 00
18. 00 19. 00	PROMPTCARE	190. 01 190. 11	0	41, 65		•	18. 00 19. 00
20. 00	COMMUNITY HEALTH SERVICES PHYSICIANS' PRIVATE OFFICES	190.11	0	112, 70 5, 38		1	20.00
20.00	0			1, 472, 93			20.00
	G - BILLABLE DRUGS					-	
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30, 37		•	1.00
2. 00 3. 00	ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5. 00 7. 00	0	29, 70 42		•	2.00
4. 00	NURSING ADMINISTRATION	13. 00	0	3, 76		•	4. 00
5.00	CENTRAL SERVICES & SUPPLY	14. 00	0	21, 37	5 0	•	5. 00
6.00	PHARMACY	15. 00	0	36, 526, 22		ł	6. 00
7.00	CENTRAL STERILIZATION	18. 01	0	3, 69		•	7. 00
8. 00 9. 00	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	30. 00 31. 00	0	89, 65 23, 35		•	8. 00 9. 00
10. 00	NEONATAL INTENSIVE CARE UNIT	35.00	0	23, 35 1, 55		•	10.00
11. 00	OPERATI NG ROOM	50.00	Ö	247, 97		•	11. 00
12. 00	RECOVERY ROOM	51.00	O	27, 51	6 0	•	12. 00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18, 36		•	13.00
14. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	51, 82	5 0	l	14. 00

| Peri od: | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 10: 22 am

Cost Conter							5/30/2023 1	0: 22 am
B. DO BAH CH CKYY-THE RAPPUTC S. DO D 44, 188			Decreases					
15. DO AM AM DO AM AM DO AM AM DO AM AM DO AM AM DO AM AM DO AM AM DO AM AM DO AM AM DO AM AM AM AM AM AM AM A								
16.00 CT SCAN SECTION FOR SECTION CT	15.00							15. 00
17. 00 MACHETIC RESONANCE IMACING		1						16. 00
(MRI) 00 CARPICTERN ZATION		1		•				17. 00
18.00 CARDÍAC CATHETERIZATION 59 00 0 152,102 0 119.00 RESPIRATORY THERAPY 66 00 0 77 0 2 2 2 2 2 2 2 2 2	17.00		30.00	9	05, 522			17.00
19.00 RESPIRATORY THERAPY 6.5 0.0 0 17,365 0 12.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 17,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00 18,205 0 22.00	18. 00	1` ′	59.00	o	152, 102	0		18. 00
21.00 FECTROCARDIO LOCY 69.00 0 264,211 0 2 2 2 2 2 2 2 2 2	19. 00	RESPI RATORY THERAPY	65.00	O	17, 365	0		19. 00
22 00 REMAL DIALYSIS 74,00 0 5,801 0 22 23.00 CARDAG REHABILITATION 76,97 0 0 70,00 0 22 24.00 CLINIC 0 0 0 14 0 0 22 25.00 OP ONCOLOGY INFUSION CENTER 90,00 0 14 0 0 22 25.00 OP ONCOLOGY INFUSION CENTER 90,00 0 14 0 0 22 25.00 OP ONCOLOGY INFUSION CENTER 90,00 0 14 0 0 22 25.00 OP ONCOLOGY INFUSION CENTER 90,00 0 0 15,530 0 22 26.00 AUSTIN SPECIALTY CLINIC 90,00 0 0 55,303 0 22 27.00 DIRECTORY OF THE SPECIALTY CLINIC 90,00 0 0 70,262 0 0 22 28.00 AUSTIN SPECIALTY CLINIC 91,00 0 70,262 0 0 23 28.00 OBSERVATION BEDS (DISTINCT 92,01 0 21,313 0 0 0 33,279 0 33 28.00 OBSERVATION BEDS (DISTINCT 92,01 0 33,279 0 33 28.00 OBSERVATION BEDS (DISTINCT 92,01 0 33,279 0 33 28.00 OBSERVATION BEDS (DISTINCT 92,01 0 33,279 0 33 28.00 OBSERVATION BEDS (DISTINCT 92,01 0 33,279 0 33 29.00 OBSERVATION BEDS (DISTINCT 92,01 0 33,279 0 33 20.00 OBSERVATION BEDS (DISTINCT 92,01 0 33,279 0 33 20.00 OBSERVATION BEDS (DISTINCT 92,01 0 33,279 0 33 20.00 OBSERVATION BEDS (DISTINCT 92,01 0 33,279 0 33 20.00 OBSERVATION BEDS (DISTINCT 92,01 0 33,279 0 33 20.00 OBSERVATION BEDS (DISTINCT 92,01 0 1,059 0 0 0 0 0 0 0 0 0	20.00	PHYSI CAL THERAPY	66.00	0	79	0		20. 00
23.00 CARDIAC REMAIN LITATION 76.97 0 970 0 22.00 CARDIAC REMAIN LITATION 90.00 0 14 0 0 22.00 0 PONOCLOCY INPUSION CENTER 90.01 0 38.434 0 22.00 PONOCLOCY INPUSION CENTER 90.01 0 38.434 0 22.00 PONOCLOCY INPUSION CENTER 90.01 0 38.434 0 22.00 PAIN CLINIC 90.03 0 62.012 0 22.00 0 22.00 PAIN CLINIC 90.03 0 62.012 0 0 22.00 PAIN CLINIC 90.03 0 62.012 0 0 22.00 PAIN CLINIC 90.03 0 62.012 0 0 22.00 PAIN CLINIC 90.03 0 62.012 0 0 22.00 PAIN CLINIC 90.03 0 62.012 0 0 22.00 PAIN CLINIC 90.03 0 90.00 PAIN CLINIC 90.03 0 90.00 PAIN CLINIC 90.03 0 90.00 PAIN CLINIC 92.01 0 21.310 PAIN CLINIC 92.01 0 23.32.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 33.79 0 0 0 0 33.79 0 0 0 33.79 0 0 0 0 33.79 0 0 0 0 33.79 0 0 0 0 33.79 0 0 0 0 0 33.79 0 0 0 0 0 0 33.79 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21. 00	ELECTROCARDI OLOGY	69. 00	0	264, 211	0		21. 00
24.00 CLINIC 90.00 0 14 0 2.2				-				22. 00
25. CO DP ONCOLOGY INFUSION CENTER 90. O1 0 38, 434 0 22. OC COMBON CARE CENTER 90. O2 0 6, 8, 881 0 22. OC DPAIN CLINIC 90. 03 0 62, 012 0 22. OC DPAIN CLINIC 90. 03 0 62, 012 0 0 22. OC DPAIN CLINIC 90. 04 0 55, 993 0 22. OC DPAIN CLINIC 90. 06 0 55, 993 0 22. OC DPAIN CLINIC 90. 06 0 55, 993 0 22. OC DPAIN CLINIC 90. 06 0 55, 993 0 22. OC DPAIN CLINIC 90. 06 0 55, 993 0 22. OC DPAIN TYPE ALTH SERVICES 190. 11 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 422 0 0 38. 197, 460 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 423 0 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424 0 0 11, 424				~				23. 00
26. 00 MOUND CARE CENTER 90. 02 0 8. 881 0 22 27. 00 PAIN CLINIC 90. 03 0 62. 012 0 22 28. 00 MULTI SPECIALTY CLINIC 90. 03 0 62. 012 0 22 28. 00 MULTI SPECIALTY CLINIC 90. 00 0 70. 262 0 22 28. 00 MULTI SPECIALTY CLINIC 90. 00 0 70. 262 0 22 29. 00 PERCENCY 91. 00 0 70. 262 0 22 29. 00 PERCENCY 91. 00 0 70. 262 0 22 20. 00 PERCENCY 91. 00 0 70. 262 0 22 20. 00 PERCENCY 91. 00 0 70. 262 0 22 20. 00 PERCENCY 91. 00 0 70. 262 0 22 20. 00 PERCENCY 91. 00 0 70. 262 0 2 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 70. 27 20. 00 PERCENCY 91. 00 0 90. 90. 90. 90. 90. 90. 90. 90. 9		1		-1				24. 00
27. 00 PAIN CLINIC 90.06 0 55.393 0 22 28. 00 MUTI SPECIALTY CLINIC 90.06 0 55.393 0 22 29. 00 EMERGENCY 91.00 0 70.262 0 22 30.00 MISTERSPATION BEDS (DISTINCT 92.01 0 21.316 0 33 31.00 PERSMATION BEDS (DISTINCT 92.01 0 33.279 0 33.279 0 33.200 31.00 PERSMATION BEDS (DISTINCT 92.01 0 33.279 0 33.279 0 33.200 32. 00 DISTINCT 92.01 0 11.472 0 0 33.279 0 33.200 H. DON-BILLABLE DRUSS		1		-1				25. 00
28.00 MULTI SPECIALTY CLINIC 90.00 0 55.303 0 22 29.00 EMERCENCY 91.00 0 70.262 0 29.00 29.00 EMERCENCY 91.00 0 70.262 0 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.		1		-				26. 00
29.00 MERCRENCY 91.00 0 70, 262 0 32 33 30 00 BESENTION BEDS (DISTINCT 92.01 0 21,316 0 33 37 31 0 7 32 0 33 32 0 0 33 37 9 0 33 37 9 0 33 37 9 0 33 37 9 0 34 37 38 38 38 38 38 38 38								27. 00 28. 00
30 00 OBSERVATION BEDS (DISTINCT 92.01 0 21,316 0 33 31 31 32 32 33 32 00 24 32 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 32 00 33 33		l l		-1		1		29. 00
PART		1		-				30.00
33. 00			72.01	9	21, 310			30.00
0		1 '	190. 01	O	33, 279	0		31. 00
H - NON-BILABLE DRUGS	32.00	COMMUNITY HEALTH SERVICES	190. 11	o	11, 422	0		32. 00
1.00		0		0	38, 197, 460			
2. 0.0 NURSING ADMINISTRATION 13. 0.0 0 1,059 0 1 3. 0.0 CENTRAL SERVICES & SUPPLY 14 0.0 0 12,378 0 1 4. 0.0 ADULTS & PEDIATRICS 30.0 0 0 241,031 0 1 6. 0.0 INTENSIVE CARE UNIT 31.0 0 0 119,633 0 0 8. 0.0 NEONATAL INTENSIVE CARE UNIT 35.0 0 0 19,633 0 0 8. 0.0 NEONATAL INTENSIVE CARE UNIT 35.0 0 0 19,633 0 0 8. 0.0 RECOVERY ROOM 50.0 0 150,820 0 0 8. 0.0 RECOVERY ROOM 51.0 0 0 132,2414 0 0 1 9. 0.0 DELIVERY ROOM 8. LABOR ROOM 52.0 0 0 41,086 0 0 1 10. 0.0 RADIOLOGY-THERAPEUTIC 55.0 0 0 12,630 0 11,181 0 1 11. 0.0 RADIOLOGY-THERAPEUTIC 55.0 0 0 10,118 0 1 11. 0.0 RADIOLOGY-THERAPEUTIC 55.0 0 0 14,147 0 1 13. 0.0 MCANGATIC RESONANCE IMAGING 58.0 0 14,147 0 1 15. 0.0 RESPIRATORY THERAPY 65.0 0 0 10,98 0 1 16. 0.0 ELECTROCARDIOLOGY HERAPY 65.0 0 0 10,98 0 1 16. 0.0 ELECTROCARDIOLOGY HERAPY 65.0 0 0 10,98 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687 0 11,687								
3.00 CENTRAL SERVICES & SUPPLY 14 00 0 12, 378 0 1 4		1						1.00
4. 00 ADULTS & PEDIATRICS 30. 00 0 241.031 0 6. 00 1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1						2. 00
5.00				•				3. 00
6. OD NEONATAL INTENSIVE CARE UNIT 7 00 OPERATIN CROWD 50. DO 0 150, 820 0 0 8. OD RECOVERY ROOM 50. DO 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150, 820 0 0 150								4. 00
7. 00 OPERATING ROOM S0. 00 0 150. 820 0 9. 00 0 150. 820 0 9. 00 0 150. 820 0 12. 414 0 9. 00 0 0 12. 414 0 9. 00 0 0 12. 630 0 0 11. 00 0 0 0 0 0 0 0 0 0						1		5. 00 6. 00
8. 00 RECOVERY ROOM		1			·			7. 00
9.00 DELIVERY ROOM & LABOR ROOM 10.00 RADIOLOGY-DIACNOSTIC 11.00 RADIOLOGY-DIACNOSTIC 11.00 RADIOLOGY-DIACNOSTIC 12.00 CT SCAN 11.00 RADIOLOGY-THERAPEUTIC 12.00 CT SCAN 11.00 RADIOLOGY-THERAPEUTIC 12.00 CT SCAN 11.00 RADIOLOGY-THERAPEUTIC 12.00 CT SCAN 12.00 RESDIACTOR TRESONANCE IMAGING 13.00 MAGNETIC RESONANCE IMAGING 14.00 CARDIAC CATHETERIZATION 15.00 RESPIRATORY THERAPY 15.00 RESPIRATORY THERAPY 16.00 CLIVINC 17.00 REMAL DIALYSIS 17.400 0 0 496 0 11.10 REMAL DIALYSIS 17.400 0 0 5.094 17.10 REMAL DIALYSIS 17.400 0 0 5.094 18.00 CLIVINC 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OP DANOCLOGY INFUSION CENTER 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.00 OPAN CLINIC 19.		1		-		1		8. 00
10.00 RADI OLOGY-DI AGNOSTIC 54.00 0 12,630 0 11 11.00 RADI OLOGY-DI AGNOSTIC 55.00 0 10,118 0 11 12.00 CT SCAN 57.00 0 21,103 0 11 13 13 14 13 14 14 14				-				9. 00
11.00 RADI OLOCY-THERAPEUTIC 55.00 0 10,118 0 12.00 CT SCAN 57.00 0 21,103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 11.103 0 0 11.103 0 0 0 0 0 0 0 0 0		1						10.00
13. 00 MAGNETIC RESONANCE IMAGING (URI) 14. 147 0 14. 147 0 15. 00 14. 147 0 17. 14. 00 17. 14. 00 18. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00	11. 00	RADI OLOGY-THERAPEUTI C		O		1		11. 00
ACRI ACCATHETERIZATION 59,00 0 66,463 0 1- 15.00 RESPIRATORY THERAPY 65.00 0 0 496 0 0 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 1	12.00	CT SCAN	57.00	O	21, 103	0		12. 00
14. 00	13.00		58. 00	0	14, 147	0		13. 00
15.00 RESPIRATORY THERAPY	44.00	1` ′	50.00					44.00
16. 00 ELECTROCARDI OLOGY 17. 00 RENAL DIALYSIS 74. 00 0 5, 094 0 17. 00 RENAL DIALYSIS 74. 00 0 5, 094 0 18. 00 CLINIC 90. 00 0 0 1, 687 0 18. 00 CLINIC 90. 00 0 0 1, 687 0 18. 00 CLINIC 90. 00 0 0 5, 094 0 18. 00 CLINIC 90. 00 0 0 5, 094 0 18. 00 CLINIC 90. 00 0 0 5, 088 0 19. 00 0 1, 687 0 19. 00 PAIN CLINIC 90. 00 0 252, 888 0 19. 00 0 22. 00 DEMERGENCY 91. 00 0 446, 809 0 22. 00 DESERVATION BEDS (DISTINCT 92. 01 0 41, 138 0 PART) 23. 00 PHYSICIANS' PRIVATE OFFICES 192. 00 0 1, 597, 447 0 24. 00 DESERVATION SERVENSE 1. 00 ADMINISTRATIVE & GENERAL 5. 00 0 334 11 0 0		1		- 1				14. 00
17.00 REMAL DI ALYSIS 74.00 0 5.094 0 11.800 CLINIC 90.00 0 1.687 0 11.800 CLINIC 90.01 0 252,868 0 11.800 0 0 0 0 0 0 0 0 0		1		-1				15. 00 16. 00
18.00 CLINIC 90.00 0 1.687 0 11 19.00 OP ONCOLOGY INFUSION CENTER 90.01 0 252.868 0 11 20.00 PAIN CLINIC 90.03 0 516 0 22 21.00 EMERGENCY 91.00 0 446.809 0 22 22.00 OBSERVATION BEDS (DISTINCT 92.01 0 41.138 0 22 23.00 PHYSICIANS' PRIVATE OFFICES 192.00 0 1.588 0 22 24.00 PHYSICIANS' PRIVATE OFFICES 192.00 0 1.597,447 2 25.00 CLINIC 8GENERAL 5.00 0 3344 11 0 22 26.00 CLINIC 90.00 20.378 1.559 0 22 27.00 CLINIC 90.00 20.378 1.559 0 22 28.00 CLINIC 90.00 122,944 19.201 0 22 29.00 CLINIC 90.00 0 1.22,944 19.201 0 22 20.00 CLINIC 90.00 0 1.7747 0 22 20.00 CLINIC 90.00 0 1.7747 0 22 20.00 CLINIC 90.00 0 1.7747 0 22 20.00 CLINIC 90.00 0 1.7747 0 22 20.00 CLINIC 90.00 0 1.7747 0 22 20.00 CLINIC 90.00 0 1.7747 0 32 20.00 CLINIC 90.00 0 1.7747 0 32 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.00 0 1.7747 0 9 20.00 CLINIC 90.		1		- 1	·			17. 00
19, 00 OP ONCOLOGY INFUSION CENTER 90, 01 0 252, 868 0 20, 00 0 0 0 0 0 0 0 0		l l		-		1		18. 00
20.00 PAIN CLINIC 90.03 0 516 0 22 21.00 EMERGENCY 91.00 0 446,809 0 22 22.00 OBSERVATION BEDS (DISTINCT 92.01 0 41,138 0 22 23.00 PHYSICIANS' PRIVATE OFFICES 192.00 0 1,597,447								19. 00
22. 00 OBSERVATI ON BEDS (DI STINCT 92. 01 0 41, 138 0 22 23. 00 PHYSI CI ANS' PRI VATE OFFICES 192. 00 0 158 0 0 25 0 0 1, 597, 447				ō				20. 00
23. 00 PART) PHYSICIANS' PRIVATE OFFICES 192. 00 0 158 0 0 1, 597, 447 J - INTEREST EXPENSE 1. 00 ADMINISTRATIVE & GENERAL 5. 00 0 334 11 0 K - PHARMACY RESIDENCY 1. 00 CLINIC 90.00 20, 378 1, 559 0 0 212, 675 16, 270 L - PSYCH ADMIN 1. 00 ADULTS & PEDIATRICS 30.00 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 122, 944 19, 201 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1, 747 0 0 0 1,	21.00	EMERGENCY	91.00	O	446, 809	0		21. 00
23. 00 PHYSÍCIANS' PRIVATE OFFICES 192. 00 0 158 0 0 1,597,447	22. 00	OBSERVATION BEDS (DISTINCT	92. 01	o	41, 138	0		22. 00
1.00 ADMI NI STRATI VE & GENERAL 5.00 0 334 11 0 0 334		1 '						
1.00 ADMI NI STRATI VE & GENERAL 5.00 0 334 11 0 0 334			1 <u>92.</u> 00	0				23. 00
1.00 ADMI NI STRATI VE & GENERAL 5.00 0 334 11 0 0 334 11 0 0 334 11 0 0 334 11 0 0 334 11 0 0 334 11 0 0 0 334 11 0 0 0 0 0 0 0 0				0	1, 597, 447			_
O O 334			5 00	٥	331	11		1.00
K - PHARMACY RESIDENCY	1.00	0						1.00
1.00 PHARMACY 15.00 192, 297 14, 711 0 2.00 CLINIC 90.00 20, 378 1, 559 0 L - PSYCH ADMIN 1.00 ADULTS & PEDIATRICS 30.00 122, 944 19, 201 0 M - SOFTWARE LICENSE 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 0 1, 013 14 2.00 ADMINISTRATIVE & GENERAL 5.00 0 4, 770 0 3.00 OPERATION OF PLANT 7.00 0 1, 747 0 4.00 DI ETARY 10.00 0 252 0 5.00 NURSING ADMINISTRATION 13.00 0 9, 140 0 6.00 CENTRAL SERVICES & SUPPLY 14.00 0 5, 220 0 7.00 PHARMACY 15.00 0 4, 926 0 8.00 ADULTS & PEDIATRICS 30.00 0 1, 192 0		K - PHARMACY RESIDENCY		<u> </u>				
2.00 CLINIC 90.00 20,378 1,559 0 L - PSYCH ADMIN 1.00 ADULTS & PEDIATRICS 30.00 122,944 19,201 0 M - SOFTWARE LICENSE 1.00 EMPLOYEE BENEFITS DEPARTMENT 4.00 0 1,013 14 2.00 ADMINISTRATIVE & GENERAL 5.00 0 4,770 0 3.00 OPERATION OF PLANT 7.00 0 1,747 0 4.00 DIETARY 10.00 0 252 0 5.00 NURSING ADMINISTRATION 13.00 0 9,140 0 6.00 CENTRAL SERVICES & SUPPLY 14.00 0 5,220 0 7.00 PHARMACY 15.00 0 4,926 0 8.00 ADULTS & PEDIATRICS 30.00 0 1,192 0			15. 00	192, 297	14, 711	0		1.00
L - PSYCH ADMIN ADULTS & PEDIATRICS 30.00 122,944 19,201 0 0 122,944 19,201 0 0 122,944 19,201 0 0 122,944 19,201 0 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 0 1,013 14 1,000 1,013 14 1,000 1,013 14 1,000 1,013 14 1,000 1,013 14 1,000 1,013 14 1,000 1,013 14 14 14 14 14 15 15 15		CLINIC	90.00					2. 00
1. 00 ADULTS & PEDIATRICS 30.00 122, 944 19, 201 0 M - SOFTWARE LICENSE 1. 00 EMPLOYEE BENEFITS DEPARTMENT 4. 00 0 1, 013 14 2. 00 ADMINISTRATIVE & GENERAL 5. 00 0 4, 770 0 3. 00 OPERATION OF PLANT 7. 00 0 1, 747 0 4. 00 DIETARY 10. 00 0 252 0 5. 00 NURSING ADMINISTRATION 13. 00 0 9, 140 0 6. 00 CENTRAL SERVICES & SUPPLY 14. 00 0 5, 220 0 7. 00 PHARMACY 15. 00 0 4, 926 0 8. 00 ADULTS & PEDIATRICS 30. 00 0 1, 192 0		0		212, 675	16, 270			
Note								
M - SOFTWARE LICENSE	1.00	ADULTS & PEDIATRICS	3000					1. 00
1.00 EMPLOYEE BENEFITS DEPARTMENT		0		122, 944	19, 201			
2.00 ADMINISTRATIVE & GENERAL 5.00 0 4,770 0 3.00 OPERATION OF PLANT 7.00 0 1,747 0 4.00 DI ETARY 10.00 0 252 0 5.00 NURSING ADMINISTRATION 13.00 0 9,140 0 6.00 CENTRAL SERVICES & SUPPLY 14.00 0 5,220 0 6.00 PHARMACY 15.00 0 4,926 0 6.00 ADULTS & PEDIATRICS 30.00 0 14,064 0 9.00 INTENSIVE CARE UNIT 31.00 0 1,192 0 6.00			4 00	٥	1 012	1.4		1 00
3.00 OPERATION OF PLANT 7.00 0 1,747 0 4.00 DI ETARY 10.00 0 252 0 5.00 NURSI NG ADMINI STRATION 13.00 0 9,140 0 5.00 CENTRAL SERVI CES & SUPPLY 14.00 0 5,220 0 6.00 PHARMACY 15.00 0 4,926 0 6.00 ADULTS & PEDI ATRI CS 30.00 0 14,064 0 9.00 INTENSI VE CARE UNI T 31.00 0 1,192 0		1		•				1. 00 2. 00
4.00 DI ETARY 10.00 0 252 0 0 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		1				1		3. 00
5.00 NURSING ADMINISTRATION 13.00 0 9,140 0 9 6.00 CENTRAL SERVICES & SUPPLY 14.00 0 5,220 0 0 7.00 PHARMACY 15.00 0 4,926 0 8.00 ADULTS & PEDIATRICS 30.00 0 14,064 0 8 9.00 INTENSIVE CARE UNIT 31.00 0 1,192 0				•				4. 00
6.00 CENTRAL SERVICES & SUPPLY 14.00 0 5,220 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		l l				1		5. 00
7. 00 PHARMACY 15. 00 0 4, 926 0 8. 00 ADULTS & PEDIATRICS 30. 00 0 14, 064 0 8 9. 00 INTENSIVE CARE UNIT 31. 00 0 1, 192 0								6. 00
8.00 ADULTS & PEDIATRICS 30.00 0 14,064 0 8 9.00 INTENSIVE CARE UNIT 31.00 0 1,192 0				ol				7. 00
9.00 INTENSIVE CARE UNIT 31.00 0 1,192 0 4				o				8. 00
10 OO INFONATAL INTENSIVE CARE INIT 25 OO O O O		1		o		1		9. 00
		NEONATAL INTENSIVE CARE UNIT	35. 00	0	200			10. 00
				- 1				11. 00
				-				12. 00
								13. 00
		1						14. 00 15. 00
13.00 01 30AN 31.00 0 11/ 0 18		IOT SCAIN	37.00	Ч	117	١		1 13.00

Health Financial Systems RECLASSIFICATIONS

Provider CCN: 15-0051

Peri od: From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/30/2023 10: 22 am

CRUIL CRITICATION 1.00						L	5/30/2023 10	: 22 am
S. O. O. O. O. O. O. O.			Decreases					
16.00 CARRIENT CATHER LEAT ION 59.00 0 13,657 0 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17								
1.00	11.00							47.00
18.00 PINYSICAL TUREAPY				-	•			1
19-00 ELECTROCARDIGLOCY 69-00 0 0.285 0 19-00 0 0 0 0 0 0 0 0 0		1		1				1
20.00 DP PRIMARACY 73.01 0 2,722 0 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.				•	•			1
21 00 BENAL DIALYSIS 74 00 0 566 0 22 00 CLINIC 0 0 22 00 CLINIC 0 0 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0				- 1		- 1		1
22.00 CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC SO CALINIC S		1				- 1		1
22.00 OP ONDCOLOGY INSUSION CENTER 00.01 0 35,346 0 24.00 24.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.0		1		-		- 1		1
AND CLINIC 90.03		1		1				1
25.00 00 CLINIC 90.04 0 4.982 0 25.00 26.00 27.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00				7	•			1
2.6.00 OP PSYCH CLINIC O. 0.05 O. 22 O. 0.25 O. 22.00 OP PSYCH CLINIC O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O. 0.05 O.		l e		-1				1
MILTI SPECIALTY CLINIC		1			•			1
BLERGERICY 91.00		1		-1		-		1
29.00								1
DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART DART		1						1
10.00	27.00		/2.01		212	J		27.00
1.00	30 00		190 01	0	25 179	0		30.00
1.00 DIFTARY 10.00 943,295 743,776 0 0 1.00 0 1.00 0 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.		1		-	•	-		1
No. CAPETERIA 10.00 943, 295 743, 776 0 0 0 0 0 0 0 0 0	01.00	0				— — "		01.00
1.00		N - CAFETERIA			200, 202			
0	1.00		10.00	943, 295	743, 776	0		1.00
0 - SIGNET TERM DISABILITYFUNA 1.00				+				1
1.00 ADMINISTRATIVE & GENERAL 5.00 11.668 0 0 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00		O - SHORT TERM DISABILITY/FLM	MA			l		
2.00 EMPLOYEE BREFEITS DEPARTMENT 4,00 4,123 0 0 0 3.00 3.00 OPERATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION OF PILATION O	1. 00			11, 668	0	0		1.00
3.00 OPERATION OF PLANT 7,00 4,920 0 0 3.30 0.00 HORSEKEPING 9,00 17,370 0 0 0 5.00 DIETARY 10,00 14,974 0 0 0 5.00 OPERATION OF PLANT 15,00 22,263 0 0 0 7.00 PHARMACY 15,00 92,543 0 0 0 8.00 CONTRAL STERILIZATION 18,01 1,276 0 0 9.00 ADULTS & PEDIATRICS 30,00 88,433 0 0 0 9.00 ONTRAIL STERILIZATION 13,00 12,885 0 0 11.00 OINTRINSINE CARE UNIT 31,00 12,885 0 0 12.00 OPERATION OF PLANT 55,00 2,756 0 13.00 RECOVERY ROOM 1,500 53,950 0 15.00 RECOVERY ROOM 1,500 55,887 0 0 15.00 RECOVERY ROOM 1,500 1,500 1,500 16.00 RADIO LOGY-THERAPEUTIC 55,00 6,220 0 0 17.00 CINCLON OF PLANT 1,500 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON OF PLANT 1,500 1,500 17.00 CINCLON O		1						1
MOUSEKEEPING		1			0	O		1
5.00 DIETARY 10.00 14.974 0 0 6.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		1						1
6.00 NURSING ADMINISTRATION 13.00 27.263 0 0 7.00 PHARMACY 15.00 92.543 0 0 0 7.00 PHARMACY 15.00 92.543 0 0 0 7.00 PHARMACY 15.00 92.543 0 0 0 7.00 PHARMACY 15.00 92.543 0 0 0 0 8.00 9.00 ADMINISTRATION 18.01 1.276 0 0 0 8.00 9.00 ADMINISTRATION 18.01 1.276 0 0 0 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.0					0			1
7. 00 HARMACY 15. 00 92. 542 0 0 8.00 9.00 3.00 9.00 0 0 8.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 9.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 11.00 10.00 11.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 12.00 <t< td=""><td></td><td>1</td><td></td><td></td><td>0</td><td>O</td><td></td><td>1</td></t<>		1			0	O		1
8.00 CENTRAL STERILIZATION 18.01 1.276 0 0 8.00					0			1
9.00 ADULTS & PEDIATRICS 10.00 INTENSIVE CARE UNIT 13.00 12.885 0 0 0 10.00 11.00 INTENSIVE CARE UNIT 13.00 12.885 0 0 0 11.00 12.00 OPERATING ROOM 50.00 27.354 0 0 0 12.00 13.00 RECOVERY ROOM 51.00 53.950 0 0 13.00 15.00 RECOVERY ROOM 52.00 55.887 0 0 0 13.00 15.00 RECOVERY ROOM 52.00 55.887 0 0 0 13.00 15.00 RADIOLOCY-DIAGNOSTIC 54.00 31.344 0 0 0 15.00 17.00 CT SCAN 17.00 CT SCAN 17.00 CT SCAN 18.00 CARDIOLOCY-THERAPEUTIC 55.00 6.220 0 0 0 17.00 17.00 CT SCAN 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-THERAPEUTIC 55.00 1.20 18.00 CARDIOLOCY-TH	8.00	CENTRAL STERILIZATION	18. 01		0	o		8.00
10.00 INTENSIVE CARE UNIT	9.00	ADULTS & PEDIATRICS			0	o		9.00
11.00 NEONATAL INTENSIVE CARE UNIT 35.00 2.756 0 0 11.00 12.00 OPERATING ROOM 50.00 27.354 0 0 12.00 13.00 RECOVERY ROOM 51.00 53.950 0 0 13.00 15.00 RADIOLOGY_DIACNOSTIC 54.00 31.344 0 0 0 15.00 15.00 RADIOLOGY_THERAPEUTIC 55.00 6.220 0 0 16.00 17.00 CT SCAN 57.00 3.547 0 0 17.00 18.00 CARDIA C CATHETERIZATION 59.00 2.631 0 0 18.00 19.00 CARDIA C CATHETERIZATION 59.00 2.631 0 0 18.00 19.00 RESPIRATORY THERAPEY 65.00 18.517 0 0 19.00 19.00 RESPIRATORY THERAPEY 66.00 52.215 0 0 20.00 19.00 RESPIRATORY THERAPEY 66.00 52.215 0 0 20.00 19.00 RESPIRATORY THERAPEY 73.01 661 0 0 22.00 19.00 PHYSICAL THERAPY 73.01 661 0 0 22.00 19.00 PHYSICAL THERAPY 73.01 661 0 0 22.00 19.00 PHYSICAL THERAPEY 73.01 661 0 0 22.00 19.00 PONOLOGY INFUSION CENTER 90.01 1.5268 0 0 22.00 19.00 CLINIC 90.00 4.909 0 0 24.00 10.00 CLINIC 90.00 1.952 0 0 25.00 10.00 CUNIN C 90.03 0 1.719 0 22.00 10.00 CLINIC 90.03 0 1.719 0 22.00 10.00 CLINIC 90.05 3.768 0 0 22.00 10.00 DESCRIPTION BEDS (DISTINCT 90.05 3.768 0 0 0 22.00 10.00 PARTIN 10.00 13.100 0 24.00 10.00 DESCRIPTION BEDS (DISTINCT 92.01 5.038 0 0 0 24.00 10.00 PROMPICARE 190.01 38.854 0 0 0 33.00 10.00 RECOVERY ROOM 13.00 0 24.00 0 34.00 10.00 RECOVERY ROOM 13.00 0 24.00 0 34.00 10.00 RECOVERY ROOM 13.00 0 24.00 0 34.00 10.00 RECOVERY ROOM 13.00 0 24.00 0 34.00 10.00 RECOVERY ROOM 13.00 0 0 14.00 0 30.00 10.00 RECOVERY ROOM 13.00 0 0 15.50 0 0 0 10.00 RECOVERY ROOM 13.00 0 15.50 0 0 10.00 10.00 RECOVERY ROOM 13.00 0 15.55 0 0 10.00 10.00 RECOVERY ROOM 13.00 0 15.50 0 10.00 10.00 RECOVERY ROOM 13.00 0	10.00	INTENSIVE CARE UNIT	31.00		0	o		10.00
12.00 OPERATING ROOM	11.00	NEONATAL INTENSIVE CARE UNIT	35. 00		0	o		11.00
13. 00 RECOVERY ROOM & LABOR ROOM 51. 00 53.950 0 0 112. 00 14. 00 DELIVERY ROOM & LABOR ROOM 52. 00 55. 887 0 0 14. 00 15. 00 RADI OLOGY-THERAPEUTIC 55. 00 6. 220 0 0 0 16. 00 16. 00 RADI OLOGY-THERAPEUTIC 55. 00 6. 220 0 0 0 16. 00 17. 00 CT SCAN 57. 00 3. 547 0 0 17. 00 18. 00 CARDI AC CATHETER IZATION 57. 00 3. 547 0 0 18. 00 19. 00 ROSP REATORY THERAPY 65. 00 18. 517 0 0 19. 00 19. 00 ROSP REATORY THERAPY 66. 00 52. 215 0 0 22. 00 10. 00 LECTROCARDI OLOGY 69. 00 1. 075 0 0 22. 00 22. 00 OP PHARMACY 73. 01 661 0 0 22. 00 23. 00 CARDIA C REHABI LITATION 76. 97 2. 634 0 0 22. 00 24. 00 CLINIC 90. 00 4. 909 0 0 0 22. 00 25. 00 OP ONOCLOGY INFUSION CENTER 90. 01 15. 268 0 0 0 25. 00 29. 00 OP PSYCH CLINIC 90. 03 0 1. 719 0 27. 00 29. 00 OP PSYCH CLINIC 90. 03 0 1. 719 0 27. 00 29. 00 OP PSYCH CLINIC 90. 03 0 1. 719 0 28. 00 20. 00 OP PSYCH CLINIC 90. 05 3. 768 0 0 29. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 28. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 30. 00 20. 00 OP PSYCH CLINIC 90. 06 13. 103 0 0 0 10. 00 20. 00 OP PSYCH CLINIC 90.					0	0		1
14. 00 DELIVERY ROOM & LABOR ROOM 52. 00 55. 887 0 0 0 14. 00 15. 00 16. 00 RADI LOGY-LI ROROSTI C 54. 00 31. 344 0 0 0 15. 00 RADI LOGY-LI ROROSTI C 54. 00 31. 344 0 0 0 17. 00 17. 00 17. 00 17. 00 17. 00 17. 00 17. 00 17. 00 17. 00 17. 00 17. 00 17. 00 18. 00 18. 01 19. 00 RESPIRATORY THERAPY 65. 00 18. 517 0 0 0 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 1	13.00	RECOVERY ROOM			0	o		1
15.00 RADI OLOGY-DIAGNOSTIC 54.00 31.344 0 0 0 15.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 16.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00	14.00	DELIVERY ROOM & LABOR ROOM			0	o		1
16. 00 RADI OLOGY-THERAPEUTI C 55. 00 6. 220 0 0 0 110. 00		1			0	0		1
17. 00 CT SCAN 57. 00 3,547 0 0 0 17. 00 18. 00 18. 00 18. 00 18. 00 18. 00 18. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00					0	- 1		1
18. 00 CARDI AC CATHETERI ZATI (N) 59. 00 2, 631 0 0 0 19. 00 0 0 0 0 0 0 0 0 0					0	0		1
19. 00 RESPIRATORY THERAPY 65. 00 18, 517 0 0 0 19. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20		1			0			1
20. 00 PHYSICAL THERAPY	19.00		65. 00		0	o		19.00
21. 00 ELECTROCARDI OLOGY 69. 00 1, 075 0 0 21. 00	20.00	PHYSI CAL THERAPY	66. 00		0	o		20.00
22.00 OP PHARMACY 73.01 661 0 0 0 22.00	21.00		69.00		0	o		21.00
23.00 CARDIAC REHABILITATION 76.97 2.634 0 0 0 23.00	22.00			1	0	o		22. 00
24. 00 CLINIC 90. 00 4,909 0 0 0 24. 00	23.00	CARDIAC REHABILITATION		1	0	o		1
26. 00 WOUND CARE CENTER 90. 02 1, 952 0 0 0 27. 00 PAIN CLINIC 90. 03 0 1, 719 0 27. 00 27. 00 PAIN CLINIC 90. 04 7, 588 0 0 0 0 28. 00 0 CLINIC 90. 05 3, 768 0 0 0 28. 00 0 0 29. 00 0 P PSYCH CLINIC 90. 06 13, 103 0 0 0 30. 00 0 31. 00 31. 00 31. 00 31. 00 0 31. 00 31. 00 31. 00 31. 00 0 31. 00 31. 00 0 32. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24.00	CLINIC	90.00	4, 909	0	o		24. 00
27. 00 28. 00 00 CLINIC 90. 04 7,588 0 0 0 29. 00 00 00 29. 00 00 00 00 29. 00 00 00 29. 00 00 00 29. 00 00 00 29. 00 00 00 00 00 00 00 00	25.00	OP ONCOLOGY INFUSION CENTER	90. 01	15, 268	0	O		25. 00
28.00 0B CLINIC 90.04 7,588 0 0 28.00 29.00 0 0 29.00 0 0 29.00 0 0 0 0 0 0 0 0 0	26.00	WOUND CARE CENTER	90. 02	1, 952	0	O		26. 00
29. 00 OP PSYCH CLINIC 90. 05 3, 768 0 0 0 29. 00 30. 00 MULTI SPECIALTY CLINIC 90. 06 13, 103 0 0 0 31. 00 EMERGENCY 91. 00 6, 574 0 0 0 32. 00 OBSERVATION BEDS (DISTINCT 92. 01 5, 038 0 0 0 PART) 33. 00 PROMPTCARE 190. 01 28, 854 0 0 0 32. 00 COMMUNITY HEALTH SERVICES 190. 11 8, 608 0 0 0 COMMUNITY HEALTH SERVICES 190. 11 8, 608 0 0 0 34. 00 O	27.00	PAIN CLINIC	90. 03	O	1, 719	O		27. 00
30.00 MULTI SPECIALTY CLINIC 90.06 13, 103 0 0 0 30.00	28.00	OB CLINIC	90. 04	7, 588	0	O		28. 00
31.00 EMERGENCY 91.00 6,574 0 0 0 31.00 32.00 0 0 0 0 0 0 32.00 0 0 0 0 0 0 0 0 0	29.00	OP PSYCH CLINIC	90. 05	3, 768	0	0		29. 00
32. 00 DBSERVATI ON BEDS (DISTINCT 92. 01 5,038 0 0 0 33. 00	30.00	MULTI SPECIALTY CLINIC	90.06	13, 103	0	O		30. 00
PART PROMPTCARE 190.01 28,854 0 0 0 33.00	31.00	EMERGENCY	91.00	6, 574	0	0		31.00
33.00 PROMPTCARE 190.01 28,854 0 0 0 0 33.00 34.00 O	32.00	OBSERVATION BEDS (DISTINCT	92. 01	5, 038	0	0		32. 00
34.00 COMMUNITY HEALTH SERVICES 190.11 8,608 0 0 0 0 0 0 0 0 0		PART)						1
Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Colo	33.00	PROMPTCARE	190. 01	28, 854	0	0		33. 00
P - UTILITIES EXPENSE	34.00	COMMUNITY HEALTH SERVICES	190. 11	8, 608	0	0		34.00
1. 00 EMPLOYEE BENEFITS DEPARTMENT 4. 00 0 11, 036 0 2. 00 ADMI NI STRATI VE & GENERAL 5. 00 0 126 0 3. 00 HOUSEKEEPI NG 9. 00 0 460 0 3. 00 4. 00 NURSI NG ADMI NI STRATI ON 13. 00 0 288 0 4. 00 5. 00 PHARMACY 15. 00 0 14 0 5. 00 6. 00 ADULTS & PEDI ATRI CS 30. 00 0 2, 546 0 6. 00 7. 00 I NTENSI VE CARE UNI T 31. 00 0 30 0 7. 00 8. 00 NEONATAL I NTENSI VE CARE UNI T 35. 00 0 12 0 8. 00 9. 00 OPERATI NG ROOM 50. 00 0 651 0 9. 00 10. 00 RECOVERY ROOM 51. 00 0 66 0 11. 00 12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 17, 559 0 12. 00 13. 00 </td <td></td> <td>0</td> <td></td> <td>629, 908</td> <td>1, 719</td> <td></td> <td></td> <td></td>		0		629, 908	1, 719			
2. 00 ADMI NI STRATI VE & GENERAL 5. 00 0 126 0 2. 00 3. 00 HOUSEKEEPI NG 9. 00 0 460 0 3. 00 4. 00 NURSI NG ADMI NI STRATI ON 13. 00 0 288 0 4. 00 5. 00 PHARMACY 15. 00 0 14 0 5. 00 6. 00 ADULTS & PEDI ATRI CS 30. 00 0 2, 546 0 6. 00 7. 00 I NTENSI VE CARE UNI T 31. 00 0 30 0 7. 00 8. 00 NEONATAL I NTENSI VE CARE UNI T 35. 00 0 12 0 8. 00 9. 00 OPERATI NG ROOM 50. 00 0 651 0 9. 00 10. 00 RECOVERY ROOM 51. 00 0 153 0 10. 00 11. 00 DELI VERY ROOM & LABOR ROOM 52. 00 0 66 0 11. 00 12. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00		P - UTILITIES EXPENSE						
3. 00 HOUSEKEEPING 9. 00 0 460 0 3. 00 4. 00 NURSING ADMINISTRATION 13. 00 0 288 0 4. 00 5. 00 PHARMACY 15. 00 0 14 0 5. 00 6. 00 ADULTS & PEDIATRICS 30. 00 0 2, 546 0 6. 00 7. 00 INTENSIVE CARE UNIT 31. 00 0 30 0 7. 00 8. 00 NEONATAL INTENSIVE CARE UNIT 35. 00 0 12 0 8. 00 9. 00 OPERATING ROOM 50. 00 0 651 0 9. 00 10. 00 RECOVERY ROOM 51. 00 0 153 0 10. 00 11. 00 DELIVERY ROOM & LABOR ROOM 52. 00 0 66 0 11. 00 12. 00 RADI OLOGY-THERAPEUTIC 55. 00 0 184, 264 0 13. 00	1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11, 036	0		1.00
4. 00 NURSING ADMINISTRATION 13. 00 0 288 0 4. 00 5. 00 PHARMACY 15. 00 0 14 0 5. 00 6. 00 ADULTS & PEDIATRICS 30. 00 0 2, 546 0 6. 00 7. 00 INTENSIVE CARE UNIT 31. 00 0 30 0 7. 00 8. 00 NEONATAL INTENSIVE CARE UNIT 35. 00 0 12 0 8. 00 9. 00 OPERATING ROOM 50. 00 0 651 0 9. 00 10. 00 RECOVERY ROOM 51. 00 0 153 0 10. 00 11. 00 DELIVERY ROOM & LABOR ROOM 52. 00 0 66 0 11. 00 12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 17, 559 0 12. 00 13. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00	2.00	ADMINISTRATIVE & GENERAL		o	126	o		2. 00
5. 00 PHARMACY 15. 00 0 14 0 5. 00 6. 00 ADULTS & PEDIATRICS 30. 00 0 2, 546 0 6. 00 7. 00 INTENSIVE CARE UNIT 31. 00 0 30 0 7. 00 8. 00 NEONATAL INTENSIVE CARE UNIT 35. 00 0 12 0 8. 00 9. 00 OPERATING ROOM 50. 00 0 651 0 9. 00 10. 00 RECOVERY ROOM 51. 00 0 153 0 10. 00 11. 00 DELIVERY ROOM & LABOR ROOM 52. 00 0 66 0 11. 00 12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 17, 559 0 12. 00 13. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00				•				1
6. 00 ADULTS & PEDI ATRI CS 30. 00 0 2, 546 0 6. 00 7. 00 I NTENSI VE CARE UNI T 31. 00 0 30 0 7. 00 8. 00 NEONATAL I NTENSI VE CARE UNI T 35. 00 0 12 0 8. 00 9. 00 OPERATI NG ROOM 50. 00 0 651 0 9. 00 10. 00 RECOVERY ROOM 51. 00 0 153 0 10. 00 11. 00 DELI VERY ROOM & LABOR ROOM 52. 00 0 66 0 11. 00 12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 17, 559 0 12. 00 13. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00		1						1
7. 00 INTENSI VE CARE UNI T 31.00 0 30 0 7.00 8. 00 NEONATAL INTENSI VE CARE UNI T 35.00 0 12 0 8.00 9. 00 OPERATI NG ROOM 50.00 0 651 0 9.00 10. 00 RECOVERY ROOM 51.00 0 153 0 10.00 11. 00 DELI VERY ROOM & LABOR ROOM 52.00 0 66 0 11.00 12. 00 RADI OLOGY-DI AGNOSTI C 54.00 0 17,559 0 12.00 13. 00 RADI OLOGY-THERAPEUTI C 55.00 0 184,264 0 13.00		1						1
8. 00 NEONATAL INTENSIVE CARE UNIT 35. 00 0 12 0 8. 00 9. 00 OPERATING ROOM 50. 00 0 651 0 9. 00 10. 00 RECOVERY ROOM 51. 00 0 153 0 10. 00 11. 00 DELIVERY ROOM & LABOR ROOM 52. 00 0 66 0 11. 00 12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 17, 559 0 12. 00 13. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00				0		0		1
9. 00 OPERATING ROOM 50. 00 0 651 0 9. 00 10. 00 RECOVERY ROOM 51. 00 0 153 0 10. 00 11. 00 DELI VERY ROOM & LABOR ROOM 52. 00 0 66 0 11. 00 12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 17, 559 0 12. 00 13. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00		INTENSIVE CARE UNIT		0				1
10. 00 RECOVERY ROOM 51. 00 0 153 0 10. 00 11. 00 DELI VERY ROOM & LABOR ROOM 52. 00 0 66 0 11. 00 12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 17, 559 0 12. 00 13. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00						- 1		
11. 00 DELI VERY ROOM & LABOR ROOM 52. 00 0 66 0 11. 00 12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 17, 559 0 12. 00 13. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00		II		-1				1
12. 00 RADI OLOGY-DI AGNOSTI C 54. 00 0 17, 559 0 12. 00 13. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00				0	153			1
13. 00 RADI OLOGY-THERAPEUTI C 55. 00 0 184, 264 0 13. 00				-1				1
14. 00 CT SCAN 57. 00 0 32 0 14. 00								1
	14. 00	CT SCAN	57.00	O	32	0		14.00

Provider CCN: 15-0051

| Peri od: | Worksheet A-6 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 10: 22 am

							5/30/2023 10: 22 am
		Decreases				ı	
	Cost Center	Li ne #	Sal ary		Wkst. A-7 Ref.	_	
15. 00	6. 00 MAGNETIC RESONANCE I MAGI NG	7. 00 58. 00	8.00	9. 00 88	10. 00		15. 00
15.00	(MRI)	58.00	U	88		ή	15.00
16. 00	CARDI AC CATHETERI ZATI ON	59.00	0	308			16. 00
17. 00	LABORATORY	60.00	0	3, 491			17. 00
18.00	RESPI RATORY THERAPY	65.00	0	148	(18. 00
19.00	PHYSI CAL THERAPY	66.00	0	30, 921	(19. 00
20.00	ELECTROCARDI OLOGY	69. 00	0	42	(20. 00
21. 00	CARDIAC REHABILITATION	76. 97	0	5	(21. 00
22. 00	OP ONCOLOGY INFUSION CENTER	90. 01	0	271	(22. 00
23. 00	PAIN CLINIC	90. 03	0	7, 558	(23. 00
24. 00	OP PSYCH CLINIC	90.05	0	42			24. 00
25. 00 26. 00	EMERGENCY OBSERVATION BEDS (DISTINCT	91. 00 92. 01	0	1, 793 37		-	25. 00 26. 00
20.00	PART)	92.01	U	37		ή	26.00
27. 00	PROMPTCARE	190. 01	0	86			27. 00
28. 00	COMMUNITY HEALTH SERVICES	190. 11	0	41, 609			28. 00
			— — — ō	303, 636			
	R - OCCUPATIONAL HEALTH ADMIN	l				<u> </u>	
1.00	PROMPTCARE	190. 01	248, 922	0		D	1.00
	0		248, 922	0			
	S - NURSERY				1		
1.00	ADULTS & PEDIATRICS	30.00	680, 369	,			1.00
2. 00	DELI VERY ROOM & LABOR ROOM	52. 00	2 <u>5, 903</u>	1 <u>5, 6</u> 87		<u> </u>	2. 00
	U DEDECORD ALLOCATION		706, 272	208, 026			
1.00	T - BEDFORD ALLOCATION EMPLOYEE BENEFITS DEPARTMENT	4.00	47, 242	48, 408			1. 00
2.00	ADMINISTRATIVE & GENERAL	5.00	671, 351	338, 158			2.00
3.00	OPERATION OF PLANT	7.00	13, 515	9, 762			3.00
4. 00	NURSI NG ADMI NI STRATI ON	13.00	108, 039			ó	4.00
5. 00	PHARMACY	15. 00	345, 889	130, 853			5. 00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	42, 648				6. 00
7.00	PHYSI CAL THERAPY	66.00	8 <u>5, 3</u> 83	26, 427			7. 00
	0		1, 314, 067	621, 888			
	U - PAOLI ALLOCATION				T	T	
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	23, 136	23, 707			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	319, 994	165, 378			2.00
3. 00 4. 00	OPERATION OF PLANT NURSING ADMINISTRATION	7. 00 13. 00	13, 515 44, 628	6, 646 21, 800			3. 00 4. 00
5.00	PHARMACY	15. 00	115, 094	45, 471			5. 00
6. 00	RADI OLOGY-DI AGNOSTI C	54.00	20, 886	9, 263			6. 00
7. 00	PHYSI CAL THERAPY	66.00	42, 691	13, 214			7. 00
	0		579, 944	285, 479		1	
	V - LIBERTY BUILDING DEPRECIA	ATI ON					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0)	1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0	3, 640		9	2. 00
	0		0	131, 369			
1 00	X - ACCRUED PTO	102.00	٥	100 017		J	1 00
1. 00	PHYSICIANS' PRIVATE OFFICES 0	192.00				<u> </u>	1. 00
	AA - BLOOD STORAGE		<u> </u>	107, 717			
1.00	ELECTROCARDI OLOGY	69.00	0	36, 280	(1.00
2. 00	222011100711101 02001	0.00	Ö	0			2. 00
			— — — ō	36, 280			
	AB - PACU RECLASS						
1.00	RECOVERY ROOM	51.00	201, 828	47, 420	(1.00
2.00	CARDIAC CATHETERIZATION	59. 00	464	412			2. 00
3.00	OBSERVATION BEDS (DISTINCT	92. 01	1, 270, 596	1, 819, 723	(3. 00
	PART)	+		1 0/7 555		_	
	AC - GRANT		1, 472, 888	1, 867, 555			
1.00	COMMUNITY HEALTH SERVICES	190. 11	4, 072, 674	2, 548, 209			1. 00
2. 00	OP ONCOLOGY INFUSION CENTER	90. 01	4, 072, 074	544			2.00
2.00	0	— ,,,, †	4, 072, 674	2, 548, 753		1	2.00
	AD - PHYSICIAN		.,,	, , , , , , , , ,			
1.00	ADMINISTRATIVE & GENERAL	5. 00	0	3, 010, 912	(1.00
2.00		0.00	o	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 7. 00		0. 00 0. 00	0	0		ال	6. 00 7. 00
7.00			0	<u>0</u> 3, 010, 912	+	4	7.00
	i.	ı	Ч	5,010,712	T.	I	1

Health Financial Systems RECLASSIFICATIONS Peri od: From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/30/2023 10: 22 am Provider CCN: 15-0051

Cost Center							5/30/2023 10): 22 am
AC SPOT AND RETENTION ADMINISTRATI VE & GENERAL S S O O O O O O O O			Decreases					
AE - SPOT AND RETENTION		Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
1.00 ADMINISTRATIVE & GENERAL 5.00 6,690,722 0 0 0 2.00 2.00 3.00 4.00 5.00 6.00 0 0 0 0 0 3.00 4.00 5.00 6.00 0 0 0 0 0 5.00 6.00 7.00 6.00 7.00 8.00 7.00 8.00 7.00 8.00 7.00 8.00 7.00 8.00 7.00 8.00 7.00 8.00 7.00 7.00 8.00 7.00 7.00 8.00 7.00 7.00 8.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.		6. 00	7. 00	8. 00	9. 00	10.00		
2.00 3.00 4.00 0.00 0.00 0.00 0.00 0.00 0		AE - SPOT AND RETENTION						
3. 00 4. 00 5. 00 6. 00 6. 00 7. 00 8. 00 9. 00 10. 00 00 00 00 00 00 00 00 00 00 00 00 00	1.00	ADMINISTRATIVE & GENERAL	5. 00	6, 690, 722	0	0		1. 00
4.00 5.00 6.00 0.00 0.00 0.00 0.00 0.00 0	2.00		0.00	0	0	0		2. 00
5. 00 0. 00 0 0 0 5. 00 6. 00 0. 00 0 0 0 6. 00 7. 00 0. 00 0 0 0 7. 00 8. 00 0. 00 0 0 0 8. 00 9. 00 0. 00 0 0 0 9. 00 10. 00 0. 00 0 0 0 0 10. 00 11. 00 0. 00 0 0 0 0 11. 00 11. 00 11. 00 11. 00 12. 00 11. 00 12. 00 11. 00 12. 00 12. 00 12. 00 0 0 0 11. 00 12. 00 12. 00 0 0 12. 00 12. 00 12. 00 0 0 12. 00 13. 00 14. 00 15. 00 0 0 15. 00 14. 00 15. 00 0 0 15. 00 15. 00 16. 00 17. 00 18. 00 0 0 0 17. 00 18. 00 <td< td=""><td>3.00</td><td></td><td>0.00</td><td>0</td><td>0</td><td>0</td><td></td><td>3. 00</td></td<>	3.00		0.00	0	0	0		3. 00
6. 00 7. 00 8. 00 9. 00 10. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 10. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4.00		0.00	0	0	0		4. 00
7. 00 8. 00 9. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00	5.00		0.00	0	0	0		5. 00
8.00 9.00 10.00 0.00 0.00 0.00 0.00 0.00	6.00		0.00	0	0	0		6. 00
9.00 10.00 10.00 11.00 11.00 12.00 12.00 13.00 14.00 15.00 16.00 17.00 16.00 17.00 18.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 1	7.00		0.00	0	0	0		7. 00
10.00 11.00 11.00 12.00 12.00 13.00 14.00 14.00 15.00 16.00 17.00 17.00 18.00 17.00 18.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00	8.00		0.00	0	0	0		8. 00
11. 00 12. 00 12. 00 13. 00 14. 00 14. 00 15. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 28. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 1	9.00		0.00	0	0	0		9. 00
12.00 13.00 13.00 14.00 15.00 16.00 16.00 17.00 18.00 19.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 28.00 TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	10.00		0.00	o	0	0		10.00
13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 10. 00 10. 00 10. 00 10. 00 11. 00 11. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 10. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11. 00 11	11. 00		0.00	0	0	0		11. 00
14.00 0.00 0.00 0.00 0.00 0.00 0.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 16.00 16.00 16.00 17.00 18.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 17.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00	12.00		0.00	0	0	0		12.00
15. 00 16. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 20. 00 21. 00 22. 00 23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 101 ALS 15. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0	13.00		0.00	0	0	0		13.00
16. 00 0.00 0.00 0.00 0.00 0.00 16. 00 17. 00 18. 00 0.00 0.00 0.00 0.00 0.00 18. 00 19. 00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00<	14.00		0.00	0	0	0		14. 00
17. 00 0.00 0.00 0.00 0.00 0.00 0.00 18. 00 18. 00 18. 00 18. 00 18. 00 19. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 20. 00 21. 00 22. 00 23. 00 22. 00 23. 00 23. 00 23. 00 24. 00 23. 00 24. 00 23. 00 24. 00 24. 00 25. 00 25. 00 25. 00 26. 00 25. 00 26. 00 27. 00 28. 00 27. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28. 00 28.	15.00		0.00	0	0	0		15. 00
18.00 0.00 0 0 0 0 18.00 19.00 0.00 0 0 0 0 19.00 20.00 0.00 0 0 0 0 20.00 21.00 0.00 0 0 0 0 21.00 22.00 0.00 0 0 0 0 22.00 23.00 0.00 0 0 0 0 23.00 24.00 0.00 0 0 0 0 24.00 25.00 0.00 0 0 0 0 25.00 27.00 0.00 0 0 0 0 27.00 28.00 0.00 0 0 0 0 28.00	16.00		0.00	0	0	0		16. 00
19. 00 0.00 0 0 0 19. 00 20. 00 0.00 0 0 0 0 20. 00 21. 00 0.00 0 0 0 0 21. 00 22. 00 22. 00 0.00 0 0 0 0 22. 00 22. 00 23. 00 22. 00 23. 00 23. 00 24. 00 23. 00 24. 00 24. 00 24. 00 24. 00 25. 00 26. 00 25. 00 25. 00 25. 00 25. 00 27. 00 28. 00 0 0 0 0 27. 00 28. 00 0 0 0 0 28. 00 28. 00 0 0 0 0 0 28. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	17. 00		0.00	0	0	0		17. 00
20.00 0.00 0.00 0.00 0.00 0.00 0.00 21.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 23.00 22.00 23.00 22.00 23.00 22.00 23.00 22.00 23.00 22.00 23.00 22.00 23.00 22.00 23.00 24.00 24.00 24.00 25.00 25.00 25.00 25.00 25.00 25.00 26.00 27.00 27.00 28.00 27.00 28.00 27.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00 28.00	18.00		0.00	0	0	0		18. 00
21. 00 0.00 0 0 0 0 21. 00 22. 00 0.00 0 0 0 0 22. 00 23. 00 0.00 0 0 0 0 23. 00 24. 00 0.00 0 0 0 0 24. 00 25. 00 0.00 0 0 0 0 25. 00 26. 00 0.00 0 0 0 0 26. 00 27. 00 0 0 0 0 0 27. 00 28. 00 0 0 0 0 0 0 28. 00	19. 00		0.00	0	0	0		19. 00
21. 00 0.00 0 0 0 0 21. 00 22. 00 0.00 0 0 0 0 22. 00 23. 00 0.00 0 0 0 0 23. 00 24. 00 0.00 0 0 0 0 24. 00 25. 00 0.00 0 0 0 0 25. 00 26. 00 0.00 0 0 0 0 26. 00 27. 00 0 0 0 0 0 27. 00 28. 00 0 0 0 0 0 0 28. 00	20.00		0.00	0	0	0		20.00
22. 00 0.00 0 0 0 0 22. 00 23. 00 0.00 0 0 0 0 23. 00 24. 00 0.00 0 0 0 0 24. 00 25. 00 0.00 0 0 0 0 25. 00 26. 00 0.00 0 0 0 0 26. 00 27. 00 0 0 0 0 0 27. 00 28. 00 0 0 0 0 0 0 28. 00	21. 00		0.00	0	0	0		21. 00
23. 00 24. 00 25. 00 26. 00 27. 00 28. 00 TOTALS 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0.	22. 00		0.00	0	0	0		22. 00
24.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	23. 00		0.00	o	0	0		
25. 00 26. 00 27. 00 28. 00 TOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	24.00		0.00	o	0	0		24. 00
26. 00	25.00		0.00	o	0	0		
27. 00 28. 00 0.00 0 0 0 28. 00 0 0 0 28. 00				0	0	0		
28. 00				o	0	0		
TOTALS 6, 690, 722 0				ol	0	0		
		TOTALS		6, 690, 722	0			
	500.00				143, 226, 200			500.00

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS IU HEALTH BLOOMINGTON HOSPITAL In Lieu of Form CMS-2552-10 Worksheet A-7
Part I
Date/Time Prepared:
5/30/2023 10: 22 am Provi der CCN: 15-0051 Peri od: From 01/01/2022 To 12/31/2022 Acqui si ti ons Begi nni ng Purchases Donati on Total Di sposal s and Retirements 5.00 Bal ances 2.00 3.00 4. 00 1.00 PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES 1.00 0 0 0 Land 19, 741, 447 0 1, 566, 552 1.00 2.00 2, 058, 207 497, 173, 921 40, 325 1, 366, 229 2. 00 Land Improvements
Buildings and Fixtures 0 27, 204, 663

2.00	Land Thip Ovements	2, 030, 207	U	y of	이	40, 323	2.00
3.00	Buildings and Fixtures	497, 173, 921	27, 204, 663	0	27, 204, 663	1, 366, 229	3.00
4.00	Building Improvements	15, 000, 999	0	0	0	1, 249	4.00
5.00	Fi xed Equipment	o	0	0	O	0	5. 00
6.00	Movable Equipment	236, 490, 576	27, 520, 659	0	27, 520, 659	120, 491, 255	6.00
7.00	HIT designated Assets	o	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	770, 465, 150	54, 725, 322	0	54, 725, 322	123, 465, 610	8.00
9.00	Reconciling Items	0	0	0	0	0	9. 00
10.00	Total (line 8 minus line 9)	770, 465, 150	54, 725, 322	0	54, 725, 322	123, 465, 610	10.00
		Endi ng Bal ance	Fully				
			Depreci ated				
			Assets				
		6. 00	7. 00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET						ı
1.00	Land	18, 174, 895	0				1. 00
2.00	Land Improvements	2, 017, 882	2, 047, 204				2. 00
3.00	Buildings and Fixtures	523, 012, 355	143, 654, 369				3. 00
4.00	Building Improvements	14, 999, 750	9, 290, 909				4. 00
5.00	Fi xed Equipment	0	0				5. 00
6.00	Movable Equipment	143, 519, 980	91, 973, 558				6. 00
7.00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	701, 724, 862	246, 966, 040				8. 00
9.00	Reconciling Items	0	0				9. 00
10. 00	Total (line 8 minus line 9)	701, 724, 862	246, 966, 040				10.00

Heal th	n Financial Systems II	J HEALTH BLOOMI	NGTON HOSPITAL	_	In Lie	eu of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der C	CN: 15-0051	Peri od:	Worksheet A-7	
					From 01/01/2022 To 12/31/2022		nared·
						5/30/2023 10:	22 am
			SI	UMMARY OF CAP			
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
		0.00	10.00	11.00		instructions)	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	9.00	10.00	11.00 and 2	12.00	13. 00	
1. 00	CAP REL COSTS-BLDG & FIXT	SHEET A, COLUM	N Z, LINES I a	aliu Z	0 0	0	1.00
2. 00	CAP REL COSTS-BUDG & TTXT	0			0 0	1	2.00
3. 00	Total (sum of lines 1-2)				0 0	1 0	3.00
3.00	Total (Sull of Tries 1.2)	SUMMARY O	F CAPLTAL	7	0		3.00
	Cost Center Description	Other	Total (1) (sum	า			
	·	Capi tal -Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14. 00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	KSHEET A, COLUM	N 2, LINES 1 a	and 2			
1. 00	CAP REL COSTS-BLDG & FIXT	0	C				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	C				2.00
3. 00	Total (sum of lines 1-2)	0	C)			3. 00

Heal th	n Financial Systems	U HEALTH BLOOMI	NGTON HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provider Co		Period: From 01/01/2022 To 12/31/2022	Worksheet A-7 Part III Date/Time Prep 5/30/2023 10:2	
		COM	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
	DART LLL DECONOLLATION OF CARLEY COOTS OF	1.00	2.00	3. 00	4. 00	5. 00	
1. 00	PART III - RECONCILIATION OF CAPITAL COSTS CL CAP REL COSTS-BLDG & FIXT	ENTERS			0 1.000000	0	1. 00
2.00	CAP REL COSTS-BEDG & TTXT				0.00000		2. 00
3.00	Total (sum of lines 1-2)	0	Ö		0 1.000000		3. 00
		ALLOCA	TION OF OTHER (CAPI TAL	SUMMARY 0		
	Cost Center Description	Taxes	Other Capital-Relate d Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6. 00	7. 00	8.00	9. 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0		0 12, 710, 911		1. 00
2. 00 3. 00	CAP REL COSTS-MVBLE EQUIP Total (sum of lines 1-2)	0	0		0 24, 762, 766 0 37, 473, 677		2. 00 3. 00
3.00	Total (Suil of Tries 1-2)	0	Sl	I JMMARY OF CAPI		1, 472, 936	3.00
	Cost Center Description	Interest	Insurance (see instructions)		Other Capital-Relate d 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 C						
1.00	CAP REL COSTS-BLDG & FIXT	-1, 787, 511	0		0 0	12, 332, 101	1. 00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		0 235, 252		2.00
3.00	Total (sum of lines 1-2)	-1, 787, 511	0	1	0 235, 252	37, 394, 354	3. 00

| Peri od: | Worksheet A-8 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provider CCN: 15-0051

				T.	o 12/31/2022	Date/Time Pre	
				Expense Classification on		5/30/2023 10:2	22 am
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description		Amount	Cost Center		Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1. 00 A	2. 00 -1. 591. 583	3.00 CAP REL COSTS-BLDG & FIXT	4. 00	5. 00 11	1. 00
	COSTS-BLDG & FIXT (chapter 2)						
2. 00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2. 00
3. 00	Investment income - other (chapter 2)		0		0.00	0	3. 00
4. 00	Trade, quantity, and time		0		0.00	0	4. 00
5. 00	discounts (chapter 8) Refunds and rebates of		0		0.00	0	5. 00
<i>(</i> 00	expenses (chapter 8)		0		0.00	0	4 00
6. 00	Rental of provider space by suppliers (chapter 8)		U		0.00	U	6. 00
7. 00	Telephone services (pay stations excluded) (chapter		0		0.00	0	7. 00
	21)					_	
8. 00	Television and radio service (chapter 21)		0		0.00	0	8. 00
9.00	Parking Lot (chapter 21)	4.0.2	17 500 357		0.00	0	9.00
10. 00	Provider-based physician adjustment	A-8-2	-17, 589, 257			U	10. 00
11. 00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11. 00
12. 00	Related organization	A-8-1	35, 201, 851			0	12. 00
13. 00	transactions (chapter 10) Laundry and Linen service		0		0.00	0	13. 00
14.00	Cafeteria-employees and guests	1	0	CAFETERI A	11.00	0	
15. 00	Rental of quarters to employee and others		U		0.00	U	
16. 00	Sale of medical and surgical supplies to other than		0		0.00	0	16. 00
17 00	patients		0		0.00		17 00
17. 00	Sale of drugs to other than patients		0		0.00	0	17. 00
18. 00	Sale of medical records and abstracts		0		0.00	0	18. 00
19. 00	Nursing and allied health		0		0.00	0	19. 00
	education (tuition, fees, books, etc.)						
20. 00 21. 00	Vending machines Income from imposition of		0		0. 00 0. 00	0	
21.00	interest, finance or penalty		O		0.00	J	21.00
22. 00	charges (chapter 21) Interest expense on Medicare		0		0.00	0	22. 00
	overpayments and borrowings to repay Medicare overpayments						
23. 00	Adjustment for respiratory	A-8-3	0	RESPIRATORY THERAPY	65.00		23. 00
	therapy costs in excess of limitation (chapter 14)						
24. 00	Adjustment for physical	A-8-3	0	PHYSI CAL THERAPY	66. 00		24. 00
	therapy costs in excess of limitation (chapter 14)						
25. 00	Utilization review - physicians' compensation		0	UTILIZATION REVIEW-SNF	114. 00		25. 00
_	(chapter 21)						
26. 00	Depreciation - CAP REL COSTS-BLDG & FLXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26. 00
27. 00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	27. 00
28. 00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19. 00		28. 00
29. 00 30. 00	Physicians' assistant Adjustment for occupational	A-8-3	0	*** Cost Center Deleted ***	0. 00 67. 00	0	29. 00 30. 00
55. 55	therapy costs in excess of		0	3551 5551 5616164	37.00		55. 55
30. 99	limitation (chapter 14) Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30. 99
31. 00	instructions) Adjustment for speech	A-8-3		*** Cost Center Deleted ***	68. 00		31. 00
31.00	pathology costs in excess of	A-0-3	U	Cost center perered	68.00		31.00
32. 00	limitation (chapter 14) CAH HIT Adjustment for		0		0. 00	0	32. 00
	Depreciation and Interest	В		OPERATING ROOM			33. 00
<u></u>	MI SCELLANEOUS NCOME	D	-13,740	PILLATING KUUW	50.00	ı Ol	J 33. UU

Provider CCN: 15-0051 Peri od: Worksheet A-8 From 01/01/2022

				T	o 12/31/2022	Date/Time Pre	
				Expense Classification on	Worksheet A	5/30/2023 10: 2	22 am
				To/From Which the Amount is			
	C+ C+	D: - (0-4- (2)	A	Cook Cook or	1: "	W+ A 7 D-6	
	Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Li ne # 4. 00	Wkst. A-7 Ref. 5.00	
33. 01	MI SCELLANEOUS I NCOME	В		ADMINISTRATIVE & GENERAL	5. 00	0	33. 01
33. 02	MI SCELLANEOUS I NCOME	В		OPERATION OF PLANT	7. 00	0	33. 02
33. 03 33. 04	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		HOUSEKEEPI NG DI ETARY	9. 00 10. 00	0	33. 03 33. 04
33. 05	MI SCELLANEOUS I NCOME	В		NURSING ADMINISTRATION	13. 00	0	33. 05
33. 06	MI SCELLANEOUS I NCOME	В		PHARMACY	15. 00	0	33. 06
33. 07	MI SCELLANEOUS I NCOME	В		ADULTS & PEDIATRICS	30. 00	0	33. 07
33. 10	MI SCELLANEOUS I NCOME	В		RADI OLOGY-DI AGNOSTI C	54.00	0	33. 10
33. 11 33. 12	MI SCELLANEOUS I NCOME	B B		LABORATORY	60.00	0	33. 11 33. 12
33. 12	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	В		PHYSI CAL THERAPY RADI OLOGY-THERAPEUTI C	66. 00 55. 00	0	33. 12
33. 14	MI SCELLANEOUS I NCOME	В		ELECTROENCEPHALOGRAPHY	70. 00	Ö	33. 14
33. 15	MI SCELLANEOUS I NCOME	В	-26, 503	OP PHARMACY	73. 01	0	33. 15
33. 16	MI SCELLANEOUS I NCOME	В	-38, 666	1	90.00	0	33. 16
33. 17	MI SCELLANEOUS I NCOME	В		OB CLINIC	90.04	0	33. 17
33. 19 33. 20	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		PROMPTCARE PHYSICIANS' PRIVATE OFFICES	190. 01 192. 00	0	33. 19 33. 20
33. 21	UNNECESSARY BORROWING	A		CAP REL COSTS-BLDG & FIXT	1. 00	11	33. 21
33. 22	TELEPHONE EXPENSE	A		ADMINISTRATIVE & GENERAL	5. 00	0	33. 22
33. 23	TELEPHONE EXPENSE	A		OPERATION OF PLANT	7. 00	0	33. 23
33. 24	TELEPHONE EXPENSE	A		HOUSEKEEPI NG	9.00	0	33. 24
33. 25 33. 26	TELEPHONE EXPENSE TELEPHONE EXPENSE	A A		NURSING ADMINISTRATION ADULTS & PEDIATRICS	13. 00 30. 00	0	33. 25 33. 26
33. 27	TELEPHONE EXPENSE	A		INTENSIVE CARE UNIT	31. 00	0	33. 27
33. 28	TELEPHONE EXPENSE	A		CORONARY CARE UNIT	32. 00	Ö	33. 28
33. 29	TELEPHONE EXPENSE	A	0	NEONATAL INTENSIVE CARE UNIT	35.00	0	33. 29
33. 31	TELEPHONE EXPENSE	A		OPERATING ROOM	50. 00	0	33. 31
33. 32 33. 33	TELEPHONE EXPENSE TELEPHONE EXPENSE	A A		RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51. 00 52. 00	0	33. 32 33. 33
33. 34	TELEPHONE EXPENSE	A		RADI OLOGY-DI AGNOSTI C	54. 00	0	33. 34
33. 35	TELEPHONE EXPENSE	A		MAGNETIC RESONANCE I MAGING	58. 00	Ö	33. 35
				(MRI)			
33. 36	TELEPHONE EXPENSE	A		CARDIAC CATHETERIZATION	59.00	0	33. 36
33. 37 33. 38	TELEPHONE EXPENSE TELEPHONE EXPENSE	A A		RESPI RATORY THERAPY PHYSI CAL THERAPY	65. 00 66. 00	0	33. 37 33. 38
33. 39	TELEPHONE EXPENSE	A		ELECTROCARDI OLOGY	69. 00	0	33. 39
33. 40	TELEPHONE EXPENSE	A		OP PSYCH CLINIC	90. 05	0	33. 40
33. 41	PHYSICIAN RECRUITMENT	A		ADMINISTRATIVE & GENERAL	5. 00	0	33. 41
33. 42	PHYSICIAN RECRUITMENT	A		ADULTS & PEDIATRICS	30.00	0	33. 42
33. 43 33. 44	HAF FEES WEGMILLER CAPITALIZED INTEREST	A A		ADMINISTRATIVE & GENERAL CAP REL COSTS-BLDG & FIXT	5. 00 1. 00	0 11	33. 43 33. 44
33. 45	1983 CAPITALIZED INTEREST	A		CAP REL COSTS-BLDG & FIXT	1. 00	11	
33. 46	OTHER CARRYFORWARD ADJUSTMENTS			CAP REL COSTS-BLDG & FIXT	1. 00	9	
33. 47	START UP COSTS	A		ADMINISTRATIVE & GENERAL	5. 00	0	
33. 48	NEW HOSPITAL START UP -	A	8, 962, 919	ADMINISTRATIVE & GENERAL	5. 00	0	33. 48
33. 49	AMORTIZATION NONALLOWABLE MARKETING	A	-141 013	ADMINISTRATIVE & GENERAL	5. 00	0	33. 49
33. 50	NONALLOWABLE MARKETING	A		EMPLOYEE BENEFITS DEPARTMENT	4. 00	Ö	33. 50
33. 51	SIP PHARMACY RESIDENCY	A		PARAMED ED PRGM-PHARMACY	23. 00	0	33. 51
				RESI DENCY		_	
33. 52	BENEFIT EXPENSE	A A		EMPLOYEE BENEFITS DEPARTMENT	4. 00 5. 00	0	33. 52 33. 53
33. 53 33. 54	CONTRIBUTION EXPENSE CONTRIBUTION EXPENSE	A A		ADMINISTRATIVE & GENERAL EMPLOYEE BENEFITS DEPARTMENT	5. 00 4. 00	0	33. 53 33. 54
33. 55	CONTRIBUTION EXPENSE	A		EMERGENCY	91. 00	Ö	33. 55
33. 56	UNWONTED SITUATIONS	A	0	ADMINISTRATIVE & GENERAL	5. 00	0	33. 56
33. 57	UNWONTED SITUATIONS	A		NURSI NG ADMINI STRATI ON	13.00	0	33. 57
33. 58 33. 59	NONALLOWABLE MARKETING NONALLOWABLE MARKETING	A A		NURSING ADMINISTRATION ADULTS & PEDIATRICS	13. 00 30. 00	0	33. 58 33. 59
33. 59	NONALLOWABLE MARKETING	A		EMERGENCY	91. 00	0	33. 59
33. 61	CONTRIBUTION EXPENSE	A		OBSERVATION BEDS (DISTINCT	92. 01	ő	33. 61
				PART)			
50. 00	TOTAL (sum of lines 1 thru 49)		-31, 128, 777				50. 00
	(Transfer to Worksheet A, column 6, line 200.)						
	,						

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

Health Financial Systems	IU	HEALTH BLOOMI	NGTON HOSPITAL	In Li€	eu of Form CMS-	2552-10
ADJUSTMENTS TO EXPENSES			Provider CCN: 15-0051	Peri od:	Worksheet A-8	
				From 01/01/2022 To 12/31/2022	Date/Time Pre	narod:
				10 12/31/2022	5/30/2023 10:	
·			Expense Classification o			
			To/From Which the Amount is	s to be Adjusted		
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
	1.00	2.00	3. 00	4. 00	5. 00	

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provider CCN: 15-0051 Peri od: From 01/01/2022 OFFICE COSTS 12/31/2022 Date/Time Prepared:

					5/30/2023 10:	
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
		MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OR	GANIZATIONS OR	CLAIMED	
	HOME OFFICE COSTS:		I	1		
1. 00			HO ALLOCATION	2, 568, 525	0	1. 00
2.00			HO ALLOCATION	3, 135, 250	0	2. 00
3.00			HO ALLOCATION	21, 990, 989	0	3.00
3.01			HO ALLOCATION	64, 677, 556		3. 01
3. 02		l .	HO ALLOCATION	0	47, 545	3. 02
3.03			HO ALLOCATION	0	137, 352	3. 03
3. 04			HO ALLOCATION	0	24, 856	3. 04
3. 05	69. 00	ELECTROCARDI OLOGY	HO ALLOCATION	0	9, 392	3. 05
4.00	91.00	EMERGENCY	SIP ER	6, 181, 066	5, 270, 711	4.00
4.01	4. 00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	116, 623	116, 623	4. 01
4.02	5. 00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	199, 300	199, 300	4. 02
4.03	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	5, 716, 826	5, 716, 826	4.03
4.04	35.00	NEONATAL INTENSIVE CARE UNIT	SHARED EMPLOYEES	546, 705	546, 705	4.04
4.05	50.00	OPERATING ROOM	SHARED EMPLOYEES	2, 199, 444	2, 199, 444	4.05
4.06	55. 00	RADI OLOGY-THERAPEUTI C	SHARED EMPLOYEES	359, 975	359, 975	4.06
4.07	57. 00	CT SCAN	SHARED EMPLOYEES	17, 500	17, 500	4. 07
4. 08	60.00	LABORATORY	SHARED EMPLOYEES	16, 676, 628	16, 676, 628	4. 08
4.09	70.00	ELECTROENCEPHALOGRAPHY	SHARED EMPLOYEES	2, 052, 198	2, 052, 198	4.09
4. 10	90. 01	OP ONCOLOGY INFUSION CENTER	SHARED EMPLOYEES	240, 912	240, 912	4. 10
4. 11	90. 02	WOUND CARE CENTER	SHARED EMPLOYEES	2, 314	2, 314	4. 11
4. 12	90. 03	PAIN CLINIC	SHARED EMPLOYEES	2, 314	2, 314	4. 12
4. 14	190. 01	PROMPTCARE	SHARED EMPLOYEES	407, 222	407, 222	4. 14
4. 16	190. 11	COMMUNITY HEALTH SERVICES	SHARED EMPLOYEES	60, 308	60, 308	4. 16
4. 17	0.00		lo	0	0	4. 17
4. 18	0.00	l .	lo	o	o	4. 18
5.00	0		О	127, 151, 655	91, 949, 804	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

nas not	thas not been posted to worksheet A, cordinas i ana/or 2, the amount arrowable should be indicated in cordina part.									
				Related Organization(s) and	/or Home Office					
						l				
						ı				
						ı				
	Symbol (1)	Name	Percentage of	Name	Percentage of					
			Ownershi p		Ownershi p					
	1. 00	2. 00	3. 00	4. 00	5. 00					
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:									

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

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

6. 00	С		O. OO LU HEALTH SLP	0.00	6. 00
7.00	С		O.OOIU HEALTH PAOLI	0.00	7. 00
8.00	В	IU HEALTH	0. 00	0.00	8. 00
9.00			0. 00	0.00	9. 00
10.00			0. 00	0.00	10.00
100.00	G. Other (financial or				100.00
	non-financial) specify:				

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organi zati on.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

From 01/01/2022 OFFICE COSTS 12/31/2022 Date/Time Prepared:

Net						10 12/31/2022	5/30/2023 10: 22 am
COL		Net	Wkst. A-7 Ref.				
COL. 5)* C. 00 7.00 A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS: 1.00 2.568, 525 9 1.00 3.135, 250 9 3.00 3.00 3.00 3.00 3.01 6.815,877 0 3.01 3.02 -47,545 0 3.03 3.03 3.04 -24,856 0 3.03 3.04 -24,856 0 3.04 3.05 4.00 910,355 0 4.00 4.01 0 0 0 4.02 4.03 0 0 0 4.02 4.03 0 0 0 4.02 4.03 0 0 0 4.02 4.03 0 0 0 4.05 4.06 4.06 4.06 4.06 4.06 4.06 4.06 4.06 4.06 4.07 0 0 0 4.07 4.08 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.09 4.		Adjustments					
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:		(col. 4 minus					
A. COSTS I NCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED							
HOME OFFICE COSTS:							
1. 00 2, 568, 525 9 2. 00 3, 135, 250 9 3. 00 21, 990, 989 0 3. 01 6, 815, 877 0 3. 02 -47, 545 0 3. 03 -137, 352 0 3. 04 -24, 856 0 4. 00 910, 355 0 4. 01 0 0 4. 02 0 4, 02 4. 03 0 0 4. 04 0 0 4. 05 0 0 4. 06 0 0 4. 07 0 0 4. 08 0 0 4. 09 0 0 4. 10 0 0 4. 11 0 0 4. 12 0 0 4. 14 0 0 4. 14 0 0 4. 14 0 0 4. 17 0 0 4. 18 0 0 4. 18 0 0 5. 00				MENTS REQUIRED AS A RESULT OF TRAI	NSACTIONS WITH RELATED O	RGANIZATIONS OR C	:LAI MED
2. 00 3, 135, 250 9 3. 00 21, 990, 989 0 3. 01 6, 815, 877 0 3. 02 -47, 545 0 3. 03 -137, 352 0 3. 04 -24, 856 0 3. 05 -9, 392 0 4. 00 910, 355 0 4. 01 0 4. 01 4. 02 0 0 4. 03 0 0 4. 04 0 0 4. 05 0 0 4. 06 0 0 4. 07 0 0 4. 08 0 0 4. 09 0 0 4. 11 0 0 4. 12 0 0 4. 14 0 0 4. 16 0 0 4. 18 0 0 4. 18 0 0 4. 18 0 0 4. 17 0 0 4. 18 0 0 4. 18							
3. 00							
3. 01							
3. 02							
3. 03							
3. 04							
3. 05 -9, 392 0 4. 00 910, 355 0 4. 01 0 0 4. 02 0 0 4. 03 0 0 4. 04 0 0 4. 05 0 0 4. 06 0 0 4. 07 0 0 4. 08 0 4. 08 4. 09 0 0 4. 11 0 0 4. 11 0 0 4. 12 0 0 4. 14 0 0 4. 17 0 0 4. 18 0 0 5. 00 35, 201, 851 5. 00							
4. 00 910, 355 0 4. 01 0 0 4. 02 0 0 4. 03 0 0 4. 04 0 0 4. 05 0 0 4. 06 0 0 4. 07 0 0 4. 08 0 0 4. 09 0 0 4. 11 0 0 4. 12 0 0 4. 14 0 0 4. 14 0 0 4. 17 0 0 4. 18 0 0 5. 00 35, 201, 851 5.00							
4.01 0 0 4.01 4.02 0 0 4.02 4.03 0 0 4.03 4.04 0 0 4.04 4.05 0 0 4.04 4.06 0 0 4.06 4.07 0 0 4.07 4.08 0 0 4.08 4.09 0 0 4.09 4.10 0 0 4.19 4.11 0 0 4.11 4.12 0 0 4.12 4.14 0 0 4.12 4.14 0 0 4.14 4.16 0 0 4.16 4.17 0 0 4.18 5.00 35, 201, 851 5.00			1				
4.02 0 0 4.02 4.03 0 0 4.03 4.04 0 0 4.04 4.05 0 0 4.05 4.06 0 0 4.06 4.07 0 0 4.07 4.08 0 0 4.08 4.09 0 0 4.09 4.10 0 0 4.10 4.11 0 0 4.11 4.12 0 0 4.12 4.14 0 0 4.12 4.16 0 0 4.16 4.17 0 0 4.18 5.00 35, 201, 851 5.00		910, 355	0				
4.03 0 0 4.03 4.04 0 0 4.04 4.05 0 0 4.05 4.06 0 0 4.06 4.07 0 0 4.08 4.08 0 0 4.08 4.09 0 0 4.09 4.10 0 0 4.10 4.11 0 0 4.11 4.12 0 0 4.12 4.14 0 0 4.14 4.16 0 0 4.14 4.17 0 0 4.18 5.00 35, 201, 851 5.00		0	0				
4. 04 0 0 4. 04 4. 05 0 0 4. 05 4. 06 0 0 4. 06 4. 07 0 0 4. 07 4. 08 0 0 4. 07 4. 09 0 0 4. 09 4. 10 0 0 4. 10 4. 11 0 0 4. 11 4. 12 0 0 4. 12 4. 14 0 0 4. 14 4. 16 0 0 4. 14 4. 17 0 0 4. 17 4. 18 0 0 4. 18 5. 00 35, 201, 851 5. 00		0	0				
4.05 0 0 4.05 4.06 0 0 4.06 4.07 0 0 4.07 4.08 0 0 4.08 4.09 0 0 4.09 4.10 0 0 4.10 4.11 0 0 4.11 4.12 0 0 4.11 4.14 0 0 4.14 4.16 0 0 4.16 4.17 0 0 4.17 4.18 0 0 0 5.00 35, 201, 851 5.00		0	0				
4.06 0 0 4.06 4.07 0 0 4.07 4.08 0 0 4.08 4.09 0 0 4.09 4.10 0 0 4.10 4.11 0 0 4.11 4.12 0 0 4.12 4.14 0 0 4.12 4.16 0 0 4.16 4.17 0 0 4.16 4.18 0 0 4.18 5.00 35, 201, 851 5.00		0	0				
4. 07 0 0 4. 07 4. 08 0 0 4. 08 4. 09 0 0 4. 09 4. 10 0 0 4. 10 4. 11 0 0 4. 11 4. 12 0 0 4. 12 4. 14 0 0 4. 12 4. 16 0 0 4. 16 4. 17 0 0 4. 16 4. 18 0 0 4. 18 5. 00 35, 201, 851 5. 00		0	0				
4.08 0 0 4.08 4.09 0 0 4.09 4.10 0 0 4.10 4.11 0 0 4.11 4.12 0 0 4.12 4.14 0 0 4.14 4.16 0 0 4.16 4.17 0 0 4.16 4.18 0 0 4.18 5.00 35, 201, 851 5.00		0	0				
4.09 0 0 4.09 4.10 0 0 4.10 4.11 0 0 4.11 4.12 0 0 4.12 4.14 0 0 4.14 4.16 0 0 4.16 4.17 0 0 4.17 4.18 0 0 4.18 5.00 35, 201, 851 5.00		0	0				•
4. 10 0 0 4. 10 4. 11 0 0 4. 11 4. 12 0 0 4. 12 4. 14 0 0 4. 14 4. 16 0 0 4. 14 4. 17 0 0 4. 17 4. 18 0 0 4. 18 5. 00 35, 201, 851 5. 00		0	0				
4. 11 0 0 4. 12 0 0 4. 14 0 0 4. 16 0 0 4. 17 0 0 4. 18 0 0 5. 00 35, 201, 851 5. 00		0	0				•
4. 12 0 0 4. 14 0 0 4. 16 0 0 4. 17 0 0 4. 18 0 0 5. 00 35, 201, 851 5. 00		0	0				•
4. 14 0 0 4. 16 0 0 4. 17 0 0 4. 18 0 0 5. 00 35, 201, 851 5. 00		0	0				•
4. 16 0 0 4. 17 0 0 4. 18 0 0 5. 00 35, 201, 851 5. 00		0	0				
4. 17 0 0 4. 18 0 0 5. 00 35, 201, 851 5. 00		0	0				•
4. 18 0 0 5. 00 35, 201, 851 5. 00		0	0				
5. 00 35, 201, 851 5. 00		0	0				
		0	0				
	5.00	35, 201, 851					5. 0

* 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

1100 110 1	Book postou to normande //	cordinas i androi 2, the amount arrowable should be mareated in cordini i or this part.	
	Related Organization(s)		
	and/or Home Office		
	Type of Business		
	6. 00		
	B. INTERRELATIONSHIP TO RELAT	ED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

i ei iiibui	Selliett under title Aviii.	
6.00	PHYSICIAN GROUP	6. 00
7.00	HOSPI TAL	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		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 organi zati on.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der

| Period: | Worksheet A-8-2 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT Provider CCN: 15-0051

					-	Γο 12/31/2022	Date/Time Pre 5/30/2023 10:	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
					·		Hours	
	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	7. 00	
1.00		ADULTS & PEDIATRICS	5, 425, 428	5, 425, 428		_		
2.00		NEONATAL INTENSIVE CARE UNIT	528, 322			169, 700	2, 351	2. 00
3.00		OPERATING ROOM	3, 677, 248			0	0	3. 00
4. 00		RADI OLOGY-DI AGNOSTI C	340, 859			-	0	4. 00
5.00		RADI OLOGY-THERAPEUTI C	259, 732			0	0	5. 00
6.00		RESPI RATORY THERAPY	6, 750			0	0	6. 00
7. 00		ELECTROENCEPHALOGRAPHY	2, 051, 298			0	0	7. 00
8. 00		OP ONCOLOGY INFUSION CENTER	347, 687	347, 687	0	0	0	8. 00
9.00		WOUND CARE CENTER	132	132	_	0	0	9. 00
10. 0	•	EMERGENCY	5, 582, 982	4, 038, 564	1, 544, 418			10.00
200.		0 1 0 1 (5)	18, 220, 438		1, 854, 177			200.00
	Wkst. A Line #	,	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		I denti fi er	Limit	Unadjusted RCE Limit	Continuing	Component Share of col.	of Malpractice Insurance	
				LIIIII	Education	12	i risurance	
	1. 00	2.00	8.00	9. 00	12. 00	13. 00	14.00	
1.00		ADULTS & PEDIATRICS	0.00	7.00				1. 00
2. 00		NEONATAL INTENSIVE CARE UNIT	191, 810	9, 591	0	0	o o	2. 00
3.00		OPERATING ROOM	0	0	0	0	o o	3. 00
4.00		RADI OLOGY-DI AGNOSTI C	0	o o	0	0	o	4. 00
5.00	•	RADI OLOGY-THERAPEUTI C	0	0	0	0	o	5. 00
6.00	65. 00	RESPI RATORY THERAPY	0	0	0	0	ol	6. 00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	o	7. 00
8.00	90. 01	OP ONCOLOGY INFUSION CENTER	0	0	0	0	o	8. 00
9.00	90. 02	WOUND CARE CENTER	0	0	0	0	o	9. 00
10.0	91.00	EMERGENCY	439, 371	21, 969	0	0	O	10.00
200.	00		631, 181	31, 560		0	0	200. 00
	Wkst. A Line #		Provi der	Adjusted RCE	RCE	Adjustment		
		I denti fi er	Component	Li mi t	Di sal I owance			
			Share of col.					
	1.00	2.00	14 15. 00	1/ 00	17. 00	18.00		
1.00		2.00 ADULTS & PEDIATRICS	15.00	16. 00				1. 00
2. 00		NEONATAL INTENSIVE CARE UNIT	0	191, 810				2.00
3.00		OPERATING ROOM	0	191,010	117, 949			3.00
4. 00		RADI OLOGY-DI AGNOSTI C		0	_			4. 00
5. 00		RADI OLOGY-THERAPEUTI C	0	0	0			5. 00
6. 00		RESPIRATORY THERAPY	0	0	0			6. 00
7. 00		ELECTROENCEPHALOGRAPHY	1	0	0	2, 051, 298		7. 00
8. 00					ı	1 2,001,270	1	1 7.00
			n	n	0	347 687		8 00
	90. 01	OP ONCOLOGY INFUSION CENTER	0	0	_	0 17 7 007		8. 00 9. 00
9. 00 10. 0	90. 01 90. 02		0	0 0 439, 371	Ö	132		8. 00 9. 00 10. 00

| Period: | Worksheet B | From 01/01/2022 | Part | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0051

						0 12/31/2022	Date/Time Pre	
				CAPI TAL REI	_ATED COSTS		5/30/2023 10:	22 am
			N . E			EMBL OVEE	6 1 1 1 1	
		Cost Center Description	Net Expenses for Cost	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
			Allocation			DEPARTMENT		
			(from Wkst A					
			col. 7) 0	1. 00	2.00	4. 00	4A	
		AL SERVICE COST CENTERS						
1.00	1	CAP REL COSTS-BLDG & FIXT	12, 332, 101	12, 332, 101	05 0/0 050			1.00
2. 00 4. 00		CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT	25, 062, 253 23, 339, 464		25, 062, 253 0			2. 00 4. 00
5. 00	1	ADMINISTRATIVE & GENERAL	77, 703, 615	740, 970			80, 693, 413	5. 00
7.00		OPERATION OF PLANT	14, 436, 764	998, 038	2, 028, 291	421, 945	17, 885, 038	7. 00
8. 00 9. 00	1	LAUNDRY & LINEN SERVICE HOUSEKEEPING	253, 673 5, 612, 934	0 52, 694	0 107, 088	0 311, 601	253, 673 6, 084, 317	8. 00 9. 00
10.00		DI ETARY	3, 267, 202	246, 136	500, 216		4, 336, 000	
11. 00	01100	CAFETERI A	1, 687, 071	145, 693			2, 281, 206	11. 00
13.00		NURSING ADMINISTRATION	16, 879, 632	73, 086			19, 572, 838	
14. 00 15. 00		CENTRAL SERVICES & SUPPLY PHARMACY	13, 303, 449 8, 209, 731	124, 937 94, 604			13, 682, 292 9, 414, 475	•
16. 00		MEDICAL RECORDS & LIBRARY	0,207,701	32, 251	65, 544		97, 795	•
18. 00		SOCIAL SERVICES	0	0	0	0	0	18. 00
18. 01 23. 00		CENTRAL STERILIZATION PARAMED ED PRGM-PHARMACY RESIDENCY	1, 706, 955 475, 988		394, 304 34, 318		2, 443, 099 586, 686	18. 01 23. 00
23.00		I ENT ROUTI NE SERVI CE COST CENTERS	475, 700	10, 880	34, 310	37, 474	360, 060	23.00
30.00	03000	ADULTS & PEDIATRICS	47, 219, 312	2, 646, 215			59, 959, 004	30. 00
31.00	03100	INTENSIVE CARE UNIT	7, 466, 771	231, 631	470, 738		9, 042, 961	31. 00
32. 00 35. 00		CORONARY CARE UNIT NEONATAL INTENSIVE CARE UNIT	3, 436, 908	0 212, 363	0 431, 580		0 4, 498, 339	32. 00 35. 00
42. 00	04200	SUBPROVI DER	0, 100, 700	0	0	0	0	42. 00
43. 00		NURSERY	997, 648	97, 465	198, 076	127, 533	1, 420, 722	43. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	17, 760, 310	847, 052	1, 721, 446	1, 309, 746	21, 638, 554	50. 00
50. 00		CV SURGERY	0	047,032		1, 307, 740	21, 030, 334	50. 00
51.00		RECOVERY ROOM	7, 747, 188				10, 470, 243	1
52.00		DELIVERY ROOM & LABOR ROOM	4, 923, 425	346, 694	704, 578		6, 481, 077	1
53. 00 54. 00		ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	5, 657, 378	0 548, 885	0 1, 115, 486		0 7, 881, 342	53. 00 54. 00
55. 00	05500	RADI OLOGY-THERAPEUTI C	3, 279, 811	12, 950			3, 691, 223	
56.00		RADI OI SOTOPE	0	0	0	0	0	56. 00
57. 00 58. 00	1	CT SCAN MAGNETIC RESONANCE IMAGING (MRI)	2, 056, 099 977, 613	61, 129 85, 755			2, 338, 718 1, 334, 705	•
59. 00		CARDI AC CATHETERI ZATI ON	4, 180, 888				6, 036, 066	
60.00		LABORATORY	18, 220, 305				18, 948, 088	•
64. 00 65. 00		I NTRAVENOUS THERAPY RESPI RATORY THERAPY	0 4, 608, 746	0 8, 418	_		0 5, 299, 899	
66. 00	1	PHYSI CAL THERAPY	6, 823, 271	400, 644			9, 022, 592	
69. 00	06900	ELECTROCARDI OLOGY	1, 395, 329	71, 763			1, 788, 631	69. 00
70.00		ELECTROENCEPHALOGRAPHY	151, 102	0	0	17, 105	168, 207	
71. 00 72. 00		MEDICAL SUPPLIES CHARGED TO PATIENTS IMPL. DEV. CHARGED TO PATIENTS	9, 865, 731 16, 245, 225			0	9, 865, 731 16, 245, 225	
73. 00		DRUGS CHARGED TO PATIENTS	38, 197, 460		Ö	o	38, 197, 460	
73. 01		OP PHARMACY	3, 338, 795				3, 554, 997	
74. 00 76. 97		RENAL DIALYSIS CARDIAC REHABILITATION	1, 651, 512 696, 257	48, 972 0			1, 800, 010 781, 381	
77. 00		ALLOGENEIC STEM CELL ACQUISITION	070, 237				701, 301	77. 00
	OUTPA	TIENT SERVICE COST CENTERS						
90. 00 90. 01		CLINIC OP ONCOLOGY INFUSION CENTER	1, 669, 234				2, 870, 029	90.00
90. 01		WOUND CARE CENTER	5, 979, 846 727, 301	503, 799 77, 238			8, 340, 220 1, 060, 933	
90. 03		PAIN CLINIC	741, 750		100, 836		976, 739	90. 03
90. 04		OB CLINIC	2, 881, 244	516, 005			4, 874, 751	90. 04
90. 05 90. 06		OP PSYCH CLINIC MULTI SPECIALTY CLINIC	1, 143, 685 2, 361, 233			167, 259 317, 373	1, 919, 079 2, 678, 606	
91.00		EMERGENCY	19, 124, 098		_		22, 148, 902	
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	4, 679, 266	153, 764	312, 492	318, 873	5, 464, 395	92. 01
94. 00		REIMBURSABLE COST CENTERS HOME PROGRAM DIALYSIS	n	0	0	n	0	94. 00
95.00	09500	AMBULANCE SERVICES	O	Ö		o	0	95. 00
		I &R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
		HOME HEALTH AGENCY OPIOID TREATMENT PROGRAM	0	0 0				101. 00 102. 00
102.00		AL PURPOSE COST CENTERS				, o	0	. 52. 50
		INTEREST EXPENSE						113. 00
114.00	11400 וֹןנ	UTILIZATION REVIEW-SNF	1		<u> </u>			114. 00

Health Financial Systems IU HEALTH BLOOMINGTON HOSPITAL In Lieu of Form CMS-2552-10 COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0051 Peri od: Worksheet B From 01/01/2022 Part I 12/31/2022 Date/Time Prepared: 5/30/2023 10: 22 am CAPITAL RELATED COSTS **EMPLOYEE** Cost Center Description Net Expenses BLDG & FIXT MVBLE EQUIP Subtotal for Cost **BENEFITS** DEPARTMENT All ocation (from Wkst A col. 7) 1.00 2.00 4. 00 4A 115.00 11500 AMBULATORY SURGICAL CENTER (D. P.) 0 0 0 116.00 11600 HOSPI CE 0 SUBTOTALS (SUM OF LINES 1 through 117) 118.00 450, 475, 573 12, 072, 982 24, 535, 652 21, 779, 272 NONREI MBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 37 758 5 562 190. 01 19001 PROMPTCARE 3, 116, 780 106, 446 216, 328 352, 068 190. 02 19002 RENTAL PROPERTIES 0 190. 03 19003 OLCOTT 0 0 0 0 190. 04 19004 PHYSI CI AN RECRUITMENT 0 0 190. 05 19005 FOUNDATION 0 0 0

Provider CCN: 15-0051

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 01/01/2022 Part I
To 12/31/2022 Date/Time Prepared:
5/30/2023 10:22 am

						5/30/2023 10:	
	Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		& GENERAL 5.00	7. 00	LINEN SERVICE 8.00	9. 00	10. 00	
	GENERAL SERVICE COST CENTERS	5.00	7.00	0.00	7.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMINISTRATIVE & GENERAL	80, 693, 413	21 /27 000				5. 00
7. 00 8. 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	3, 752, 871 53, 229	21, 637, 909	306, 902			7. 00 8. 00
9. 00	00900 HOUSEKEEPI NG	1, 276, 690	107, 634		7, 468, 692		9.00
10. 00		909, 836	502, 767			5, 771, 840	10.00
11. 00		478, 672	297, 600		12, 877	0	11. 00
13. 00		4, 107, 027	149, 290			0	13. 00
14. 00		2, 870, 996	255, 201		206, 033	0	14.00
15. 00 16. 00		1, 975, 468 20, 521	193, 242 65, 878		77, 262 34, 339	0	15. 00 16. 00
18. 00		20, 521	05, 676		34, 337	0	18.00
18. 01	01851 CENTRAL STERI LI ZATI ON	512, 643	396, 315	1, 869	o	0	18. 01
23. 00		123, 106	34, 493		0	0	23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	1	12, 581, 249	5, 405, 270	1		5, 225, 300	30.00
31. 00 32. 00	1	1, 897, 512	473, 139	12, 313		546, 540 0	31. 00 32. 00
35. 00	1 1	943, 900	433, 781	1	-	0	35.00
42. 00	1	0	433, 701	1, 720	0	0	42.00
43. 00		298, 114	199, 087	3, 813	114, 177	0	43. 00
	ANCILLARY SERVICE COST CENTERS						
50. 00		4, 540, 483	1, 730, 226			0	50.00
50. 01		0 107 000	1 147 054	0	0	0	50. 01
51. 00 52. 00	1	2, 197, 002 1, 359, 944	1, 147, 054 708, 171			0	51. 00 52. 00
53. 00	1	1, 357, 744	700, 171	14, 150	204, 303	0	53.00
54. 00		1, 653, 766	1, 121, 176	24, 129	206, 033	0	54.00
55. 00		774, 540	26, 453		0	0	55. 00
56. 00	05600 RADI OI SOTOPE	O	C	0	0	0	56. 00
57. 00		490, 740	124, 864		0	0	57. 00
58. 00		280, 065	175, 168		0	0	58. 00
59. 00		1, 266, 566	999, 926			0	59.00
60. 00 64. 00		3, 975, 934	490, 234	0	34, 339	0	60. 00 64. 00
65. 00	1	1, 112, 094	17, 196		0	0	65.00
66. 00		1, 893, 238	818, 373		77, 262	0	66.00
69. 00		375, 314	146, 587	1		0	69.00
70.00		35, 295	C	0	0	0	70. 00
71. 00		2, 070, 156	C	0	0	0	71. 00
72. 00	1	3, 408, 784	C	0	0	0	72. 00
73. 00		8, 015, 088	0	0	0	0	73.00
73. 01	1 1	745, 956	94, 932		0	0	73. 01
74. 00 76. 97	07400 RENAL DIALYSIS 07697 CARDIAC REHABILITATION	377, 701 163, 960	100, 033	1		0	74. 00 76. 97
	07700 ALLOGENEIC STEM CELL ACQUISITION	103, 400		0		0	77.00
77.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>		,	<u> </u>	<u> </u>	77.00
90.00	09000 CLI NI C	602, 227	639, 692	. 89	0	0	90.00
90. 01		1, 750, 053	1, 029, 082		0	0	90. 01
90. 02		222, 619	157, 769		-	0	90. 02
90. 03		204, 952	101, 351		51, 508	0	90. 03
90. 04 90. 05		1, 022, 884	1, 054, 014		0	0	90. 04 90. 05
90.05		402, 686 562, 060	409, 660	58	_	0	90.05
91. 00		4, 647, 571	1, 188, 878			0	91.00
92. 00		1,017,071	1, 100, 070	10,070	1,007,211		92.00
92. 01	1	1, 146, 610	314, 086	7, 667	0	0	92. 01
	OTHER REIMBURSABLE COST CENTERS						
94. 00		0	C	0	_	0	
	09500 AMBULANCE SERVI CES	0	C	0	0	0	95.00
	0 10000 1&R SERVICES-NOT APPRVD PRGM 0 10100 HOME HEALTH AGENCY	0	C	0	0		100. 00 101. 00
	0 10200 OPI OID TREATMENT PROGRAM				-		101.00
102.0	SPECIAL PURPOSE COST CENTERS			,, 0	<u> </u>	0	102.00
113. 0	0 11300 I NTEREST EXPENSE						113. 00
114.0	0 11400 UTILIZATION REVIEW-SNF						114. 00
	0 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	C	0	0		115. 00
	0 11600 HOSPI CE	0	04 433 : -	0	0		116.00
118. 0	3 /	77, 100, 122	21, 108, 622	306, 902	7, 391, 430	5, 771, 840	J118.00
190 0	NONREIMBURSABLE COST CENTERS 0 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9, 090	C	0	0	0	190. 00
170.0	5, 1, 200 STOLE THE SHOT & SHATEEN	7, 090		., 0	<u> </u>	0	1.70.00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

					5/30/2023 10:	22 am
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	& GENERAL	PLANT	LINEN SERVICE			
	5.00	7. 00	8. 00	9. 00	10.00	
190. 01 19001 PROMPTCARE	795, 607	217, 431	0	0	0	190. 01
190. 02 19002 RENTAL PROPERTI ES	0	0	0	0	0	190. 02
190. 03 19003 OLCOTT	0	0	0	0	0	190. 03
190. 04 19004 PHYSI CLAN RECRUITMENT	0	0	0	0	0	190. 04
190. 05 19005 FOUNDATI ON	0	0	0	0	0	190. 05
190. 06 19006 MARKETI NG	0	0	0	0	0	190. 06
190.07 19007 HME STORE	0	0	0	77, 262	0	190. 07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190. 08
190. 09 19009 CLINICAL TRIALS	0	0	0	0	0	190. 09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	441, 726	0	0	0	0	190. 11
191. 00 19100 RESEARCH	1, 478	0	0	0	0	191. 00
191. 01 19101 RESEARCH	0	0	0	0	0	191. 01
191. 02 19102 OTHER SPONSORED ACTIVITIES	1, 550, 090	0	0	0	0	191. 02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	15, 814	0	0	0	0	192. 00
193.00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
194.00 07950 IU HEALTH PAOLI HOSPITAL	232, 608	100, 675	0	0	0	194. 00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	516, 543	211, 181	0	0	0	194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194. 02
194.03 07953 IU HEALTH SIP	28, 462	0	0	0	0	194. 03
194. 04 07954 HOME CARE	0	0	0	0	0	194. 04
194. 05 07955 HOSPI CE	1, 873	0	0	0	0	194. 05
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)	80, 693, 413	21, 637, 909	306, 902	7, 468, 692	5, 771, 840	202. 00

Provider CCN: 15-0051

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2022 | Part I | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 10: 22 am

				12/31/2022	5/30/2023 10:	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
	11. 00	13.00	SUPPLY 14.00	15. 00	16. 00	
GENERAL SERVICE COST CENTERS	11.00	13.00	14.00	13.00	10.00	
1.00 O0100 CAP REL COSTS-BLDG & FIXT						1.00
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 HOUSEKEEPI NG						9. 00
10. 00 01000 DI ETARY						10.00
11. 00 01100 CAFETERI A	3, 070, 355					11. 00
13.00 01300 NURSING ADMINISTRATION	233, 570	1				13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	1	17, 014, 522			14.00
15. 00 01500 PHARMACY	119, 802	304	85, 736	11, 866, 289		15. 00
16. 00 01600 MEDICAL RECORDS & LIBRARY	0	ol ol	0	o	218, 533	16. 00
18. 00 01850 SOCIAL SERVICES	0	ol ol	0	o	0	18. 00
18. 01 01851 CENTRAL STERI LI ZATI ON	34, 362	2, 577	19, 778	o	0	18. 01
23. 00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	9, 425	o	6	o	0	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS	<u>'</u>					
30. 00 03000 ADULTS & PEDI ATRI CS	614, 150	8, 409, 594	422, 255	77, 436	23, 862	30.00
31.00 03100 INTENSIVE CARE UNIT	108, 861	1, 638, 801	132, 929	33, 849	3, 584	31.00
32. 00 03200 CORONARY CARE UNIT	0	ol ol	0	o	0	32. 00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	44, 738	703, 676	24, 078	5, 856	1, 521	35. 00
42. 00 04200 SUBPROVI DER	0	o	0	o	0	42.00
43. 00 04300 NURSERY	12, 456	188, 424	7, 023	721	427	43.00
ANCILLARY SERVICE COST CENTERS						1
50. 00 05000 OPERATING ROOM	181, 970	1, 903, 446	3, 612, 408	44, 983	28, 808	50.00
50. 01 05001 CV SURGERY	0	o	0	o	0	50. 01
51.00 05100 RECOVERY ROOM	131, 445	1, 872, 426	87, 718	38, 279	5, 473	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	48, 317	716, 465	78, 976	12, 144	3, 633	52. 00
53. 00 05300 ANESTHESI OLOGY	0	ol ol	0	o	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	84, 046	150, 009	15, 025	3, 767	4, 570	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	59, 432	136, 260	2, 313	3, 018	10, 872	55. 00
56. 00 05600 RADI OI SOTOPE	0	o	0	o	0	56. 00
57. 00 05700 CT SCAN	14, 152	el ol	22, 119	6, 294	4, 022	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	13, 784	. o	654	4, 219	1, 166	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	50, 060	554, 772	505, 051	19, 819	10, 124	59. 00
60. 00 06000 LABORATORY	112, 625	128	739	o	14, 310	60.00
64.00 06400 INTRAVENOUS THERAPY	0	ol ol	0	o	0	64. 00
65. 00 06500 RESPIRATORY THERAPY	83, 107	'l ol	242, 188	148	2, 340	65. 00
66. 00 06600 PHYSI CAL THERAPY	161, 830	1, 280	2, 806	o	2, 732	66. 00
69. 00 06900 ELECTROCARDI OLOGY	31, 549		15, 147	3, 280	3, 868	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	2, 574	. o	9, 934	o	185	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	ol ol	4, 258, 069	o	9, 445	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	7, 011, 454	0	18, 331	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	ol ol	0	11, 392, 659	33, 063	73. 00
73.01 07302 OP PHARMACY	11, 380	1, 601	1, 342	o	349	73. 01
74. 00 07400 RENAL DI ALYSI S	0	ol ol	2, 256	1, 519	659	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	15, 208	94, 116	594	o	332	76. 97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	o	0	0	0	77. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	38, 886	231, 352	3, 205	2, 083	195	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	121, 617	1, 618, 746	77, 343	75, 420	5, 025	90. 01
90. 02 09002 WOUND CARE CENTER	17, 049	177, 380	12, 758	o	641	90. 02
90. 03 09003 PAIN CLINIC	18, 441	84, 656	21, 649	154	368	90. 03
90. 04 09004 0B CLINIC	76, 836	806, 676	12, 860	o	280	90. 04
90. 05 09005 OP PSYCH CLINIC	38, 046	171, 473	2, 542	o	515	90. 05
90.06 09006 MULTI SPECIALTY CLINIC	62, 450	492, 348	19, 707	o	416	90.06
91. 00 09100 EMERGENCY	188, 186	2, 724, 559	252, 019	133, 264	25, 752	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	43, 630	575, 099	41, 183	7, 330	1, 665	92. 01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94. 00
95. 00 09500 AMBULANCE SERVICES	0	0	0	0	0	95. 00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0) o	0	o		100. 00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101. 00
102.00 10200 OPI OI D TREATMENT PROGRAM	0	o <u></u> o	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113. 00
114.00 11400 UTILIZATION REVIEW-SNF						114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	이	0	o		115. 00
116. 00 11600 HOSPI CE	0	이	0	0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	2, 783, 984	23, 314, 142	17, 003, 864	11, 866, 242	218, 533	118. 00

Provider CCN: 15-0051

| Peri od: | Worksheet B | From 01/01/2022 | Part I | To 12/31/2022 | Date/Time Prepared:

					5/30/2023 10:	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11. 00	13. 00	14. 00	15. 00	16. 00	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1, 860		0	0	-	190. 00
190. 01 19001 PROMPTCARE	61, 441	286, 189	7, 823	0	-	190. 01
190. 02 19002 RENTAL PROPERTIES	0	0	0	0		190. 02
190. 03 19003 OLCOTT	0	0	0	0		190. 03
190. 04 19004 PHYSI CLAN RECRUITMENT	0	0	0	0	0	190. 04
190. 05 19005 FOUNDATI ON	0	0	0	0	0	190. 05
190. 06 19006 MARKETI NG	0	0	0	0		190. 06
190. 07 19007 HME STORE	0	0	0	0	0	190. 07
190. 08 19008 UNUSED SPACE	0	0	0	0		190. 08
190. 09 19009 CLINICAL TRIALS	0	0	0	0		190. 09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	183, 319	461, 520	2, 788	0	0	190. 11
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00
191. 01 19101 RESEARCH	0	0	0	0		191. 01
191. 02 19102 OTHER SPONSORED ACTIVITIES	0	0	0	0	0	191. 02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5, 600	0	15	47	0	192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
194.00 07950 IU HEALTH PAOLI HOSPITAL	10, 481	0	0	0	0	194. 00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	23, 550	0	0	0	0	194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194. 02
194.03 07953 IU HEALTH SIP	102	640	32	0	0	194. 03
194.04 07954 HOME CARE	0	0	0	0	0	194. 04
194. 05 07955 HOSPI CE	18	288	0	0	0	194. 05
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00 TOTAL (sum lines 118 through 201)	3, 070, 355	24, 062, 779	17, 014, 522	11, 866, 289	218, 533	202. 00

| Peri od: | Worksheet B | From 01/01/2022 | Part | | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0051

				Ť	0 12/31/2022	Date/Time Pre 5/30/2023 10:	
		OTHER GENE	RAL SERVICE			3/30/2023 10.	ZZ dili
	Cost Center Description	SOCI AL SERVI CES	CENTRAL STERI LI ZATI ON	PARAMED ED PRGM-PHARMACY RESI DENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		18. 00	18. 01	23. 00	24. 00	25. 00	
1. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1. 00
2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 14. 00 15. 00 16. 00 18. 00 123. 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01850 SOCIAL SERVICES 01851 CENTRAL STERILIZATION 02301 PARAMED ED PRGM-PHARMACY RESIDENCY		3, 410, 643	753, 716			2. 00 4. 00 5. 00 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 18. 00 18. 00 18. 00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT			0		0	30. 00 31. 00
32.00	03200 CORONARY CARE UNIT	d	ō	Ō	0	0	32. 00
35. 00 42. 00	02060 NEONATAL INTENSIVE CARE UNIT 04200 SUBPROVIDER		0	0	6, 657, 815 0	0	35. 00 42. 00
43. 00	04300 NURSERY			1	2, 244, 964	0	43. 00
FO 00	ANCILLARY SERVICE COST CENTERS		2 410 /42		27 020 010	0	F0 00
50. 00 50. 01	05000 OPERATI NG ROOM 05001 CV SURGERY					0	50. 00 50. 01
51. 00	05100 RECOVERY ROOM			Ö	-	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	(0	0	9, 712, 188	0	52.00
53. 00 54. 00	05300 ANESTHESI OLOGY 05400 RADI OLOGY - DI AGNOSTI C			0	0 11, 143, 863	0	53. 00 54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C			0	4, 704, 111	0	55.00
56. 00	05600 RADI OI SOTOPE		o	0	0	0	56. 00
57. 00	05700 CT SCAN	(0	0		0	57.00
58. 00 59. 00	05800 MAGNETIC RESONANCE MAGING (MRI) 05900 CARDIAC CATHETERIZATION	(0	0	1, 809, 761 9, 451, 912	0	58. 00 59. 00
60. 00	06000 LABORATORY			Ö	23, 576, 397	0	60.00
64. 00	06400 I NTRAVENOUS THERAPY		0	О	0	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	(0	0	6, 756, 972	0	65.00
66. 00 69. 00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY			0	11, 980, 113 2, 632, 227	0	66. 00 69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY			Ö		0	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	(0	0	16, 203, 401	0	71. 00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS		0	752 714	,,	0	72. 00 73. 00
73. 00	07300 DRUGS CHARGED TO PATTENTS			753, 716 0	58, 391, 986 4, 410, 557	0	73.00
	07400 RENAL DIALYSIS		o o	Ō	2, 282, 878		74. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	(0	1, 055, 620		76. 97
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION OUTPATIENT SERVICE COST CENTERS) 0	0	0	0	77. 00
90.00	09000 CLI NI C	(0	0	4, 387, 758	0	90.00
90. 01	09001 OP ONCOLOGY INFUSION CENTER	C	0	0	13, 023, 919	0	90. 01
90. 02 90. 03	09002 WOUND CARE CENTER 09003 PAIN CLINIC		0	0	1, 649, 149 1, 459, 818	0	90. 02 90. 03
90. 03	09004 OB CLINIC			0	7, 848, 350		90.03
90. 05	09005 OP PSYCH CLINIC		o o	Ö	2, 944, 001	0	90. 05
90. 06	09006 MULTI SPECIALTY CLINIC	(0	0	3, 815, 645	0	90. 06
91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	32, 696, 723	0	91. 00 92. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		o l	0	7, 601, 665		92.00
	OTHER REIMBURSABLE COST CENTERS		-		, ,		
94.00	09400 HOME PROGRAM DIALYSIS	(0	0	0	0	94.00
	09500 AMBULANCE SERVICES 10000 L&R SERVICES-NOT APPRVD PRGM) 0	0	0	0	95. 00 100. 00
	10100 HOME HEALTH AGENCY			Ö	0		100.00
	10200 OPIOLD TREATMENT PROGRAM		0	0	0		102. 00
112 00	SPECIAL PURPOSE COST CENTERS 11300 NTEREST EXPENSE			I			113. 00
	11400 UTI LI ZATI ON REVI EW-SNF						114. 00
	i i i	t .	1	1	1	•	

In Lieu of Form CMS-2552-10
Period: Worksheet B
From 01/01/2022 Part I Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0051

			To	12/31/2022	Date/Time Prepared:
					5/30/2023 10:22 am
	OTHER GENER	RAL SERVICE			
Cost Center Description	SOCI AL	CENTRAL	PARAMED ED	Subtotal	Intern &
	SERVI CES	STERILIZATION	PRGM-PHARMACY		Residents Cost
			RESI DENCY		& Post
					Stepdown
	10.00	10.01			Adjustments
14E CO 14ECO AMPLII ATORY CUROLOM CENTER (D. D.)	18. 00	18. 01	23. 00	24. 00	25. 00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0 115. 00
116. 00 11600 HOSPI CE	0	0	0	0	0 116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	3, 410, 643	753, 716	442, 884, 108	0 118. 00
NONREI MBURSABLE COST CENTERS	_	_	_		
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	54, 270	0 190. 00
190. 01 19001 PROMPTCARE	0	0	0	5, 160, 113	0 190. 01
190. 02 19002 RENTAL PROPERTIES	0	0	0	0	0 190. 02
190. 03 19003 OLCOTT	0	0	0	0	0 190. 03
190. 04 19004 PHYSI CLAN RECRUITMENT	0	0	0	0	0 190. 04
190. 05 19005 FOUNDATI ON	0	0	0	0	0 190. 05
190. 06 19006 MARKETI NG	0	0	0	0	0 190. 06
190. 07 19007 HME STORE	0	0	0	77, 262	0 190. 07
190. 08 19008 UNUSED SPACE	0	0	0	0	0 190. 08
190. 09 19009 CLINI CAL TRI ALS	0	0	0	0	0 190. 09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0 190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	0	0	0	3, 194, 484	0 190. 11
191. 00 19100 RESEARCH	0	0	0	8, 524	0 191. 00
191. 01 19101 RESEARCH	0	0	0	0	0 191. 01
191. 02 19102 OTHER SPONSORED ACTIVITIES	0	0	0	8, 937, 344	0 191. 02
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	96, 840	0 192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0 193. 00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	1, 452, 305	0 194. 00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	3, 212, 960	0 194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0 194. 02
194.03 07953 IU HEALTH SIP	0	0	0	164, 878	0 194. 03
194.04 07954 HOME CARE	0	0	0	0	0 194. 04
194. 05 07955 HOSPI CE	0	0	0	11, 107	0 194. 05
200.00 Cross Foot Adjustments			0	0	0 200. 00
201.00 Negative Cost Centers	0	0	o	0	0 201. 00
202.00 TOTAL (sum lines 118 through 201)	0	3, 410, 643	753, 716	465, 254, 195	0 202. 00

In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2022	Part
To 12/31/2022	Date/Time Prepared:
5/30/2023	10: 22 am Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0051

			5/30/2023 10:	
	Cost Center Description	Total		
	OFNEDAL CEDITION OF COST OFNITEDS	26. 00		
1. 00	GENERAL SERVICE COST CENTERS OO100 CAP REL COSTS-BLDG & FLXT			1.00
2. 00	00200 CAP REL COSTS-BEBG & TTAT			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 HOUSEKEEPI NG			9. 00
10.00	01000 DI ETARY			10.00
11.00	01100 CAFETERI A			11.00
	01300 NURSI NG ADMI NI STRATI ON			13.00
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY			14. 00 15. 00
	01600 MEDICAL RECORDS & LIBRARY			16. 00
	01850 SOCI AL SERVI CES			18. 00
	01851 CENTRAL STERI LI ZATI ON			18. 01
23. 00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY			23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	96, 536, 229		30.00
	03100 INTENSIVE CARE UNIT	14, 216, 708		31. 00
32. 00	03200 CORONARY CARE UNIT	0		32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	6, 657, 815		35. 00
42. 00	04200 SUBPROVI DER	0		42.00
43. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	2, 244, 964		43. 00
50. 00	05000 OPERATING ROOM	37, 830, 810		50.00
	05001 CV SURGERY	37, 030, 010		50. 00
51. 00	05100 RECOVERY ROOM	15, 957, 670		51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	9, 712, 188		52. 00
53.00	05300 ANESTHESI OLOGY	0		53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	11, 143, 863		54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	4, 704, 111		55. 00
56.00	05600 RADI OI SOTOPE	0		56. 00
57. 00	05700 CT SCAN	3, 000, 909		57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 809, 761		58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	9, 451, 912		59.00
60. 00 64. 00	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	23, 576, 397 0		60.00
65. 00	06500 RESPIRATORY THERAPY	6, 756, 972		65. 00
66. 00	06600 PHYSI CAL THERAPY	11, 980, 113		66.00
69. 00	06900 ELECTROCARDI OLOGY	2, 632, 227		69. 00
	07000 ELECTROENCEPHALOGRAPHY	216, 195		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16, 203, 401		71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	26, 683, 794		72. 00
	07300 DRUGS CHARGED TO PATIENTS	58, 391, 986		73. 00
	07302 OP PHARMACY	4, 410, 557		73. 01
	07400 RENAL DI ALYSI S	2, 282, 878		74. 00
	07697 CARDI AC REHABI LI TATI ON	1, 055, 620		76. 97
77.00	07700 ALLOGENEI C STEM CELL ACQUI SI TI ON	0		77. 00
90. 00	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC	4 207 7E0		90.00
	09001 OP ONCOLOGY INFUSION CENTER	4, 387, 758 13, 023, 919		90.00
90. 01	09002 WOUND CARE CENTER	1, 649, 149		90.01
	09003 PAIN CLINIC	1, 459, 818		90. 02
90. 04	09004 OB CLINIC	7, 848, 350		90. 04
90.05	09005 OP PSYCH CLINIC	2, 944, 001		90. 05
90.06	09006 MULTI SPECIALTY CLINIC	3, 815, 645		90.06
91.00	09100 EMERGENCY	32, 696, 723		91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92. 00
92. 01	09202 OBSERVATION BEDS (DISTINCT PART)	7, 601, 665		92. 01
04.00	OTHER REIMBURSABLE COST CENTERS			04.00
	09400 HOME PROGRAM DIALYSIS 09500 AMBULANCE SERVICES	0		94.00
	10000 I&R SERVICES-NOT APPRVD PRGM	0		95.00
	l I	0		100. 00 101. 00
	10100 HOME HEALTH AGENCY 10200 OPIOID TREATMENT PROGRAM	0		101.00
102.00	SPECIAL PURPOSE COST CENTERS	U _I		102.00
113 00	11300 INTEREST EXPENSE			113. 00
	11400 UTILIZATION REVIEW-SNF			114. 00
	11500 AMBULATORY SURGICAL CENTER (D. P.)	0		115. 00
	11600 HOSPI CE	0		116.00
118.00		442, 884, 108		118. 00
	NONREI MBURSABLE COST CENTERS			
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	54, 270		190. 00
190. 01	19001 PROMPTCARE	5, 160, 113		190. 01

| Peri od: | Worksheet B | From 01/01/2022 | Part | | Date/Time Prepared: | 5/30/2023 | 10: 22 am

		5/30/2023 10: 22 am
Cost Center Description	Total	
	26. 00	
190. 02 19002 RENTAL PROPERTI ES	0	190. 02
190. 03 19003 OLCOTT	0	190. 03
190. 04 19004 PHYSI CI AN RECRUI TMENT	0	190. 04
190. 05 19005 FOUNDATI ON	0	190. 05
190. 06 19006 MARKETI NG	o	190. 06
190.07 19007 HME STORE	77, 262	190. 07
190. 08 19008 UNUSED SPACE	0	190. 08
190. 09 19009 CLI NI CAL TRI ALS	0	190. 09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	3, 194, 484	190. 11
191. 00 19100 RESEARCH	8, 524	191. 00
191. 01 19101 RESEARCH	0	191. 01
191. 02 19102 OTHER SPONSORED ACTIVITIES	8, 937, 344	191. 02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	96, 840	192. 00
193.00 19300 NONPALD WORKERS	0	193. 00
194.00 07950 IU HEALTH PAOLI HOSPITAL	1, 452, 305	194. 00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	3, 212, 960	194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	194. 02
194.03 07953 IU HEALTH SIP	164, 878	194. 03
194.04 07954 HOME CARE	0	194. 04
194. 05 07955 HOSPI CE	11, 107	194. 05
200.00 Cross Foot Adjustments	0	200. 00
201.00 Negative Cost Centers	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	465, 254, 195	202. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | T Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0051

					Io	12/31/2022	Date/lime Pre 5/30/2023 10::	
				CAPI TAL REL	ATED COSTS		,	
		Cost Conton Decement on	Dimontly	DIDC ® FLVT	M/DLE FOULD	Cubtatal	EMDL OVEE	
		Cost Center Description	Directly Assigned New	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			Capi tal				DEPARTMENT	
			Related Costs					
	CENED	AL CERVICE COCT CENTERS	0	1. 00	2.00	2A	4. 00	
1. 00		AL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT						1. 00
2. 00		CAP REL COSTS-MVBLE EQUIP						2. 00
4.00		EMPLOYEE BENEFITS DEPARTMENT	0	0		0	0	4. 00
5.00		ADMINISTRATIVE & GENERAL	0	740, 970		2, 246, 827	0	5. 00
7. 00 8. 00	1	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	0	998, 038 0		3, 026, 329	0	7. 00 8. 00
9. 00		HOUSEKEEPI NG		52, 694	_	159, 782	0	9. 00
10.00		DI ETARY	O	246, 136		746, 352	0	10.00
11. 00	1	CAFETERI A	0	145, 693		441, 782	0	11. 00
13.00		NURSING ADMINISTRATION	0	73, 086		221, 618	0	13.00
14. 00 15. 00		CENTRAL SERVICES & SUPPLY PHARMACY	0	124, 937 94, 604		378, 843 286, 865	0	14. 00 15. 00
16. 00		MEDICAL RECORDS & LIBRARY	O	32, 251	65, 544	97, 795	0	16. 00
18. 00	01850	SOCIAL SERVICES	0	0		0	0	18. 00
18. 01		CENTRAL STERILIZATION	0	194, 021		588, 325	0	18. 01
23. 00		PARAMED ED PRGM-PHARMACY RESIDENCY LENT ROUTINE SERVICE COST CENTERS	l ol	16, 886	34, 318	51, 204	0	23. 00
30. 00		ADULTS & PEDIATRICS	0	2, 646, 215	5, 377, 843	8, 024, 058	0	30. 00
31.00		INTENSIVE CARE UNIT	o	231, 631	470, 738	702, 369	0	31. 00
32. 00	1	CORONARY CARE UNIT	0	0	0	0	0	32.00
35. 00 42. 00		NEONATAL INTENSIVE CARE UNIT SUBPROVIDER	0	212, 363	431, 580	643, 943	0	35. 00 42. 00
43. 00		NURSERY	l o	97, 465	198, 076	295, 541	0	43. 00
		LARY SERVICE COST CENTERS						
50.00		OPERATING ROOM	0	847, 052		2, 568, 498	0	50.00
50. 01 51. 00		CV SURGERY RECOVERY ROOM	0	0 561, 554		1, 702, 787	0	50. 01 51. 00
52. 00		DELIVERY ROOM & LABOR ROOM	o o	346, 694		1, 051, 272	0	52. 00
53.00		ANESTHESI OLOGY	0	0	0	0	0	53. 00
54. 00		RADI OLOGY - DI AGNOSTI C	0	548, 885		1, 664, 371	0	54. 00
55. 00 56. 00		RADI OLOGY-THERAPEUTI C RADI OI SOTOPE	0	12, 950 0		39, 268 0	0	55. 00 56. 00
57. 00	1	CT SCAN	l o	61, 129	I -	185, 359	0	57. 00
58. 00		MAGNETIC RESONANCE IMAGING (MRI)	O	85, 755		260, 034	0	58. 00
59.00		CARDI AC CATHETERI ZATI ON	0	489, 526		1, 484, 378	0	59. 00
60. 00 64. 00	1	LABORATORY INTRAVENOUS THERAPY	0	240, 000	487, 746	727, 746	0	60. 00 64. 00
65. 00		RESPI RATORY THERAPY	o	8, 418	17, 109	25, 527	0	65. 00
66.00		PHYSI CAL THERAPY	o	400, 644		1, 214, 864	0	66. 00
69. 00		ELECTROCARDI OLOGY	0	71, 763	1	217, 606	0	69. 00
70. 00 71. 00		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1	0	0	70. 00 71. 00
		IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	
73.00	07300	DRUGS CHARGED TO PATIENTS	o	0	O	o	0	73. 00
73. 01		OP PHARMACY	0	46, 475		140, 925	0	73. 01
74. 00 76. 97	1	RENAL DIALYSIS CARDIAC REHABILITATION	0	48, 972 0	1	148, 498 0	0	74. 00 76. 97
77. 00		ALLOGENEIC STEM CELL ACQUISITION	o	0	1	Ö	0	77. 00
	OUTPA	TIENT SERVICE COST CENTERS						
90.00		CLINIC OP ONCOLOGY INFUSION CENTER	0	313, 169		949, 615	0	90.00
90. 01 90. 02		WOUND CARE CENTER	0	503, 799 77, 238		1, 527, 658 234, 207	0	90. 01 90. 02
90. 03		PAIN CLINIC	o o	49, 617		150, 453	0	90. 03
90. 04		OB CLINIC	0	516, 005		1, 564, 670	0	90. 04
90. 05	1	OP PSYCH CLINIC	0	200, 554		608, 135	0	90.05
90. 06 91. 00		MULTI SPECIALTY CLINIC EMERGENCY	0	0 582, 029	_	1, 764, 874	0	90. 06 91. 00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)	l	302, 027	1, 102, 043	1, 704, 674	O	92.00
92. 01	1	OBSERVATION BEDS (DISTINCT PART)	0	153, 764	312, 492	466, 256	0	
04.00		REIMBURSABLE COST CENTERS				51		04.00
94. 00 95. 00		HOME PROGRAM DIALYSIS AMBULANCE SERVICES	0	0	0	0	0	
		I&R SERVICES-NOT APPRVD PRGM	l o	0	l	o		100.00
101.00	10100	HOME HEALTH AGENCY	o	0	O	ō	0	101. 00
102.00		OPLOID TREATMENT PROGRAM	0	0	0	0	0	102. 00
113 00		AL PURPOSE COST CENTERS INTEREST EXPENSE						113. 00
		UTILIZATION REVIEW-SNF						114. 00
		AMBULATORY SURGICAL CENTER (D. P.)	o	0	О	o	0	115. 00

ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0051 Peri od: Worksheet B From 01/01/2022 Part II Date/Time Prepared: 12/31/2022 5/30/2023 10: 22 am CAPITAL RELATED COSTS BLDG & FIXT **EMPLOYEE** Cost Center Description Directly MVBLE EQUIP Subtotal Assigned New **BENEFITS** Capi tal DEPARTMENT Related Costs 1.00 2.00 2A 4.00 116. 00 11600 HOSPI CE 0 116. 00 SUBTOTALS (SUM OF LINES 1 through 117) 24, 535, 652 118.00 0 12, 072, 982 36, 608, 634 0 118.00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 0 190. 00 190. 01 19001 PROMPTCARE 106, 446 216, 328 322, 774 0 190. 01 190. 02 19002 RENTAL PROPERTIES 0 190, 02 0 0 190. 03 19003 OLCOTT 0 190. 03 C 0 0 190. 04 19004 PHYSI CI AN RECRUITMENT 0 0 0 190. 04 190. 05 19005 FOUNDATION 0 0 190. 05 0 0 190. 06 19006 MARKETI NG 0 190.06 0 0 190. 07 19007 HME STORE 0 190. 07 190. 08 19008 UNUSED SPACE 0 0 190. 08 0 190. 09 19009 CLINICAL TRIALS 0 0 190. 09 190. 10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC 0 190. 10 190. 11 19011 COMMUNITY HEALTH SERVICES 0 0 0 0 190. 11 191. 00 19100 RESEARCH 0 191. 00 191. 01 19101 RESEARCH 0 0 191. 01 Ω 191. 02 19102 OTHER SPONSORED ACTIVITIES 0 0 0 191. 02 192.00 19200 PHYSICIANS' PRIVATE OFFICES 0 192.00 193. 00 19300 NONPALD WORKERS ol 0 193. 00 194.00 07950 IU HEALTH PAOLI HOSPITAL 0 194.00 49, 287 100, 164 149, 451 0 194. 01 194. 01 07951 I U HEALTH BEDFORD HOSPITAL 103, 386 210, 109 313, 495 194. 02 07952 I U HEALTH MORGAN HOSPI TAL 0 194. 02 0

0

0 194. 03

0 194. 04

0 194. 05

0 201. 00

0 202. 00

200.00

0

0

0

25, 062, 253

C

Ω

0

12, 332, 101

0

0

0

o

37, 394, 354

194.03 07953 IU HEALTH SIP

Cross Foot Adjustments

Negative Cost Centers

TOTAL (sum lines 118 through 201)

194.04 07954 HOME CARE

194. 05 07955 HOSPI CE

200.00

201.00

202.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: 5/30/2023 10: 22 am

					5/30/2023 10:	22 am
Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	<u> </u>	PLANT 7. 00	LINEN SERVICE 8.00	9. 00	10.00	
GENERAL SERVICE COST CENTERS	3.00	7.00	0.00	7. 00	10.00	
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00 00500 ADMINISTRATIVE & GENERAL	2, 246, 827					5. 00
7. 00 00700 0PERATI ON OF PLANT	104, 502	3, 130, 831				7. 00
8.00 00800 LAUNDRY & LINEN SERVICE	1, 482	45 574	1, 482	040 007		8. 00
9. 00 00900 HOUSEKEEPI NG	35, 551	15, 574		210, 907	045 040	9.00
10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A	25, 335 13, 329	72, 746 43, 060		606 364	845, 048 0	10. 00 11. 00
13. 00 01300 NURSI NG ADMI NI STRATI ON	114, 364	21, 601		0	0	13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY	79, 946	36, 926		5, 818	0	14. 00
15. 00 01500 PHARMACY	55, 009	27, 961		2, 182	0	15. 00
16. 00 01600 MEDI CAL RECORDS & LI BRARY	571	9, 532		970	0	16. 00
18. 00 01850 SOCIAL SERVICES	0	· c	0	0	0	18. 00
18. 01 01851 CENTRAL STERILIZATION	14, 275	57, 344	. 9	0	0	18. 01
23. 00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	3, 428	4, 991	0	0	0	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	350, 179			104, 724	765, 030	30. 00
31. 00 03100 INTENSIVE CARE UNIT	52, 838	68, 459		9, 212	80, 018	31.00
32. 00 03200 CORONARY CARE UNIT	0	C 7/5	ή	0	0	32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	26, 284	62, 765		0	0	35. 00
42. 00 04200 SUBPROVI DER 43. 00 04300 NURSERY	8, 301	28, 806	0 18	3, 224	0	42. 00 43. 00
ANCI LLARY SERVI CE COST CENTERS	0, 301	20, 000	10	3, 224	U	43.00
50. 00 05000 OPERATING ROOM	126, 434	250, 350	254	19, 394	0	50.00
50. 01 05001 CV SURGERY	0	200,000	0	0	0	50. 01
51. 00 05100 RECOVERY ROOM	61, 178	165, 969	39	0	0	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	37, 869	102, 467		8, 170	0	52. 00
53. 00 05300 ANESTHESI OLOGY	0	C	1	0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	46, 051	162, 225	117	5, 818	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	21, 568	3, 827	0	0	0	55. 00
56. 00 05600 RADI 0I SOTOPE	0	C	0	0	0	56. 00
57.00 05700 CT SCAN	13, 665	18, 067	0	0	0	57. 00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	7, 799	25, 345		0	0	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	35, 269	144, 681		0	0	59. 00
60. 00 06000 LABORATORY	110, 714	70, 933	1	970	0	60. 00
64. 00 06400 I NTRAVENOUS THERAPY	0	0	1	0	0	64.00
65. 00 06500 RESPIRATORY THERAPY	30, 967	2, 488		0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	52, 719	118, 412		2, 182	0	66. 00
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY	10, 451 983	21, 210	19	5, 818	0	69. 00 70. 00
71. 00 07100 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	57, 645			0	0	70.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	94, 921			0	0	71.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	223, 188	Č		0	0	73. 00
73. 01 07302 OP PHARMACY	20, 772	13, 736	o o	Ö	0	73. 01
74. 00 07400 RENAL DI ALYSI S	10, 517	14, 474		0	0	74. 00
76. 97 07697 CARDI AC REHABI LI TATI ON	4, 566			0	0	76. 97
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	C	0	0	0	77. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	16, 770			0	0	90. 00
90. 01 09001 OP ONCOLOGY INFUSION CENTER	48, 732	148, 900		0	0	90. 01
90. 02 09002 WOUND CARE CENTER	6, 199			0	0	90. 02
90. 03 09003 PAIN CLINIC	5, 707	14, 665		1, 455	0	90. 03
90. 04 09004 0B CLINIC 90. 05 09005 OP PSYCH CLINIC	28, 483	152, 507		0	0	90.04
90. 05 09005 OP PSYCH CLINIC 90. 06 09006 MULTI SPECIALTY CLINIC	11, 213 15, 651	59, 274		0	0	90. 05 90. 06
91. 00 09100 EMERGENCY	129, 416	172, 021	234	37, 818	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	127, 410	172,021	254	37,010	O	92.00
92. 01 09202 OBSERVATION BEDS (DISTINCT PART)	31, 928	45, 446	37	0	0	92. 01
OTHER REIMBURSABLE COST CENTERS	0.17.20	107 110	,	<u> </u>		,2.01
94.00 09400 HOME PROGRAM DIALYSIS	0	C	0	0	0	94. 00
95. 00 09500 AMBULANCE SERVICES	0	C	0	0	0	95. 00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	C	0	0	0	100. 00
101.00 10100 HOME HEALTH AGENCY	0	C	0	0	0	101. 00
102.00 10200 OPIOID TREATMENT PROGRAM	0	C	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 I NTEREST EXPENSE						113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF						114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	C	0	0		115. 00
116. 00 11600 HOSPI CE	0 144 713	0 054 035	, 0	000 705		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	2, 146, 769	3, 054, 247	1, 482	208, 725	845, 048	10.00
NONREIMBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	253	C	0	0	0	190. 00
.75. 30 17000 OTT 1, TEORER, OUTTEE SHOT & ONWILLIA					0	1.70.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2022	Part II
To 12/31/2022	Date/Time Prepared:
5/30/2023	10: 22 am

	_				5/30/2023 10: 2	22 am
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	& GENERAL	PLANT	LINEN SERVICE			
	5. 00	7. 00	8. 00	9. 00	10.00	
190. 01 19001 PROMPTCARE	22, 154	31, 461	0	0	0	190. 01
190. 02 19002 RENTAL PROPERTI ES	0	0	0	0	0	190. 02
190. 03 19003 OLCOTT	0	0	0	0	0	190. 03
190. 04 19004 PHYSI CI AN RECRUI TMENT	0	0	0	0	0	190. 04
190. 05 19005 FOUNDATI ON	0	0	0	0	0	190. 05
190. 06 19006 MARKETI NG	0	0	0	0	0	190. 06
190. 07 19007 HME STORE	0	0	0	2, 182	0	190. 07
190. 08 19008 UNUSED SPACE	0	0	0	0	0	190. 08
190. 09 19009 CLINICAL TRIALS	0	0	0	0	0	190. 09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	12, 300	0	0	0	0	190. 11
191. 00 19100 RESEARCH	41	0	0	0	0	191. 00
191. 01 19101 RESEARCH	0	0	0	0	0	191. 01
191.02 19102 OTHER SPONSORED ACTIVITIES	43, 164	0	0	0	0	191. 02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	440	0	0	0	0	192. 00
193.00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
194.00 07950 IU HEALTH PAOLI HOSPITAL	6, 477	14, 567	0	0	0	194. 00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	14, 384	30, 556	0	0	0	194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194. 02
194.03 07953 IU HEALTH SIP	793	0	0	0	0	194. 03
194.04 07954 HOME CARE	0	0	0	0	0	194. 04
194. 05 07955 HOSPI CE	52	0	0	0	0	194. 05
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	o	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	2, 246, 827	3, 130, 831	1, 482	210, 907	845, 048	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | 5/30/2023 10: 22 am

		A.FFTER	1	05117041	SULPHANY I	5/30/2023 10:	22 am
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY	MEDI CAL RECORDS &	
			ADMINI STRATION	SUPPLY		LI BRARY	
	OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF	11. 00	13. 00	14. 00	15. 00	16. 00	
1. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1. 00
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 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY						9. 00 10. 00
11. 00	01100 CAFETERI A	498, 535	5				11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	37, 925					13. 00
14.00		C	o	501, 533			14. 00
15.00	01500 PHARMACY	19, 452	1	2, 527	394, 001	400.040	15. 00
16. 00 18. 00	01600 MEDI CAL RECORDS & LI BRARY 01850 SOCI AL SERVI CES	C	1	0	0	108, 868 0	16. 00 18. 00
18. 00	01851 CENTRAL STERILIZATION	5, 579	1	583	0	0	18. 00
23. 00		1, 530		0	o	0	23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00	· I	99, 723		12, 446	2, 571	11, 813	30. 00
31.00	I I	17, 676		3, 918 0	1, 124	1, 774	31.00
32. 00 35. 00	03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	7, 264	1	710	194	0 753	32. 00 35. 00
42. 00	04200 SUBPROVI DER	7,20	0	0	0	0	42. 00
43.00	04300 NURSERY	2, 023	3, 097	207	24	211	43. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	29, 546	31, 286	106, 480	1, 494	14, 261	50.00
50. 01 51. 00	05001 CV SURGERY 05100 RECOVERY ROOM	21, 343	30, 776	0 2, 586	1, 271	0 2, 709	50. 01 51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	7, 845		2, 328	403	1, 799	52.00
53. 00	05300 ANESTHESI OLOGY	C	1	0	0	. 0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	13, 647	2, 466	443	125	2, 262	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	9, 650		68	100	5, 382	55. 00
56.00	05600 RADI OI SOTOPE	2 200	1	0	0 209	1 001	56.00
57. 00 58. 00	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	2, 298 2, 238		652 19	140	1, 991 577	57. 00 58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	8, 128	1	14, 887	658	5, 012	59. 00
60.00	06000 LABORATORY	18, 287		22	0	7, 084	60.00
64. 00	06400 I NTRAVENOUS THERAPY	C	1	0	0	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	13, 494	1	7, 139	5	1, 158	65.00
66. 00 69. 00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY	26, 276 5, 123	1	83 446	109	1, 353 1, 915	66. 00 69. 00
70. 00	07000 ELECTROEARD GEOGRAPHY	418		293	0	92	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	C	o	125, 512	ō	4, 676	71. 00
72. 00	· I	C	o	206, 680	o	9, 075	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	C	0	0	378, 276	17, 053	73. 00
73. 01 74. 00	07302 OP PHARMACY 07400 RENAL DIALYSIS	1, 848		40 66	50	173 326	73. 01 74. 00
76. 97	+ I	2, 469	1	18	0	164	
77. 00		2, 10,		0	Ö	0	77. 00
	OUTPATIENT SERVICE COST CENTERS						
90.00		6, 314		94	69	96	90.00
90. 01 90. 02		19, 747 2, 768		2, 280 376	2, 504	2, 487 317	90. 01 90. 02
90. 02	1	2, 700		638	5	182	90. 02
90. 04	1	12, 476		379	o	139	90. 04
90. 05	09005 OP PSYCH CLINIC	6, 177		75	О	255	90. 05
90. 06		10, 140		581	0	206	90. 06
91.00		30, 556	44, 782	7, 429	4, 425	12, 749	91.00
92. 00 92. 01		7, 084	9, 453	1, 214	243	824	92. 00 92. 01
72.01	OTHER REIMBURSABLE COST CENTERS	7,004	7, 433	1, 214	243	024	72.01
94.00	09400 HOME PROGRAM DIALYSIS	C	0	0	0	0	94. 00
	09500 AMBULANCE SERVICES	C	1	0	0	0	95. 00
	D 10000 I &R SERVICES-NOT APPRVD PRGM	C	1	0	0		100.00
	0 10100 HOME HEALTH AGENCY	C		0	0		101.00
102.00	0 10200 OPIOLD TREATMENT PROGRAM SPECIAL PURPOSE COST CENTERS	C	y U	0	U _I	0	102. 00
113. 00	11300 INTEREST EXPENSE						113. 00
114.00	0 11400 UTILIZATION REVIEW-SNF						114. 00
	D 11500 AMBULATORY SURGICAL CENTER (D. P.)	C	이	0	0		115. 00
116. 00 118. 00	0111600 HOSPICE 0 SUBTOTALS (SUM OF LINES 1 through 117)	452, 038	0 3 383, 202	0 501, 219	0 393, 999	0 108, 868	116.00
110.00	o 10001017E3 (3000 OF ELINES I CHI GUGH 117)	452,030	303, 202	301, 219	373, 799	100, 000	1110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 15-0051

Peri od: Worksheet B From 01/01/2022 Part II To 12/31/2022 Date/Time Prepared:

5/30/2023 10:22 am Cost Center Description CAFETERI A NURSI NG CENTRAL PHARMACY MEDI CAL ADMI NI STRATI ON SERVICES & RECORDS & LI BRARY SUPPLY 11. 00 13.00 15.00 16.00 14.00 NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 190. 00 302 190. 01 19001 PROMPTCARE 9,976 4, 704 231 0 190. 01 0 190. 02 190. 02 19002 RENTAL PROPERTIES 0 C 0 190. 03 19003 OLCOTT 0 0 190. 03 0 0 190. 04 19004 PHYSI CI AN RECRUITMENT 0 0 190. 04 190. 05 19005 FOUNDATION 0 0 0 190. 05 0 0 0 190. 06 19006 MARKETI NG 0 0 190, 06 0 190. 07 19007 HME STORE 0 0 190. 07 190. 08 19008 UNUSED SPACE 0 0 0 190. 08 190. 09 19009 CLINICAL TRIALS 0 0 0 190. 09 0 190. 10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC 0 0 190. 10 0 r 190. 11 19011 COMMUNITY HEALTH SERVICES 29, 765 7,586 82 0 190. 11 191. 00 19100 RESEARCH 0 191.00 191. 01 19101 RESEARCH 0 0 191. 01 0 0 0 191. 02 19102 OTHER SPONSORED ACTIVITIES 0 191.02 0 0 192.00 19200 PHYSICIANS' PRIVATE OFFICES 909 0 192. 00 193. 00 19300 NONPALD WORKERS 0 0 193.00 0 194.00 07950 IU HEALTH PAOLI HOSPITAL 0 194. 00 1.702 0 194.01 07951 IU HEALTH BEDFORD HOSPITAL 3,824 0 0 194. 01 194. 02 07952 I U HEALTH MORGAN HOSPI TAL 0 0 194. 02 0 194. 03 07953 IU HEALTH SIP 0 194. 03 11 16 194.04 07954 HOME CARE 0 0 194. 04 0 C 194. 05 07955 HOSPI CE 3 0 0 0 194. 05 200.00 Cross Foot Adjustments 200.00 Negative Cost Centers 201.00 O 0 201.00 395, 508 501, 533 394, 001 108, 868 202. 00 202.00 TOTAL (sum lines 118 through 201) 498, 535

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | To 12/31/2022 | T Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0051

				10	12/31/2022	Date/lime Pre 5/30/2023 10:	
		OTHER GENER	RAL SERVICE			07 007 2020 10.	ZZ GIII
	Cost Center Description	SOCI AL SERVI CES	CENTRAL STERI LI ZATI ON	PARAMED ED PRGM-PHARMACY RESI DENCY	Subtotal	Intern & Residents Cost & Post Stepdown	
		18. 00	18. 01	23. 00	24. 00	Adjustments 25.00	
GE	ENERAL SERVICE COST CENTERS	10.00	10.01	23.00	24.00	23.00	
	0100 CAP REL COSTS-BLDG & FLXT						1. 00
2.00 00	D200 CAP REL COSTS-MVBLE EQUIP						2. 00
4.00 00	D400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00 00	D500 ADMINISTRATIVE & GENERAL						5. 00
4	0700 OPERATION OF PLANT						7. 00
4	D800 LAUNDRY & LINEN SERVICE						8. 00
4	0900 HOUSEKEEPI NG						9. 00
	1000 DI ETARY						10.00
	1100 CAFETERI A						11.00
	1300 NURSI NG ADMI NI STRATI ON						13.00
1	1400 CENTRAL SERVICES & SUPPLY 1500 PHARMACY						14. 00 15. 00
1	1600 MEDICAL RECORDS & LIBRARY						16. 00
	1850 SOCIAL SERVICES	0					18. 00
1	1851 CENTRAL STERILIZATION	0	l .				18. 01
	2301 PARAMED ED PRGM-PHARMACY RESIDENCY	0					23. 00
	NPATIENT ROUTINE SERVICE COST CENTERS			0.7.00			20.00
	3000 ADULTS & PEDIATRICS	0	0		10, 291, 399	0	30. 00
	3100 INTENSIVE CARE UNIT	0	0		964, 383	0	31.00
32. 00 03	3200 CORONARY CARE UNIT	0	0		0	0	32. 00
35. 00 02	2060 NEONATAL INTENSIVE CARE UNIT	0	0		753, 488	0	35. 00
42.00 04	4200 SUBPROVI DER	0	0		0	0	42. 00
	4300 NURSERY	0	0		341, 452	0	43. 00
	NCILLARY SERVICE COST CENTERS	_					
	5000 OPERATING ROOM	0			3, 814, 154	0	50.00
1	5001 CV SURGERY	0	0		4 000 (50	0	50. 01
	5100 RECOVERY ROOM	0	0		1, 988, 658	0	51.00
1	5200 DELIVERY ROOM & LABOR ROOM 5300 ANESTHESIOLOGY	0	0		1, 223, 997	0	52. 00 53. 00
1	5400 RADI OLOGY-DI AGNOSTI C	0	0		1, 897, 525	0	54. 00
1	5500 RADI OLOGY-THERAPEUTI C	0	1		82, 103	0	55. 00
1	5600 RADI OI SOTOPE	0	1		02, 100	Ö	56. 00
1	5700 CT SCAN	0	1		222, 241	0	57. 00
1	5800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		296, 152	0	58. 00
	5900 CARDI AC CATHETERI ZATI ON	0	0		1, 702, 177	0	59. 00
60.00 06	6000 LABORATORY	0	0		935, 758	0	60.00
64.00 06	5400 INTRAVENOUS THERAPY	0	0		0	0	64. 00
	5500 RESPIRATORY THERAPY	0	0		80, 778	0	65. 00
	6600 PHYSI CAL THERAPY	0	0		1, 415, 910	0	66. 00
1	5900 ELECTROCARDI OLOGY	0	0		263, 650	0	69. 00
	7000 ELECTROENCEPHALOGRAPHY	0			1, 786	0	70.00
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS 7200 IMPL. DEV. CHARGED TO PATIENTS	0	0		187, 833 310, 676	0	71. 00 72. 00
	7300 DRUGS CHARGED TO PATIENTS	0			618, 517	0	73.00
1	7302 OP PHARMACY	0			177, 520	0	73. 00
	7400 RENAL DIALYSIS	0	0		177, 920	0	74. 00
	7697 CARDI AC REHABI LI TATI ON	0	l o		8, 764	0	76. 97
1	7700 ALLOGENEIC STEM CELL ACQUISITION	0	Ö		0	0	77. 00
	JTPATIENT SERVICE COST CENTERS						
	9000 CLI NI C	0	0		1, 069, 319	0	90. 00
90. 01 09	9001 OP ONCOLOGY INFUSION CENTER	0	0		1, 778, 945	0	90. 01
1	9002 WOUND CARE CENTER	0	0		269, 610	0	90. 02
	9003 PAIN CLINIC	0	0		177, 490		90. 03
1	9004 OB CLINIC	0	0		1, 771, 913	0	90. 04
	9005 OP PSYCH CLINIC	0	0		687, 947	0	90. 05
1	9006 MULTI SPECIALTY CLINIC	0	0		34, 670	0	90.06
	9100 EMERGENCY	0	0		2, 204, 304	0	91.00
	9200 OBSERVATION BEDS (NON-DISTINCT PART) 9202 OBSERVATION BEDS (DISTINCT PART)	0			E(2 40E	0	92. 00 92. 01
	THER REIMBURSABLE COST CENTERS				562, 485	U	92.01
	9400 HOME PROGRAM DIALYSIS	1	1		0	0	94. 00
	9500 AMBULANCE SERVICES				n	0	95. 00
	0000 I&R SERVICES-NOT APPRVD PRGM	0	0		o o		100.00
	0100 HOME HEALTH AGENCY	0	Ö		o		101. 00
	0200 OPIOID TREATMENT PROGRAM	0	0		0	0	102. 00
SF	PECIAL PURPOSE COST CENTERS						
	1300 INTEREST EXPENSE						113. 00
114. 00 11	1400 UTILIZATION REVIEW-SNF	<u> </u>	<u> </u>	<u> </u>		<u> </u>	114. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0051

			T	o 12/31/2022	
	OTHER GENER	DAL SEDVICE			5/30/2023 10: 22 am
	OTHER GENER	TAL SERVICE			
Cost Center Description	SOCI AL	CENTRAL	PARAMED ED	Subtotal	Intern &
cost center bescriptron	SERVI CES		PRGM-PHARMACY		Residents Cost
	02.111.020	0121112127111011	RESI DENCY		& Post
			NEO! BE!!O!		Stepdown
					Adjustments
	18. 00	18. 01	23.00	24. 00	25. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		0	0 115. 00
116. 00 11600 HOSPI CE	0	0		0	0 116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	666, 157	0	36, 309, 538	0 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		555	
190. 01 19001 PROMPTCARE	0	0		391, 300	
190. 02 19002 RENTAL PROPERTIES	0	0		0	0 190. 02
190. 03 19003 OLCOTT	0	0		0	0 190. 03
190. 04 19004 PHYSI CLAN RECRUI TMENT	0	0		0	0 190. 04
190. 05 19005 FOUNDATI ON	0	0		0	0 190. 05
190. 06 19006 MARKETI NG	0	0		0	0 190. 06
190. 07 19007 HME STORE	0	0		2, 182	0 190. 07
190. 08 19008 UNUSED SPACE	0	0		0	0 190. 08
190. 09 19009 CLINI CAL TRI ALS	0	0		0	0 190. 09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0		0	0 190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	0	0		49, 733	0 190. 11
191. 00 19100 RESEARCH	0	0		41	0 191. 00
191. 01 19101 RESEARCH	0	0		0	0 191. 01
191.02 19102 OTHER SPONSORED ACTIVITIES	0	0		43, 164	0 191. 02
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		1, 351	0 192. 00
193.00 19300 NONPALD WORKERS	0	0		0	0 193. 00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0		172, 197	0 194. 00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0		362, 259	0 194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0		0	0 194. 02
194. 03 07953 IU HEALTH SIP	0	0		821	0 194. 03
194. 04 07954 HOME CARE	0	0		0	0 194. 04
194. 05 07955 HOSPI CE	0	0		60	0 194. 05
200.00 Cross Foot Adjustments			61, 153	61, 153	0 200. 00
201.00 Negative Cost Centers	0	0	0	0	0 201. 00
202.00 TOTAL (sum lines 118 through 201)	0	666, 157	61, 153	37, 394, 354	0 202. 00

In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2022	Part II
To 12/31/2022	Date/Time Prepared:
5/30/2023	10: 22 am Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0051

			5/30/2023 10:	
	Cost Center Description	Total		
	CENEDAL SEDVICE COST CENTEDS	26. 00		
1. 00	GENERAL SERVICE COST CENTERS OO100 CAP REL COSTS-BLDG & FLXT			1.00
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 HOUSEKEEPI NG			9. 00
10.00	01000 DI ETARY			10.00
11.00	01100 CAFETERI A			11.00
13.00	01300 NURSI NG ADMI NI STRATI ON			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY			14. 00 15. 00
	01600 MEDICAL RECORDS & LIBRARY			16. 00
	01850 SOCIAL SERVICES			18. 00
	01851 CENTRAL STERI LI ZATI ON			18. 01
	02301 PARAMED ED PRGM-PHARMACY RESIDENCY			23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	10, 291, 399		30.00
31. 00	03100 I NTENSI VE CARE UNI T	964, 383		31. 00
32. 00	03200 CORONARY CARE UNIT	0		32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	753, 488		35. 00
42.00	04200 SUBPROVI DER	0		42. 00
43. 00	04300 NURSERY	341, 452		43. 00
EO 00	ANCILLARY SERVICE COST CENTERS	2 014 154		FO 00
50. 00 50. 01	O5000 OPERATING ROOM O5001 CV SURGERY	3, 814, 154 0		50. 00 50. 01
51. 00	05100 RECOVERY ROOM	1, 988, 658		51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	1, 223, 997		52.00
53. 00	05300 ANESTHESI OLOGY	0		53. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	1, 897, 525		54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	82, 103		55.00
56.00	05600 RADI 0I SOTOPE	0		56. 00
57.00	05700 CT SCAN	222, 241		57.00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	296, 152		58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 702, 177		59. 00
60. 00	06000 LABORATORY	935, 758		60.00
64.00	06400 I NTRAVENOUS THERAPY	0		64.00
65. 00	06500 RESPIRATORY THERAPY	80, 778		65. 00
66. 00 69. 00	06600 PHYSI CAL THERAPY 06900 ELECTROCARDI OLOGY	1, 415, 910 263, 650		66. 00 69. 00
	07000 ELECTROENCEPHALOGRAPHY	1, 786		70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	187, 833		71.00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	310, 676		72. 00
	07300 DRUGS CHARGED TO PATIENTS	618, 517		73. 00
	07302 OP PHARMACY	177, 520		73. 01
74.00	07400 RENAL DIALYSIS	173, 934		74.00
76. 97	07697 CARDI AC REHABI LI TATI ON	8, 764		76. 97
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0		77. 00
	OUTPATIENT SERVICE COST CENTERS			_
90.00	09000 CLINIC	1, 069, 319		90.00
90. 01	09001 OP ONCOLOGY INFUSION CENTER	1, 778, 945		90. 01
	09002 WOUND CARE CENTER 09003 PAIN CLINIC	269, 610 177, 490		90. 02
90. 03 90. 04	09004 OB CLINIC	177, 490 1, 771, 913		90. 03 90. 04
	09005 OP PSYCH CLINIC	687, 947		90.05
90. 06	09006 MULTI SPECIALTY CLINIC	34, 670		90.06
	09100 EMERGENCY	2, 204, 304		91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	=, == , , = = ,		92.00
	09202 OBSERVATION BEDS (DISTINCT PART)	562, 485		92. 01
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0		94. 00
	09500 AMBULANCE SERVICES	o		95. 00
	10000 I&R SERVICES-NOT APPRVD PRGM	0		100. 00
	10100 HOME HEALTH AGENCY	0		101. 00
102.00	10200 OPI OI D TREATMENT PROGRAM	0		102. 00
440 5	SPECIAL PURPOSE COST CENTERS			440.05
	11300 I NTEREST EXPENSE			113.00
	11400 UTI LI ZATI ON REVI EW-SNF			114.00
	11500 AMBULATORY SURGICAL CENTER (D. P.)	0		115.00
116.00	11600 HOSPICE SUBTOTALS (SUM OF LINES 1 through 117)	36, 309, 538		116. 00 118. 00
110.UL	NONREI MBURSABLE COST CENTERS	30, 307, 338		110.00
190 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	555		190. 00
	19001 PROMPTCARE	391, 300		190.00
		2, 200		1

		5/30/2023 10:22 am
Cost Center Description	Total	
	26. 00	
190. 02 19002 RENTAL PROPERTIES	0	190. 02
190. 03 19003 OLCOTT	0	190. 03
190. 04 19004 PHYSI CLAN RECRUITMENT	0	190. 04
190. 05 19005 FOUNDATI ON	0	190. 05
190. 06 19006 MARKETI NG	0	190. 06
190. 07 19007 HME STORE	2, 182	190. 07
190. 08 19008 UNUSED SPACE	0	190. 08
190. 09 19009 CLINICAL TRIALS	0	190. 09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	49, 733	190. 11
191. 00 19100 RESEARCH	41	191. 00
191. 01 19101 RESEARCH	0	191. 01
191. 02 19102 OTHER SPONSORED ACTIVITIES	43, 164	191. 02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1, 351	192. 00
193. 00 19300 NONPALD WORKERS	0	193. 00
194.00 07950 IU HEALTH PAOLI HOSPITAL	172, 197	194. 00
194. 01 07951 I U HEALTH BEDFORD HOSPITAL	362, 259	194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	194. 02
194. 03 07953 IU HEALTH SIP	821	194. 03
194. 04 07954 HOME CARE	0	194. 04
194. 05 07955 HOSPI CE	60	194. 05
200.00 Cross Foot Adjustments	61, 153	200. 00
201.00 Negative Cost Centers	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	37, 394, 354	202. 00

IU HEALTH BLOOMINGTON HOSPITAL In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0051 Peri od: Worksheet B-1 From 01/01/2022 12/31/2022 Date/Time Prepared: 5/30/2023 10:22 am CAPITAL RELATED COSTS Cost Center Description BLDG & FIXT MVBLE EQUIP **EMPLOYEE** Reconciliation ADMINISTRATIVE (SQUARE FEET) (SQUARE FEET) BENEFITS & GENERAL (ACCUM. COST) DEPARTMENT (GROSS SALARI ES) 1.00 2.00 5A 5. 00 GENERAL SERVICE COST CENTERS 1 00 00100 CAP REL COSTS-BLDG & FLXT 745 631 1 00 2.00 00200 CAP REL COSTS-MVBLE EQUIP 745, 631 2 00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 144, 506, 749 4.00 00500 ADMINISTRATIVE & GENERAL 44. 801 44. 801 4, 600, 124 5 00 -80, 693, 413 384 560 782 5 00 7.00 00700 OPERATION OF PLANT 60, 344 60, 344 2, 612, 487 17, 885, 038 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 253, 673 8.00 00900 HOUSEKEEPI NG 3, 186 3, 186 1, 929, 288 0 6, 084, 317 9.00 9.00 01000 DI ETARY 0 14, 882 1, 996, 435 14 882 4, 336, 000 10 00 10.00 11.00 01100 CAFETERI A 8,809 8, 809 943, 295 2, 281, 206 11.00 01300 NURSING ADMINISTRATION 19, 572, 838 13.00 4, 419 4, 419 15, 302, 909 0 13.00 01400 CENTRAL SERVICES & SUPPLY 7, 554 14.00 7.554 13, 682, 292 14.00 5.720 5, 720 9, 414, 475 15.00 01500 PHARMACY 5, 683, 077 15 00 16.00 01600 MEDICAL RECORDS & LIBRARY 1, 950 1, 950 0 97, 795 16.00 01850 SOCIAL SERVICES 18.00 18.00 01851 CENTRAL STERILIZATION 915, 228 0 11, 731 2, 443, 099 18.01 11, 731 18.01 23.00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY 1,021 1, 021 368, 358 0 586, 686 23 00 INPATIENT ROUTINE SERVICE COST CENTERS 159, 997 30.00 03000 ADULTS & PEDIATRICS 159 997 29, 196, 757 0 59, 959, 004 30.00 03100 INTENSIVE CARE UNIT 0 31.00 14, 005 14,005 9, 042, 961 31.00 5, 410, 287 32.00 03200 CORONARY CARE UNIT Γ 0 32.00 02060 NEONATAL INTENSIVE CARE UNIT 0 4, 498, 339 35.00 12,840 12,840 2, 584, 889 35.00 o 42.00 04200 SUBPROVI DER 42.00 04300 NURSERY 5,893 5,893 789, 622 0 1, 420, 722 43.00 43.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 51, 215 51, 215 8, 109, 333 21, 638, 554 50.00 o 50.01 05001 CV SURGERY 50.01 33, 953 33, 953 0 51.00 05100 RECOVERY ROOM 6, 317, 016 10, 470, 243 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 20, 962 20, 962 3, 135, 264 6, 481, 077 52.00 53.00 05300 ANESTHESI OLOGY 0 53.00 05400 RADI OLOGY-DI AGNOSTI C 7, 881, 342 54 00 33, 187 33, 187 3.464.737 54 00 55.00 05500 RADI OLOGY-THERAPEUTI C 783 783 2, 304, 140 3, 691, 223 55.00 05600 RADI OI SOTOPE 56, 00 0 0 0 0 0 0 0 56.00 05700 CT SCAN 602, 187 2, 338, 718 57.00 3.696 3, 696 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 1, 334, 705 5, 185 5, 185 58.00 600, 939 58.00 59.00 05900 CARDIAC CATHETERIZATION 29, 598 29, 598 2, 295, 819 6, 036, 066 59.00 60.00 06000 LABORATORY 14, 511 14, 511 230 18, 948, 088 60.00 06400 INTRAVENOUS THERAPY 64 00 C C 64 00 0 06500 RESPIRATORY THERAPY 5, 299, 899 65.00 509 509 4, 121, 243 65.00 66.00 06600 PHYSI CAL THERAPY 24, 224 24, 224 6, 095, 296 9, 022, 592 66.00 69.00 06900 ELECTROCARDI OLOGY 4, 339 4, 339 1, 087, 828 0 1, 788, 631 69.00 07000 ELECTROENCEPHALOGRAPHY 70 00 105, 908 168, 207 70 00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 9, 865, 731 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 16, 245, 225 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 38, 197, 460 73.00 0 0 3, 554, 997 73.01 07302 OP PHARMACY 2,810 2 810 466, 081 73 01 74.00 07400 RENAL DIALYSIS 2,961 2, 961 o 1, 800, 010 74.00 07697 CARDIAC REHABILITATION 76.97 527, 046 781, 381 76.97 07700 ALLOGENEIC STEM CELL ACQUISITION
OUTPATIENT SERVICE COST CENTERS 0 77.00 77.00 0 90.00 09000 CLI NI C 18, 935 18, 935 1, 555, 188 0 2, 870, 029 90.00 09001 OP ONCOLOGY INFUSION CENTER 0 90 01 30, 461 30, 461 5, 155, 788 8, 340, 220 90 01 09002 WOUND CARE CENTER 90 02 615, 593 0 1,060,933 90 02 4.670 4.670 90. 03 09003 PAIN CLINIC 3,000 3,000 523, 405 0 976, 739 90.03 09004 OB CLINIC 31, 199 0 4, 874, 751 90.04 31, 199 2, 655, 155 90.04 0 09005 OP PSYCH CLINIC 90.05 12, 126 12, 126 1, 035, 586 1, 919, 079 90.05 09006 MULTI SPECIALTY CLINIC 90.06 1, 965, 023 2, 678, 606 90.06 91.00 09100 EMERGENCY 7, 800, 894 22, 148, 902 91.00 35, 191 35, 191 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 09202 OBSERVATION BEDS (DISTINCT PART)
OTHER REIMBURSABLE COST CENTERS 9, 297 9, 297 1, 974, 311 92.01 5, 464, 395 92.01 09400 HOME PROGRAM DIALYSIS 94.00 94.00 0 0 09500 AMBULANCE SERVICES 95 00 0 0 0 0 0 95.00 100.00 10000 I&R SERVICES-NOT APPRVD PRGM 0 100, 00 0 0 0 0 101.00 10100 HOME HEALTH AGENCY 0 0 0 0 101.00 102.00 10200 OPIOID TREATMENT PROGRAM 0 0 102.00 SPECIAL PURPOSE COST CENTERS 113. 00 11300 | NTEREST EXPENSE l113. 00

114.00

114.00 11400 UTILIZATION REVIEW-SNF

| Peri od: | Worksheet B-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared: Provider CCN: 15-0051

CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET) CSQUARE FEET) CSQUARE FEET CSQUARE FEET BENEFITS DEPARTMENT (ACCUM. COST) CSQUARE FEET) CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CSQUARE FEET CS						12/31/2022	Date/Time Pre 5/30/2023 10:	
SQUARE FEET) SQUARE FEET SQUARE FEET SQUARE FEET DEPARTMENT (GROSS SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI ES) SALARI			CAPITAL REL	ATED COSTS			07 007 2020 10.	ZZ GIII
11.00	Cos	st Center Description			BENEFITS DEPARTMENT (GROSS	Reconci I i ati on	& GENERAL	
116. 00 1400 HOSPICE SUBTOTALS (SUM OF LINES 1 through 117) 729, 964 729, 964 134, 846, 766 -80, 693, 413 367, 436, 248 118. 00 NONREL MBURSABLE COST CENTERS 0 0 0 34, 436 0 43, 320 190. 00 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900			1.00	2. 00		5A	5. 00	
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 729, 964 729, 964 134, 846, 766 -80, 693, 413 367, 436, 248 118. 00 NONREI MBURSABLE COST CENTERS 0 0 34, 436 0 33, 320 190. 00 190. 00 19000 GFT, FLOWER, COFFEE SHOP & CANTEEN 6, 436 6, 436 2, 179, 841 0 3, 791, 622 190. 01 190. 02 19002 RENTAL PROPERTIES 0 0 0 0 0 0 0 190. 02 190. 03 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30 190. 30			0			- 1		
NONRE IMBURSABLE COST CENTERS 190. 00 34, 436 0 43, 320 190. 00 190. 00 19000 GIFT. FLOWER, COFFEE SHOP & CANTEEN 0 0 34, 436 0 37, 791, 622 190. 01 190. 01 19001 PROMPTCARE 6, 436 6, 436 2, 179, 841 0 3, 791, 622 190. 01 190. 02 1900. 24 1900. 25 1900. 25 1900. 25 190. 03 190. 03 190. 03 190. 03 190. 03 190. 03 190. 03 190. 03 190. 03 190. 04 190. 04 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 06 190. 05 190. 06 190. 05 190. 06 190. 05 190. 06 190. 05 190. 06 190. 05 190. 06 190. 05 190. 06 190. 05 190. 06 190. 05 190. 06 190. 05 190. 06 190. 05 190. 06 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05 190. 05			0			-		•
190. 00 19000 GIFT. FLOWER, COFFEE SHOP & CANTEEN 0 0 34, 436 0 43, 320 190. 01 190. 01 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900 1900	118. 00 SUE	BTOTALS (SUM OF LINES 1 through 117)	729, 964	729, 964	134, 846, 766	-80, 693, 413	367, 436, 248	118. 00
190 01 19001 PROMPTCARE 6, 436 6, 436 2, 179, 841 0 3, 791, 622 90. 01 190 02 21902 RENTAL PROPERTIES 0 0 0 0 0 0 0 0 0			ما	٥	24 424	٥	42, 220	100.00
190. 02 19002 RENTAL PROPERTIES			٥	-				1
190. 03 19003 OLCOTT			0, 430	0, 430		-		1
190. 04 19004 PHYSI CI AN RECRUITMENT 0 0 0 0 0 0 0 190. 04 190. 05 19005 FOUNDATION 0 0 0 0 0 0 0 0 190. 05 19006 MARKETING 0 0 0 0 0 0 0 0 190. 06 190. 06 190. 06 190.06 MARKETING 0 0 0 0 0 0 0 0 0 190. 06 190. 07 19007 MIE STORE 0 0 0 0 0 0 0 0 0 0 190. 07 190. 08 19008 UNINSED SPACE 0 0 0 0 0 0 0 0 190. 08 190. 09 190. 10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC 0 0 0 0 0 0 190. 09 190. 10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC 0 0 0 0 0 0 0 190. 09 190. 11 19011 COMMUNITY HEALTH SERVICES 0 0 0 0 1, 178, 348 0 2, 105, 131 190. 11 191. 01 19101 RESEARCH 0 0 0 0 0 0 0 0 0 191. 01 191. 01 19101 RESEARCH 0 0 0 0 0 0 0 0 191. 01 191. 01 19101 RESEARCH 0 0 0 0 0 0 0 0 191. 01 191. 01 19102 PHYSI CI ANS' PRI VATE OFFICES 0 0 192.00 PHYSI CI ANS' PRI VATE OFFICES 0 0 194. 00 0750 I U HEALTH BEDFORD HOSPI TAL 2, 980 2, 980 5, 990 5, 944 0 1, 108, 541 194. 00 19795 I U HEALTH BEDFORD HOSPI TAL 0, 2980 2, 980 5, 990 5, 944 0 1, 108, 541 194. 01 199. 10 1900 WINDERD CORPORATION HOSPI TAL 0, 2980 2, 980 5, 990 5, 99. 944 0 1, 108, 541 194. 01 194. 02 07952 I U HEALTH BEDFORD HOSPI TAL 0, 2980 2, 980 5, 990 5, 99. 944 0 1, 108, 541 194. 02 07952 I U HEALTH BEDFORD HOSPI TAL 0, 2980 2, 980 5, 990 5, 990 5, 990 194. 00 0, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 1090, 10			0	0	-	0		•
190. 05 190.05 FOUNDATION			0	0	Ü	0		1
190. 06 19006 MARKETING 190. 07 19007 HME STORE 190. 08 19008 UNUSED SPACE 190. 08 19008 UNUSED SPACE 190. 09 19009 CLINICAL TRIALS 190. 09 19009 CLINICAL TRIALS 190. 09 19009 CLINICAL TRIALS 190. 10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC 190. 11 19011 COMMUNITY HEALTH SERVICES 100 0 1, 178, 348 100 2, 105, 131, 190, 111 191. 00 19100 RESEARCH 191. 01 19101 RESEARCH 191. 02 19102 OTHER SPONSORED ACTIVITIES 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 100 0 0 198, 576 193. 00 19300 NONPAID WORKERS 100 0 0 0 198, 576 194. 00 07950 IU HEALTH PAOLI HOSPITAL 194. 01 07951 IU HEALTH BEDFORD HOSPITAL 194. 01 07951 IU HEALTH BEDFORD HOSPITAL 194. 02 07952 IU HEALTH MORGAN HOSPITAL 194. 04 07954 HOME CARE 194. 05 07955 HOSPICE 105. 194. 06 07955 IU HEALTH MORGAN HOSPITAL 194. 06 07955 IU HEALTH SIP 195. 07 135, 644 194. 07 194. 08 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194. 09 194			0	0	0	0		1
190. 07 19007 HME STORE	1 1		0	0	0	0		1
190. 09 19009 CLINICAL TRIALS 190. 10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	190. 07 19007 HME	E STORE	0	o	0	0	0	190. 07
190. 10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC 0 0 0 190. 10 190. 10 190. 11 19011 COMMUNITY HEALTH SERVICES 0 0 0 1,178, 348 0 2, 105, 131 190. 11 191. 00 19100 RESEARCH 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	190. 08 19008 UNL	USED SPACE	0	0	0	0	0	190. 08
190. 11 19011 COMMUNITY HEALTH SERVICES 0 0 1,178,348 0 2,105,131 190. 11 191. 00 19100 RESEARCH 0 0 0 0 0 7,046 191. 00 191. 01 19101 RESEARCH 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	190. 09 19009 CLI	INICAL TRIALS	0	0	0	0	0	190. 09
191. 00 19100 RESEARCH 191. 01 19101 RESEARCH 191. 02 19102 OTHER SPONSORED ACTIVITIES 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 193. 00 19300 NONPAID WORKERS 194. 00 107950 IU HEALTH PAOLI HOSPITAL 194. 01 07951 IU HEALTH BEDFORD HOSPITAL 194. 02 07952 IU HEALTH MORGAN HOSPITAL 194. 04 07954 HOME CARE 194. 05 07955 HOSPICE 200. 00 202. 00 203. 00 204. 07 10 10 10 10 10 10 10 10 10 10 10 10 10			0	0	0	0	0	190. 10
191. 01 19101 RESEARCH	190. 11 19011 COM	MMUNITY HEALTH SERVICES	0	0	1, 178, 348	0	2, 105, 131	190. 11
191. 02 19102 OTHER SPONSORED ACTIVITIES 0 0 4, 171, 762 0 7, 387, 254 191. 02 192. 00 19200 Physicians' Private Offices 0 0 0 198, 576 0 75, 364 192. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193. 00 193.			0	0	0	0		
192. 00 19200 19200 19200 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 193000 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 19300 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 193000 1930000 1930000 193000 193000 193000 193000 1930000 19			0	0	0	0		1
193. 00 19300 NONPAI D WORKERS 194. 00 07950 I U HEALTH PAOLI HOSPITAL 2, 980 2, 980 579, 944 0 1, 108, 541 194. 00 194. 01 07951 I U HEALTH BEDFORD HOSPITAL 30 07952 I U HEALTH BEDFORD HOSPITAL 0 0 0 0 0 0 194. 02 194. 03 07953 I U HEALTH SIP 0 0 0 0 0 0 194. 04 07954 HOME CARE 0 0 0 0 0 0 194. 05 07955 HOSPI CE 0 0 0 805 0 8, 928 194. 05 200. 00 201. 00 Negative Cost Centers 202. 00 Cost to be allocated (per Wkst. B, Part I) 203. 00 Unit cost multiplier (Wkst. B, Part I) 204. 00 Cost to be allocated (per Wkst. B, Part II) 205. 00 Cost to be allocated (per Wkst. B, Part II) 206. 00 Cost to be allocated (per Wkst. B, Part II) 207. 00 Cost to be allocated (per Wkst. B, Part II) 208. 00 Cost to be allocated (per Wkst. B, Part II) 209. 00 Cost to be allocated (per Wkst. B, Part II) 200. 00 Cost to be allocated (per Wkst. B, Part II) 200. 00 Cost to be allocated (per Wkst. B, Part II)			0	0		-		
194. 00 07950 IU HEALTH PAOLI HOSPI TAL 2, 980 2, 980 579, 944 0 1, 108, 541 194. 00 194. 01 194. 01 194. 02 194. 03 07952 IU HEALTH BEDFORD HOSPI TAL 0 0 0 0 0 194. 02 194. 03 07953 IU HEALTH SI P 0 0 0 0 0 135, 642 194. 03 194. 04 07954 HOME CARE 0 0 0 0 0 0 194. 04 194. 05 07955 HOSPI CE 0 0 0 805 0 8, 928 194. 05 200. 00 201. 00 Negative Cost Centers Cost to be allocated (per Wkst. B, Part I) 16. 539147 33. 612139 0. 161511 0. 209833 203. 00 204. 00 Part II) 16. 539147 33. 612139 0. 161511 0. 209833 203. 00 204. 00 0 0 0 0 0 0 0 0 0			0	0			-	1
194. 01 07951 IU HEALTH BEDFORD HOSPITAL			0	0	-	-		
194. 02 07952 IU HEALTH MORGAN HOSPITAL								ł
194. 03 07953 IU HEALTH SIP			6, 251			ŭ		1
194. 04 07954 HOME CARE 0 0 0 0 0 0 194. 04 07954 HOME CARE 0 0 0 0 0 0 0 194. 04 05 07955 HOSPI CE 0 0 0 805 0 8, 928 194. 05 200. 00 201. 00 Negative Cost Centers 202. 00 Cost to be allocated (per Wkst. B, Part I) Unit cost multiplier (Wkst. B, Part I) 16. 539147 33. 612139 0. 161511 0. 209833 203. 00 204. 00 Part II)			0	0	_	-		1
194. 05 07955 HOSPICE 0 0 0 805 0 8, 928 194. 05 200. 00 201. 00 Negative Cost Centers 202. 00 Cost to be allocated (per Wkst. B, Part I) Unit cost multiplier (Wkst. B, Part I) 16. 539147 33. 612139 0. 161511 0. 209833 203. 00 204. 00 Part II)			0	0	2, 204	0	· ·	1
200.00 201.00 Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, Part I) Unit cost multiplier (Wkst. B, Part I) Cost to be allocated (per Wkst. B, Part I) Cost to be allocated (per Wkst. B, Part I) Part II) Cost to be allocated (per Wkst. B, Part I) Part II) Cost to be allocated (per Wkst. B, Part I) Part II)			0	0	905	0		1
201.00 Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, Part I) 16.539147 25,062,253 23,339,464 80,693,413 202.00 203.00 Unit cost multiplier (Wkst. B, Part I) 16.539147 33.612139 0.161511 0.209833 203.00 204.00 Part II) 0.209833 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00			U	U	603	U	0, 720	•
202.00 Cost to be allocated (per Wkst. B, Part I) 16. 539147 25, 062, 253 23, 339, 464 80, 693, 413 202.00 204.00 Cost to be allocated (per Wkst. B, Part II) 16. 539147 33. 612139 0. 161511 0. 209833 203. 00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 2								
203.00 Part I) Unit cost multiplier (Wkst. B, Part I) 16.539147 33.612139 0.161511 0.209833 203.00 204.00 Part II) 203.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.00 204.0	-	5	12 332 101	25 062 253	23 339 464		80 693 413	
203.00 Unit cost multiplier (Wkst. B, Part I) 16.539147 33.612139 0.161511 0.209833 203.00 204.00 Cost to be allocated (per Wkst. B, Part II)			12, 332, 101	23, 002, 233	25, 557, 404		00, 075, 415	202.00
204.00 Cost to be allocated (per Wkst. B, Part II) 0 2,246,827 204.00		• ,	16. 539147	33. 612139	0. 161511		0. 209833	203. 00
	204. 00 Cos	st to be allocated (per Wkst. B,						
	205. 00 Uni	it cost multiplier (Wkst. B, Part			0. 000000		0. 005843	205. 00
	206. 00 NAF	HE adjustment amount to be allocated						206. 00
	207. 00 NAH	HE unit cost multiplier (Wkst. D,						207. 00

Health Financial Systems
COST ALLOCATION - STATISTICAL BASIS In Lieu of Form CMS-2552-10
Worksheet B-1 IU HEALTH BLOOMINGTON HOSPITAL Provider CCN: 15-0051

					T	o 12/31/2022	Date/Time Prep 5/30/2023 10:	
		Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
			PLANT (SQUARE FEET)	LINEN SERVICE (POUNDS OF	(HOURS OF SERVICE)	(PATIENT DAYS)	(MANHOURS)	
			7.00	LAUNDRY)	0.00	10.00	11 00	
	GENER	AL SERVICE COST CENTERS	7. 00	8. 00	9. 00	10. 00	11. 00	
1.00	00100	CAP REL COSTS-BLDG & FIXT						1. 00
2. 00 4. 00	1	CAP REL COSTS-MVBLE EQUIP						2. 00 4. 00
5.00		EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL						4. 00 5. 00
7. 00		OPERATION OF PLANT	640, 486					7. 00
8.00		LAUNDRY & LINEN SERVICE	0	1, 534, 162				8. 00
9. 00 10. 00		HOUSEKEEPI NG DI ETARY	3, 186 14, 882	253 8, 875		55, 169		9. 00 10. 00
11. 00	1	CAFETERIA	8, 809		1	0	3, 051, 748	11. 00
13.00	01300	NURSING ADMINISTRATION	4, 419			0	232, 155	13. 00
14.00		CENTRAL SERVICES & SUPPLY PHARMACY	7, 554	0		0	110 074	14.00
15. 00 16. 00	1	MEDICAL RECORDS & LIBRARY	5, 720 1, 950	_		0	119, 076 0	15. 00 16. 00
18. 00		SOCIAL SERVICES	0	Ö		o	0	18. 00
18. 01		CENTRAL STERILIZATION	11, 731	9, 343		0	34, 154	18. 01
23. 00		PARAMED ED PRGM-PHARMACY RESIDENCY LENT ROUTINE SERVICE COST CENTERS	1, 021	0	0	0	9, 368	23. 00
30. 00		ADULTS & PEDIATRICS	159, 997	547, 469	4, 320	49, 945	610, 429	30. 00
31. 00		INTENSIVE CARE UNIT	14, 005			5, 224	108, 201	31. 00
32. 00 35. 00		CORONARY CARE UNIT NEONATAL INTENSIVE CARE UNIT	12.940	0 424	_	0	0	32. 00 35. 00
42. 00	1	SUBPROVIDER	12, 840	9, 626 0		0	44, 467 0	42. 00
43. 00	1	NURSERY	5, 893	19, 063		0	12, 381	43. 00
F0 00		LARY SERVICE COST CENTERS	54.045	0/0 500		ا	100.047	
50. 00 50. 01		OPERATING ROOM CV SURGERY	51, 215	262, 508 0	1	0	180, 867 0	50. 00 50. 01
51. 00	1	RECOVERY ROOM	33, 953	40, 142		ő	130, 648	51. 00
52.00		DELIVERY ROOM & LABOR ROOM	20, 962	70, 763	1	O	48, 024	
53. 00 54. 00		ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	0	120 414		0	02 527	53. 00 54. 00
55. 00		RADI OLOGY-THERAPEUTI C	33, 187 783	120, 616 0	1	0	83, 537 59, 072	55. 00
56.00	05600	RADI OI SOTOPE	0	0	0	O	0	56. 00
57. 00	1	CT SCAN	3, 696	0	1	0	14, 066	57. 00
58. 00 59. 00		MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION	5, 185 29, 598	0 47, 630	1	0	13, 700 49, 757	58. 00 59. 00
60. 00	1	LABORATORY	14, 511	0 47,030	1	o	111, 942	60.00
64. 00	1	I NTRAVENOUS THERAPY	0	0		o	0	64. 00
65. 00 66. 00		RESPI RATORY THERAPY PHYSI CAL THERAPY	509 24, 224	0		0	82, 603 160, 849	65. 00 66. 00
69. 00		ELECTROCARDI OLOGY	4, 339	19, 216		0	31, 358	
70. 00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2, 558	70. 00
71.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72. 00 73. 00	1	IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	0	0	0	0	0	72. 00 73. 00
73. 01	1	OP PHARMACY	2, 810	0	Ō	0	11, 311	
74. 00		RENAL DIALYSIS	2, 961	3, 497			0	
76. 97 77. 00		CARDIAC REHABILITATION ALLOGENEIC STEM CELL ACQUISITION	0	144 0		0	15, 116 0	76. 97 77. 00
77.00		TIENT SERVICE COST CENTERS				<u> </u>		77.00
90.00		CLINIC	18, 935			0	38, 650	90.00
90. 01 90. 02		OP ONCOLOGY INFUSION CENTER WOUND CARE CENTER	30, 461 4, 670	32, 056 0	1	0	120, 880 16, 946	90. 01 90. 02
90. 03	1	PAIN CLINIC	3, 000			o	18, 329	90. 03
90. 04		OB CLINIC	31, 199		1	o	76, 370	
90. 05 90. 06		OP PSYCH CLINIC MULTI SPECIALTY CLINIC	12, 126	0 291		0	37, 815 62, 072	90. 05 90. 06
91. 00	1	EMERGENCY	35, 191	241, 838	•	0	187, 046	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	9, 297	38, 324	0	0	43, 366	92. 01
94. 00		REIMBURSABLE COST CENTERS HOME PROGRAM DI ALYSI S	0	0	0	ol	0	94. 00
95.00	09500	AMBULANCE SERVICES	0	0	•	O	0	95. 00
		I &R SERVI CES-NOT APPRVD PRGM	0	0		0		100.00
		HOME HEALTH AGENCY OPIOID TREATMENT PROGRAM	0	0		0		101. 00 102. 00
	SPECI	AL PURPOSE COST CENTERS						50
	1	INTEREST EXPENSE						113.00
		UTILIZATION REVIEW-SNF AMBULATORY SURGICAL CENTER (D.P.)	0	0	_	n		114. 00 115. 00
116.00	11600	HOSPI CE	0	0	Ö	o	0	116. 00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	624, 819	1, 534, 162	8, 610	55, 169	2, 767, 113	118. 00

Health Financial Systems IU HEALTH BLOOMINGTON HOSPITAL In Lieu of Form CMS-2552-10 COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0051 Peri od: Worksheet B-1 From 01/01/2022 12/31/2022 Date/Time Prepared: 5/30/2023 10:22 am Cost Center Description OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY CAFETERI A PLANT LINEN SERVICE (HOURS OF (PATIENT DAYS) (MANHOURS) SERVICE) (SQUARE FEET) (POUNDS OF LAUNDRY) 7. 00 11.00 9.00 10.00 8.00 NONREIMBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 1, 849 190. 00 0 0 61, 069 190. 01 190. 01 19001 PROMPTCARE 6, 436 0 0 190. 02 19002 RENTAL PROPERTIES 0 0 190. 02 0 190. 03 19003 OLCOTT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 190. 03 190. 04 19004 PHYSI CI AN RECRUITMENT 0 0 0 190. 04 00000000000 190. 05 19005 FOUNDATI ON 0 0 190. 05 0 0 190.06 190. 06 19006 MARKETI NG 0 190. 07 19007 HME STORE 0 90 0 190. 07 190. 08 19008 UNUSED SPACE 0 0 190. 08 190. 09 19009 CLINI CAL TRI ALS 190. 10 19010 MORGAN OP BEHAVI ORAL HEALTH CLINI C 0 190.09 0 0 0 0 0 190. 10 190. 11 19011 COMMUNITY HEALTH SERVICES 182, 208 190. 11 0 0 191. 00 19100 RESEARCH 0 191.00 191. 01 19101 RESEARCH 0 0 191. 01 0 191. 02 19102 OTHER SPONSORED ACTIVITIES 0 191.02 192. 00 19200 PHYSICIANS' PRIVATE OFFICES 0 5, 566 192. 00 193. 00 19300 NONPALD WORKERS 0 0 193.00 10, 417 194. 00 194.00 07950 IU HEALTH PAOLI HOSPITAL 2,980 194.01 07951 IU HEALTH BEDFORD HOSPITAL 6, 251 0 23, 407 194. 01 194. 02 07952 I U HEALTH MORGAN HOSPITAL 0 0 194. 02 0 194. 03 07953 IU HEALTH SIP 0 0 101 194. 03 Ω 194.04 07954 HOME CARE 0 0 0 0 0 194. 04 194. 05 07955 HOSPI CE 0 18 194. 05 200.00 Cross Foot Adjustments 200.00 201.00 Negative Cost Centers 201.00 202.00 Cost to be allocated (per Wkst. B, 21, 637, 909 306, 902 7, 468, 692 5, 771, 840 3, 070, 355 202. 00 Part I) Unit cost multiplier (Wkst. B, Part I) 0. 200045 858. 470345 1. 006097 203. 00 203.00 33. 783578 104. 621073 Cost to be allocated (per Wkst. B, 210, 907 204.00 3, 130, 831 845, 048 498, 535 204. 00 1, 482 Part II) 0. 163360 205. 00 205.00 Unit cost multiplier (Wkst. B, Part 4.888211 0.000966 24. 242184 15. 317443 H) NAHE adjustment amount to be allocated

206.00

207. 00

206.00

207.00

(per Wkst. B-2)

Parts III and IV)

NAHE unit cost multiplier (Wkst. D,

		U HEALTH BLOOMI				u of Form CMS-	
COST A	LLOCATION - STATISTICAL BASIS		Provi der CC		eriod: rom 01/01/2022	Worksheet B-1	
				T		Date/Time Pre	pared:
						5/30/2023 10:	22 am
			·			OTHER GENERAL	
						SERVI CE	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCI AL	
		ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &	SERVI CES	
			SUPPLY	REQUI S.)	LI BRARY	(TIME SPENT)	
		(DI RECT NURS.	(COSTED		(GROSS		
		HRS.)	REQUISITIONS)		CHARGES)		
	OFFICE AND ADDRESS OF A SENTERS	13.00	14. 00	15. 00	16. 00	18. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5.00	00500 ADMI NI STRATI VE & GENERAL						5. 00
7.00	00700 OPERATION OF PLANT						7.00
8.00	O0800 LAUNDRY & LINEN SERVICE O0900 HOUSEKEEPING						8.00
9. 00 10. 00	01000 DI ETARY						9.00
11. 00	01100 CAFETERI A						11.00
13. 00	01300 NURSING ADMINISTRATION	1, 503, 350					13.00
14. 00	01400 CENTRAL SERVICES & SUPPLY	1, 303, 330	39, 421, 820				14. 00
15. 00	01500 PHARMACY	19	198, 647	39, 785, 455			15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	170, 047	07, 703, 439	l		16. 00
18. 00	01850 SOCIAL SERVICES		0	0	2, 100, 723, 070	0	1
18. 01	01851 CENTRAL STERI LI ZATI ON	161	45, 825	0	ő	0	
23. 00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY	0	13	0	ő	0	
20.00	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>			<u> </u>	J	20.00
30. 00	03000 ADULTS & PEDI ATRI CS	525, 399	978, 344	259, 628	236, 259, 195	0	30.00
31. 00	03100 INTENSIVE CARE UNIT	102, 386	307, 989	113, 488		0	
32. 00	03200 CORONARY CARE UNIT	0	0	0	0	0	1
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	43, 963	55, 787	19, 633	15, 063, 884	0	35. 00
42.00	04200 SUBPROVI DER	0	0	. 0	0	0	42.00
43.00	04300 NURSERY	11, 772	16, 272	2, 419	4, 226, 886	0	43.00
	ANCILLARY SERVICE COST CENTERS	<u>. </u>					ĺ
50.00	05000 OPERATING ROOM	118, 920	8, 369, 766	150, 820	285, 226, 867	0	50.00
50. 01	05001 CV SURGERY	0	0	0	0	0	50. 01
51.00	05100 RECOVERY ROOM	116, 982	203, 239	128, 344	54, 188, 103	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	44, 762	182, 983	40, 717	35, 970, 127	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0	0	0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	9, 372	34, 812	12, 630	45, 248, 814	0	
55.00	05500 RADI OLOGY-THERAPEUTI C	8, 513	5, 358	10, 118	107, 644, 675	0	
56. 00	05600 RADI OI SOTOPE	0	0	0		0	
57. 00	05700 CT SCAN	0	51, 248	21, 103		0	
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1, 515	14, 147		0	
59. 00	05900 CARDI AC CATHETERI ZATI ON	34, 660	1, 170, 177	66, 448		0	
60.00	06000 LABORATORY	8	1, 713	0		0	
64.00	06400 I NTRAVENOUS THERAPY	0	0	0	· ·	0	
65.00	06500 RESPIRATORY THERAPY	0	561, 137	496		0	
66.00	06600 PHYSI CAL THERAPY	80	6, 502	10.000	,	0	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	3, 622	35, 094	10, 998 0		0	
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		23, 016 9, 865, 730	0	1, 830, 664 93, 516, 000	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16, 245, 224	0	181, 495, 082	0	1
	07300 DRUGS CHARGED TO PATIENTS		10, 243, 224	38, 197, 462		0	1
	07302 OP PHARMACY	100	3, 109	00, 177, 402	3, 459, 621	0	1
	07400 RENAL DIALYSIS	0	5, 227	5, 094		0	1
	07697 CARDI AC REHABI LI TATI ON	5, 880	1, 377	0		0	
	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0		0	1
	OUTPATIENT SERVICE COST CENTERS		-1		- 1		
90.00	09000 CLI NI C	14, 454	7, 425	6, 983	1, 927, 285	0	90.00
90. 01	09001 OP ONCOLOGY INFUSION CENTER	101, 133	179, 199	252, 868	49, 748, 192	0	90. 01
90.02	09002 WOUND CARE CENTER	11, 082	29, 559	0	6, 347, 034	0	90. 02
90.03	09003 PAIN CLINIC	5, 289	50, 159	516	3, 642, 494	0	90. 03
90.04	09004 OB CLINIC	50, 398	29, 795	0	2, 771, 876	0	90. 04
90.05	09005 OP PSYCH CLINIC	10, 713	5, 890	0	5, 103, 417	0	90.05
90.06	09006 MULTI SPECIALTY CLINIC	30, 760	45, 659	0	4, 117, 210	0	90.06
91.00	09100 EMERGENCY	170, 220	583, 916	446, 809	254, 972, 646	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92. 01	09202 OBSERVATION BEDS (DISTINCT PART)	35, 930	95, 420	24, 576	16, 482, 367	0	92. 01
	OTHER REIMBURSABLE COST CENTERS		1				4
	09400 HOME PROGRAM DIALYSIS	0	0	0		0	
	09500 AMBULANCE SERVICES	0	0	0		0	
	10000 I &R SERVICES-NOT APPRVD PRGM	0	0	0	1		100.00
	10100 HOME HEALTH AGENCY	0	0	0			101.00
102.00	10200 OPLOLD TREATMENT PROGRAM	0	0	0	0	0	102. 00
113 00	SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE		I				113. 00
	11400 UTI LI ZATI ON REVI EW-SNF						114. 00
	1	<u> </u>	ı		<u> </u>		

near th i mancrar Systems	TO TILALITI BLOOMI			III LI C	u or rorm cws-	2332-10
COST ALLOCATION - STATISTICAL BASIS		Provi der CO	F	eriod: rom 01/01/2022	Worksheet B-1	
			1	o 12/31/2022	Date/Time Pre 5/30/2023 10:	
					OTHER GENERAL	
					SERVI CE	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCI AL	
	ADMI NI STRATI ON		(COSTED	RECORDS &	SERVI CES	
	/	SUPPLY	REQUIS.)	LI BRARY	(TIME SPENT)	
	(DI RECT NURS.	(COSTED		(GROSS		
	HRS.) 13. 00	REQUISITIONS) 14.00	15. 00	CHARGES) 16.00	18. 00	
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	13.00		15.00			115. 00
116. 00 11600 HOSPI CE	0					116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 11	_	_	· ·	2, 160, 725, 690		118. 00
NONREI MBURSABLE COST CENTERS	1, 100, 070	07,077,120	07, 100, 271	2, 100, 120, 070		1110.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
190. 01 19001 PROMPTCARE	17, 880	18, 126	0	0		190. 01
190. 02 19002 RENTAL PROPERTIES	0	0	0	0		190. 02
190. 03 19003 OLCOTT	0	0	0	0	0	190. 03
190. 04 19004 PHYSI CI AN RECRUI TMENT	0	0	0	0		190. 04
190. 05 19005 FOUNDATI ON	0	0	0	0	0	190. 05
190. 06 19006 MARKETI NG	0	0	0	0	0	190. 06
190. 07 19007 HME STORE	0	0	0	0	0	190. 07
190. 08 19008 UNUSED SPACE	0	0	0	0	0	190. 08
190. 09 19009 CLI NI CAL TRI ALS	0	0	0	0	0	190. 09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0		190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	28, 834	6, 459	0	0		190. 11
191. 00 19100 RESEARCH	0	0	0	0		191. 00
191. 01 19101 RESEARCH	0	0	0	_		191. 01
191. 02 19102 OTHER SPONSORED ACTIVITIES	0	0	0	_		191. 02
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	35	158			192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	_		193. 00
194. 00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0		194. 00
194. 01 07951 I U HEALTH BEDFORD HOSPITAL	0	0	0	0		194. 01
194.02 07952 IU HEALTH MORGAN HOSPITAL 194.03 07953 IU HEALTH SIP	0	74		0		194. 02
194. 04 07954 HOME CARE	40	74		0		194. 03 194. 04
194. 05 07955 HOSPI CE	18	0		0		194. 04
200.00 Cross Foot Adjustments	10	0	0	0	0	200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	24, 062, 779	17, 014, 522	11, 866, 289	218, 533	n	202.00
Part I)	24, 002, 777	17,014,322	11, 000, 207	210, 333	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part	16. 006106	0. 431602	0. 298257	0. 000101	0. 000000	203. 00
204.00 Cost to be allocated (per Wkst. B,	395, 508			108, 868		204. 00
Part II)		, , , , , , , , , , , , , , , , , , , ,				
205.00 Unit cost multiplier (Wkst. B, Part	0. 263084	0. 012722	0. 009903	0.000050	0. 000000	205. 00
206.00 NAHE adjustment amount to be allocate	ed					206. 00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,						207. 00
Parts III and IV)		l				

Health Financial Systems IU HEALTH BLOOMINGTON HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051 | Period: From 01/01/2022 To 12/31/2022 | Date/Time Prepared: 5/30/2023 10: 22 am

					5/30/2023 10:	22 am
			OTHER GENERAL			
			SERVI CE			
		Cost Center Description	CENTRAL	PARAMED ED		
			(TIME SPENT)	PRGM-PHARMACY RESI DENCY		
			(TIME SELVI)	(TIME SPENT)		
			18. 01	23.00		
		AL SERVICE COST CENTERS	,			
1.00		CAP REL COSTS-BLDG & FIXT				1.00
2.00	1	CAP REL COSTS-MVBLE EQUIP				2.00
4. 00 5. 00	1	EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL				4. 00 5. 00
7. 00	1	OPERATION OF PLANT				7. 00
8.00		LAUNDRY & LINEN SERVICE				8. 00
9.00		HOUSEKEEPI NG				9. 00
10.00		DI ETARY				10. 00
11.00	1	CAFETERI A				11.00
13. 00 14. 00		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY				13. 00 14. 00
15. 00		PHARMACY				15. 00
16. 00	1	MEDICAL RECORDS & LIBRARY				16. 00
18.00		SOCIAL SERVICES				18. 00
18. 01	1	CENTRAL STERILIZATION	100	1		18. 01
23. 00		PARAMED ED PRGM-PHARMACY RESIDENCY	0	100		23. 00
30. 00		I ENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS	0	0		30.00
31. 00		INTENSIVE CARE UNIT	0	0	l control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	31. 00
32. 00		CORONARY CARE UNIT	0	O	l .	32. 00
35. 00	1	NEONATAL INTENSIVE CARE UNIT	0	0		35. 00
42.00	1	SUBPROVI DER	0	0	l .	42. 00
43. 00		NURSERY LARY SERVICE COST CENTERS	0	0		43. 00
50. 00		OPERATING ROOM	100	0		50.00
50. 01	1	CV SURGERY	0	l I	l control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	50. 01
51. 00	1	RECOVERY ROOM	0	0	l .	51. 00
52. 00	1	DELIVERY ROOM & LABOR ROOM	0	0		52. 00
53. 00 54. 00	1	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	0	0	l .	53. 00 54. 00
55. 00	1	RADI OLOGY-THERAPEUTI C	0	0	l .	55. 00
56.00	1	RADI OI SOTOPE	0	0		56. 00
57. 00	1	CT SCAN	0	0	l .	57. 00
58. 00	1	MAGNETIC RESONANCE IMAGING (MRI)	0	0	l .	58. 00
59. 00 60. 00		CARDI AC CATHETERI ZATI ON LABORATORY	0	0	l .	59. 00 60. 00
64. 00	1	I NTRAVENOUS THERAPY	0	o o	l .	64. 00
65.00	1	RESPI RATORY THERAPY	0	0		65. 00
66. 00	1	PHYSI CAL THERAPY	0	0	l .	66. 00
69.00	1	ELECTROCARDI OLOGY	0	0		69.00
70. 00 71. 00		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	l .	70. 00 71. 00
	1	IMPL. DEV. CHARGED TO PATIENTS	0	1	l .	72.00
	1	DRUGS CHARGED TO PATIENTS	0	100		73. 00
73. 01		OP PHARMACY	0	0	l .	73. 01
74.00		RENAL DIALYSIS	0	0	l .	74.00
76. 97 77. 00	1	CARDIAC REHABILITATION ALLOGENEIC STEM CELL ACQUISITION	0	0	l .	76. 97 77. 00
,,,,,,		TIENT SERVICE COST CENTERS			ı	77.00
90.00	09000	CLI NI C	0		l .	90. 00
90. 01		OP ONCOLOGY INFUSION CENTER	0	0	l .	90. 01
90. 02 90. 03		WOUND CARE CENTER PAIN CLINIC	0	0	l .	90. 02 90. 03
90. 03		OB CLINIC	0	0		90. 04
90. 05	09005	OP PSYCH CLINIC	0	0		90. 05
90. 06		MULTI SPECIALTY CLINIC	0	0		90. 06
91.00		EMERGENCY	0	0		91. 00
92. 00 92. 01		OBSERVATION BEDS (NON-DISTINCT PART) OBSERVATION BEDS (DISTINCT PART)	0	0		92. 00 92. 01
72. UI		REIMBURSABLE COST CENTERS	0	0	I.	72.01
94.00		HOME PROGRAM DI ALYSI S	0	0		94. 00
	1	AMBULANCE SERVICES	0	0		95. 00
	1	I &R SERVI CES-NOT APPRVD PRGM	0	0	1	100.00
	1	HOME HEALTH AGENCY OPIOID TREATMENT PROGRAM	0	0	l .	101. 00 102. 00
102.00		AL PURPOSE COST CENTERS	0	<u> </u>		1102.00
113.00		INTEREST EXPENSE				113. 00
		UTILIZATION REVIEW-SNF				114. 00
115.00	η11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0		115. 00

Provider CCN: 15-0051

				To 12/31/2022	Date/Time Prepared:
		OTHER GENERAL			5/30/2023 10: 22 am
		SERVI CE			
	Cost Center Description	CENTRAL	PARAMED ED		
			PRGM-PHARMACY		
		(TIME SPENT)	RESI DENCY		
			(TIME SPENT)		
		18. 01	23. 00		
116.00 11600	•	0	· ·	l .	116. 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	100	100		118. 00
	IMBURSABLE COST CENTERS	_			
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190. 00
190. 01 19001	•	0	0	l .	190. 01
	RENTAL PROPERTIES	0	0		190. 02
190. 03 19003	l .	0	0		190. 03
190. 04 19004	PHYSI CI AN RECRUI TMENT	0	0		190. 04
190. 05 19005	FOUNDATI ON	0	0		190. 05
190. 06 19006	MARKETI NG	0	0		190. 06
190. 07 19007	HME STORE	0	0		190. 07
190. 08 19008	UNUSED SPACE	0	0		190. 08
190. 09 19009	CLINICAL TRIALS	0	0		190. 09
190. 10 19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0		190. 10
	COMMUNITY HEALTH SERVICES	0	0		190. 11
191. 00 19100	RESEARCH	0	0		191. 00
191. 01 19101	RESEARCH	0	0		191. 01
191. 02 19102	OTHER SPONSORED ACTIVITIES	0	0		191. 02
192. 00 19200	PHYSICIANS' PRIVATE OFFICES	0	0		192. 00
	NONPALD WORKERS	0	0		193. 00
	IU HEALTH PAOLI HOSPITAL	0	0		194. 00
	IU HEALTH BEDFORD HOSPITAL	0	0		194. 01
	IU HEALTH MORGAN HOSPITAL	0	0		194. 02
	IU HEALTH SIP	0	0		194. 03
194. 04 07954		0	0		194. 04
194. 05 07955	HOSPI CE	0	0		194. 05
200. 00	Cross Foot Adjustments				200. 00
201. 00	Negative Cost Centers				201. 00
202. 00	Cost to be allocated (per Wkst. B,	3, 410, 643	753, 716		202. 00
	Part I)				
203. 00	Unit cost multiplier (Wkst. B, Part I)	34, 106. 430000		l .	203. 00
204. 00	Cost to be allocated (per Wkst. B,	666, 157	61, 153		204. 00
	Part II)				
205. 00	Unit cost multiplier (Wkst. B, Part	6, 661. 570000	611. 530000		205. 00
	[11]				
206. 00	NAHE adjustment amount to be allocated		0		206. 00
	(per Wkst. B-2)				
207. 00	NAHE unit cost multiplier (Wkst. D,		0. 000000		207. 00
	Parts III and IV)	l		I	I

Health Financial Systems

IU HEALTH BLOOMINGTON HOSPITAL

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051
Period: From 01/01/2022 To 12/31/2022
Part I Date/Time Prepared: 5/30/2023 10: 22 am

Title XVIII Hospital
PPS

Cost Center Description

Total Cost (from Wkst. B, Adj.

Total Costs Disallowance
Disallowance

			Title	· XVIII	Hospi tal	PPS	<u> </u>
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	coot contor becomperent	(from Wkst. B,	Adj.	1014. 00010	Di sal I owance		
		Part I, col.	riaj .		Di Sai i Gilance		
		26)					
		1.00	2. 00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
	03000 ADULTS & PEDIATRICS	96, 536, 229		96, 536, 229	ol	96, 536, 229	30.00
	03100 INTENSIVE CARE UNIT	1				14, 216, 708	
4		14, 216, 708		14, 216, 708			1
	03200 CORONARY CARE UNIT	((57 045		((57 045		0	
	02060 NEONATAL INTENSIVE CARE UNIT	6, 657, 815		6, 657, 815		6, 775, 764	
	04200 SUBPROVI DER	0				0	42. 00
	04300 NURSERY	2, 244, 964		2, 244, 964	0	2, 244, 964	43. 00
	ANCILLARY SERVICE COST CENTERS	07.000.010				07.000.010	
	05000 OPERATING ROOM	37, 830, 810		37, 830, 810		37, 830, 810	
	05001 CV SURGERY	0		0		0	50. 01
	05100 RECOVERY ROOM	15, 957, 670		15, 957, 670		15, 957, 670	
	05200 DELIVERY ROOM & LABOR ROOM	9, 712, 188		9, 712, 188		9, 712, 188	1
	05300 ANESTHESI OLOGY	0		[C	0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	11, 143, 863		11, 143, 863	0	11, 143, 863	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	4, 704, 111		4, 704, 111	0	4, 704, 111	55. 00
56. 00	05600 RADI 0I S0T0PE	0			ol	0	56. 00
	05700 CT SCAN	3, 000, 909		3, 000, 909	ol	3, 000, 909	
	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 809, 761		1, 809, 761		1, 809, 761	58. 00
	05900 CARDI AC CATHETERI ZATI ON	9, 451, 912		9, 451, 912		9, 451, 912	
	06000 LABORATORY	23, 576, 397		23, 576, 397		23, 576, 397	
1	06400 I NTRAVENOUS THERAPY	23, 370, 377		23, 370, 377		23, 370, 377	1
1		4 754 073			_		
	06500 RESPI RATORY THERAPY	6, 756, 972				6, 756, 972	
	06600 PHYSI CAL THERAPY	11, 980, 113	U	11, 980, 113		11, 980, 113	1
	06900 ELECTROCARDI OLOGY	2, 632, 227		2, 632, 227		2, 632, 227	
	07000 ELECTROENCEPHALOGRAPHY	216, 195		216, 195		216, 195	1
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16, 203, 401		16, 203, 401		16, 203, 401	
4	07200 IMPL. DEV. CHARGED TO PATIENTS	26, 683, 794		26, 683, 794		26, 683, 794	
	07300 DRUGS CHARGED TO PATIENTS	58, 391, 986		58, 391, 986	0	58, 391, 986	73. 00
73. 01	07302 OP PHARMACY	4, 410, 557		4, 410, 557	0	4, 410, 557	73. 01
74.00	07400 RENAL DIALYSIS	2, 282, 878		2, 282, 878	0	2, 282, 878	74.00
76. 97	07697 CARDIAC REHABILITATION	1, 055, 620		1, 055, 620	0	1, 055, 620	76. 97
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0		C	0	0	77. 00
1	OUTPATIENT SERVICE COST CENTERS						1
90. 00	09000 CLI NI C	4, 387, 758		4, 387, 758	0	4, 387, 758	90. 00
90. 01	09001 OP ONCOLOGY INFUSION CENTER	13, 023, 919		13, 023, 919		13, 023, 919	
90. 02	09002 WOUND CARE CENTER	1, 649, 149		1, 649, 149	o	1, 649, 149	90. 02
90. 03	09003 PAIN CLINIC	1, 459, 818		1, 459, 818		1, 459, 818	90. 03
	09004 OB CLINIC	7, 848, 350		7, 848, 350		7, 848, 350	1
	09005 OP PSYCH CLINIC	2, 944, 001		2, 944, 001		2, 944, 001	
	09006 MULTI SPECIALTY CLINIC	3, 815, 645		3, 815, 645		3, 815, 645	
	09100 EMERGENCY	32, 696, 723		32, 696, 723		33, 801, 770	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 709, 702		8, 709, 702		8, 709, 702	
	09202 OBSERVATION BEDS (DISTINCT PART)	7, 601, 665		7, 601, 665		7, 601, 665	
	OTHER REIMBURSABLE COST CENTERS	7,001,000		7,001,000	٩ - ١	7,001,000	72.01
	09400 HOME PROGRAM DI ALYSI S	0		С	0	0	94. 00
	09500 AMBULANCE SERVICES	0					95. 00
1	10000 I &R SERVICES-NOT APPRVD PRGM	0					100.00
	10100 HOME HEALTH AGENCY						100.00
	10200 OPI OI D TREATMENT PROGRAM	0					
+				C	'	0	102. 00
	SPECIAL PURPOSE COST CENTERS			ı	1		112 00
	11300 INTEREST EXPENSE	-					113.00
	11400 UTI LI ZATI ON REVI EW-SNF	_]		114. 00
	11500 AMBULATORY SURGICAL CENTER (D. P.)	0		C			115.00
	11600 HOSPI CE	0	_	1 .54 500 515			116. 00
200.00	Subtotal (see instructions)	451, 593, 810				452, 816, 806	
201.00	Less Observation Beds	8, 709, 702		8, 709, 702		8, 709, 702	
202. 00	Total (see instructions)	442, 884, 108	0	442, 884, 108	1, 222, 996	444, 107, 104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0051 Peri od: Worksheet C From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/30/2023 10:22 am Title XVIII Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 222, 992, 513 222, 992, 513 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 35, 482, 952 35, 482, 952 31.00 03200 CORONARY CARE UNIT 32.00 32.00 35.00 02060 NEONATAL INTENSIVE CARE UNIT 15.063.884 15, 063, 884 35.00 04200 SUBPROVI DER 42.00 42.00 43.00 04300 NURSERY 43.00 4, 226, 886 4, 226, 886 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.132634 0.000000 50.00 77, 882, 858 207, 344, 009 285, 226, 867 05001 CV SURGERY 50.01 0.000000 0.000000 50.01 51.00 05100 RECOVERY ROOM 8, 620, 543 45, 567, 560 54, 188, 103 0.294487 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 35, 756, 579 213, 548 35, 970, 127 0.270007 0.000000 52.00 05300 ANESTHESI OLOGY 0.000000 0.000000 53.00 53.00 45, 248, 814 54.00 05400 RADI OLOGY-DI AGNOSTI C 14, 241, 973 31,006,841 0.246280 0.000000 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 103, 883, 940 107, 644, 675 0.043700 0.000000 3, 760, 735 55.00 56.00 05600 RADI OI SOTOPE 0.000000 0.000000 56.00 13, 123, 580 05700 CT SCAN 26, 693, 289 39, 816, 869 0.075368 57 00 0.000000 57 00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 2, 674, 309 8, 865, 392 11, 539, 701 0. 156829 0.000000 58.00 05900 CARDIAC CATHETERIZATION 40, 511, 991 59, 726, 231 100, 238, 222 0. 094294 59.00 0.000000 59.00 06000 LABORATORY 0.000000 60.00 51, 402, 406 90, 277, 999 141, 680, 405 0.166405 60.00 06400 I NTRAVENOUS THERAPY 0.000000 64.00 0.000000 64.00 65.00 06500 RESPIRATORY THERAPY 18, 141, 188 5,027,658 23, 168, 846 0.291640 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 8, 774, 427 18, 277, 500 27, 051, 927 0.442856 0.000000 66.00 69 00 06900 ELECTROCARDI OLOGY 16, 111, 429 22, 182, 109 38, 293, 538 0.068738 0 000000 69 00 70.00 07000 ELECTROENCEPHALOGRAPHY 1, 262, 272 568, 392 1, 830, 664 0.118096 0.000000 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 32, 047, 050 61, 468, 950 93, 516, 000 0. 173269 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 80, 699, 160 100, 795, 922 181, 495, 082 0.147022 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 324, 402, 005 0.179999 73.00 90, 875, 776 233, 526, 229 0.000000 73.00 73.01 07302 OP PHARMACY 3, 459, 621 3, 459, 621 1.274867 0.000000 73.01 74.00 07400 RENAL DIALYSIS 4, 832, 406 1, 691, 459 6, 523, 865 0.349927 0.000000 74.00 76 97 07697 CARDIAC REHABILITATION 222.804 3, 062, 117 3. 284. 921 0.321353 0.000000 76 97 07700 ALLOGENEIC STEM CELL ACQUISITION 77.00 0.000000 0.000000 77.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 8, 245 1, 919, 040 1, 927, 285 2. 276652 0.000000 90.00 09001 OP ONCOLOGY INFUSION CENTER 49, 748, 192 0 000000 90 01 3, 661, 978 46, 086, 214 0 261797 90 01 90.02 09002 WOUND CARE CENTER 4, 203 6, 342, 831 6, 347, 034 0.259830 0.000000 90.02 09003 PAIN CLINIC 3, 639, 036 3, 642, 494 0.400774 0.000000 90.03 3.458 90.03 90.04 09004 OB CLINIC 12,568 2, 759, 308 2, 771, 876 2.831422 0.000000 90.04 09005 OP PSYCH CLINIC 90.05 5, 101, 726 5. 103. 417 1,691 0.576869 0.000000 90 05 90.06 09006 MULTI SPECIALTY CLINIC 191, 387 3, 925, 823 4, 117, 210 0. 926755 0.000000 90.06 91.00 09100 EMERGENCY 63, 071, 777 191, 900, 869 254, 972, 646 0.128236 0.000000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 12, 737, 770 13, 266, 682 92.00 528, 912 0.656509 0.000000 92.00 0.461200 92.01 09202 OBSERVATION BEDS (DISTINCT PART) 16, 482, 367 16, 482, 367 0.000000 92.01 OTHER REIMBURSABLE COST CENTERS 94 00 09400 HOME PROGRAM DIALYSIS 0.000000 0.000000 94.00 95. 00 09500 AMBULANCE SERVICES 0 0 0 0.000000 0.000000 95.00 0 100.00 10000 I &R SERVICES-NOT APPRVD PRGM 0 0 100.00 101.00 10100 HOME HEALTH AGENCY 0 0 101.00 102.00 10200 OPI OI D TREATMENT PROGRAM 0 102.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00 114.00 11400 UTILIZATION REVIEW-SNF 114.00 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 115.00 0 0

846, 191, 940 1, 314, 533, 750 2, 160, 725, 690

846, 191, 940 1, 314, 533, 750 2, 160, 725, 690

116. 00

200.00

201.00

202, 00

116. 00 11600 HOSPI CE

200.00

201.00

202.00

Subtotal (see instructions)

Less Observation Beds

Total (see instructions)

Title XVIII

NAME SERVICE COST CENTER SERVICE COST CENTERS				Title XVIII	Hospi tal	PPS	
INPATI ENT ROUTINE SERVICE COST CENTERS 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 31.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32		Cost Center Description	PPS Inpatient		· · · · · · · · · · · · · · · · · · ·		
INPATI ENT ROUTINE SERVICE COST CENTERS 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 31.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32.00 32		'					
INNATI ENT ROUTINE SERVICE COST CENTERS 33.00							
30.00		INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>				
31.00	30.00						30.00
32.00 30200C COROMARY CARE UNIT	31.00						31.00
35. 00 2000 NEONATAL INTENSIVE CARE UNIT		· ·					
42.00 04200 SUBPROVI DER 43.00 A0300 MURSERY							
43. 00							
MOLILLARY SERVICE COST CENTERS 50. 00							
50. 00							
50. 01 05001 CV SURGERY 0.000000 5.0 0.01	50.00		0. 132634				50.00
5.1 .00 0.510.00 Incovery ROOM 0. 294487 52. 00 5.2 .00 0.530.00 ANESTHESI OLOGY 0. 0.000000 53. 00 54. 00 0.540.00 0.540.00 0. 0.00000 53. 00 54. 00 0. 550.00 RADI DLOCY-DI AGNOSTIC 0. 0.43700 55. 00 56. 00 0. 550.00 RADI DLOCY-DI AGNOSTIC 0. 0.43700 55. 00 56. 00 0. 550.00 RADI DLOCY-DI AGNOSTIC 0. 0.43700 55. 00 56. 00 0. 550.00 RADI DLOCY-DI AGNOSTIC 0. 0.043700 55. 00 56. 00 0. 500.00 RADI DLOCY-DI AGNOSTIC 0. 0.043700 55. 00 58. 00 0. 500.00 RADIA DLOCY-DI AGNOSTIC 0. 0.05268 56. 00 58. 00 0. 500.00 CABORA DLOCY-DI AGNOSTIC 0. 0.05268 58. 00 59. 00 0. 500.00 CABORA DLOCY-DI AGNOSTIC 0. 0.05268 58. 00 60. 00 0. 600.00 CABORA DLOCY-DI AGNOSTIC 0. 0.04269 58. 00 60. 00 0. 600.00 CABORA DLOCY-DI AGNOSTIC 0. 0.0							
52. 00 05200 DELLUYERY ROOM & LABOR ROOM 0. 270007 52. 00 53. 00 05300 ABSTHEST LOLOCY 0. 000000 53. 00 54. 00 05400 RADI OLOGY-DI AGNOSTI C 0. 246280 54. 00 55. 00 05500 RADI OLOGY-THERAPEUTI C 0. 043700 55. 00 57. 00 05500 RADI OLOGY-THERAPEUTI C 0. 000000 56. 00 57. 00 05500 RADI OLOGY-THERAPEUTI C 0. 000000 56. 00 57. 00 05500 RADI OLOGY-THERAPEUTI C 0. 000000 56. 00 58. 00 0500 MAGNETI C RESONANCE IMAGING (MRI) 0. 156829 58. 00 59. 00 05900 CARDIA C CATHETERI ZATI ON 0. 049244 59. 00 64. 00 06400 INTRAVENOUS THERAPY 0. 000000 66.00 65. 00 06500 RESPI RATORY THERAPY 0. 291640 65. 00 66. 00 06600 PHYSI CAL HERAPY 0. 442856 66. 00 69. 00 0900 ELECTROCARDI OLOGY 0. 689738 69. 00 71. 00 00 OTOO MEDICAL SUPPLIES CHARGED TO PATI ENTS 0. 118096 70. 00 72. 00		1					
53.00 05300 ABESTHESI OLOGY 0.000000 55.00 55.00 54.00 55.00 65.00 RADI OLOGY-DIACNOSTIC 0.246280 55.40 55.00 65.00 RADI OLOGY-THERAPEUTIC 0.043700 55.00 65.00 65.00 RADI OLOGY-THERAPEUTIC 0.000000 57.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.0			1				
5.4. 00 OS400 RADI OLOGY-DI AGNOSTI C 0. 246280 54. 00 55. 00 OS500 RADI OLOGY-THERAPEUTI C 0. 043700 55. 00 56. 00 DS500 RADI OLOGY-THERAPEUTI C 0. 043700 56. 00 57. 00 DS600 RADI OLOGY-THERAPEUTI C 0. 000000 56. 00 57. 00 DS700 CT SCAN 0. 075368 57. 00 59. 00 DS900 CARDI AC CATHETERI ZATI ON 0. 094294 59. 00 64. 00 O6400 LABORATORY 0. 166405 60. 00 64. 00 O6400 LABORATORY 0. 166405 60. 00 65. 00 O6500 RESPIRATORY THERAPY 0. 000000 66. 00 66. 00 O6500 RESPIRATORY THERAPY 0. 442856 66. 00 69. 00 O900 ELECTROCARDIOLOGY 0. 68738 69. 00 71. 00 O7000 DELOCAL SUPPLIES CHARGED TO PATIENTS 0. 173269 71. 00 72. 00 O7200 MEL, DEV. CHARGED TO PATIENTS 0. 173269 72. 00 73. 01 O7300 DRUGS CHARGED TO PATIENTS 0. 147022 72. 00 73. 01 O7400 RENAL DI ALYSIS 0. 34927 73. 00 76. 97 O7400 RENAL DI ALYSIS 0. 34927 74. 00 70. 00 O7000 ALLOGENETIC STEM CELL ACQUISTION 0. 321353 76. 97 70. 00							
55. 00 05500 RADIOLOGY-THERAPEUTIC 0. 043700 55. 00 66. 00 05600 RADIOLSOTOPE 0. 000000 56. 00 57. 00 05700 CT SCAN 0. 075368 57. 00 58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0. 156829 58. 00 60. 00 06000 CADDIAC CATHETERIZATION 0. 094294 58. 00 60. 00 06000 LABDRATORY 0. 166405 60. 00 64. 00 06400 INTRAVENDUS THERAPY 0. 000000 65. 00 65. 00 06500 RESPIRATORY THERAPY 0. 291640 65. 00 66. 00 06600 PHYSI CAL THERAPY 0. 442856 66. 00 60. 00 06000 PHYSI CAL THERAPY 0. 468738 66. 00 70. 00 07000 ELECTROCARBIOLOGY 0. 68738 69. 00 70. 00 07000 PUBLICATE SUPPLIES CHARGED TO PATIENTS 0. 118096 70. 00 70. 00 07200 IMBL DEV. CHARGED TO PATIENTS 0. 147022 72. 00 73. 01 07300 DRUGS CHARGED TO PATIENTS 0. 147022 72. 00 74. 00 07400 RENAL DIALYSIS 0. 349927 74. 00 76. 97 7679 CARDIAC REHABILLITATION 0. 3239527 74. 00 70. 00 07000 ALLOGENEIC STEM CELL ACQUISITION 0. 000000 90. 00 90. 01 <td></td> <td></td> <td>1 1</td> <td></td> <td></td> <td></td> <td></td>			1 1				
56. 00 05000 RADIOI SOTOPE 0.000000 55. 00 57. 00 0570.00 CT SCAN 0.075368 55. 00 58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 0.156829 58. 00 59. 00 05900 CARDI AC CATHETERI ZATI ON 0.094294 59. 00 64. 00 06400 LABORATORY 0.166405 60. 00 66. 00 06400 LABORATORY 0.00000 64. 00 65. 00 06500 RESPI RATORY THERAPY 0.000000 65. 00 66. 00 06600 PHYSI CAL THERAPY 0.291640 66. 00 69. 00 06900 ELECTROCARDI OLOGY 0.68738 69. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.118096 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.173269 71. 00 72. 00 07200 I IMPL. DEV. CHARGED TO PATIENTS 0.147022 72. 00 73. 01 07302 OP PHARMACY 1.274867 73. 01 74. 00 07400 RENAL DIALYSIS 0.349927 74. 00 70. 07 0700 ALLOGENEI C STEM CELL ACQUISITION 0.000000 90. 00 90. 01 09000 CLINIC 2.276652 90. 00 90. 02 09000 WOUND CARE CENTERS 90. 03 90. 03 09003 PAIN CLINIC							
57. 00 05700 CT SCAN 0.075368 57. 00 058. 00 05800 MAGNETI C RESONANCE I MAGING (MRI) 0.156829 58. 00 59. 00 05900 CARDI AC CATHETER ZATION 0.094294 59. 00 60. 00 06.000 CABOIA C CATHETER ZATION 0.094294 60. 00 64. 00 06.001 NTRAVENOUS THERAPY 0.0000000 66. 00 65. 00 06500 RESPI RATORY THERAPY 0.291640 65. 00 66. 00 06600 PHYSI CAL THERAPY 0.042856 66. 00 67. 00 07000 ELECTROCARDI OLOGY 0.068738 69. 00 70. 00 07000 ELECTROCARDI OLOGY 0.068738 70. 00 70. 00 07000 ELECTROCARDI OLOGY 0.068738 71. 00 70. 00 07000 ELECTROCARDI OLOGY 0.068738 71. 00 70. 00 07000 ELECTROCARDI OLOGY 0.18096 70. 00 70. 00 07000 MILL DEV. CHARGED TO PATIENTS 0.147022 72. 00 73. 01 07302 MPL. DEV. CHARGED TO PATIENTS 0.147022 72. 00 73. 01 07302 PHARMACY 1.274867 73. 01 74. 00 07400 RENAL DI ALYSI S 0.349927 74. 00 70. 00 07100 ALLOGENEI C STEM CELL ACQUISITION 0.20002 0.00000 76. 97		· · · · · · · · · · · · · · · · · · ·					
58 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.156829 58.00 59.00 05900 CARDIAC CATHETERI ZATION 0.094294 59.00 60.00 06000 LABORATORY 0.166405 60.00 64.00 06400 INTRAVENOUS THERAPY 0.000000 66.00 65.00 06500 RESPIRATORY THERAPY 0.291640 65.00 66.00 06600 PHYSI CAL THERAPY 0.442856 66.00 69.00 09000 ELECTROCARDI OLOGY 0.068738 69.00 71.00 0700 DIVOR ELECTROCARDI OLOGY 0.068738 69.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.173269 71.00 71.00 07300 DRUGS CHARGED TO PATIENTS 0.147022 72.00 73.01 07302 DP PHARMACY 1.274867 73.00 74.00 07400 RENALD IJALYSIS 0.349927 74.00 76.97 07697 CARDI AC REHABI LITATION 0.321353 76.97 77.00 0700 ALLOGENEIC STEM CELL ACQUISITION 0.20079 90.01 90.01 09000 CLINI C 2.276652 90.01 90.02 90.01 PONCOLOGY INFUSION CENTER 0.259830 90.02 90.02 90.01 PONCOLOGY INFUSION CENTER 0.261797 90.01 90.02 90000 ONCOLOGY INFUSION CENTER <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td>		· · · · · · · · · · · · · · · · · · ·					
59. 00 05900 CARDIAC CATHETERIZATION 0.094294 59. 00 60. 00 06000 LABORATORY 0.166405 60. 00 64. 00 06400 INTRAVENOUS THERAPY 0.000000 65. 00 65. 00 06500 RESPIRATORY THERAPY 0.291640 65. 00 66. 00 06600 PHYSI CAL THERAPY 0.442856 66. 00 69. 00 070. 00 0700 ELECTROCARDIOLOGY 0.068738 69. 00 70. 00 0700 UTOO ELECTROENCEPHALOGRAPHY 0.118096 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0.173269 71. 00 72. 00 07200 INPL. DEV. CHARGED TO PATIENTS 0.147022 72. 00 73. 01 07300 DRUGS CHARGED TO PATIENTS 0.179999 73. 00 74. 00 07400 RENAL DI ALYSI S 0.349927 74. 00 76. 97 07697 CARDIA C REHABILITATION 0.321353 76. 97 77. 00 07700 ALLOGENEI C STEM CELL ACQUISITION 0.321353 76. 97 90. 01 09000 CLI NI C 2.2 276652 90. 01 90. 02 09000 ULDIA CARE CENTER 0. 261797 90. 01 90. 03 09003 PAIN CLI NI C 0. 259830 90. 02 90. 04 09004 UB CLINIC 2. 831422 90. 03 90. 05							
60. 00 06000 LABORATORY 0. 1664.05 0. 064.00 0.640.00 0.640.00 0.640.00 0.640.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.650.00 0.660.00 0.650.00 0.660.00 0.650.00 0.660.00 0.660.00 0.660.00 0.600.00 0.600.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00 0.660.00							
64. 00 06400 INTRAVENOUS THERAPY 0.000000 06500 RESPI RATORY THERAPY 0.291640 06500 06600 RESPI RATORY THERAPY 0.442856 06.00 06600 PHYSI CAL THERAPY 0.442856 0.00 06600 PHYSI CAL THERAPY 0.442856 0.00 07000 ELECTROCARDIO LOGY 0.068738 0.00 07000 ELECTROCARDIO LOGY 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0.118096 0							
65. 00 06500 RESPIRATORY THERAPY 0. 291640 66. 00 06600 PHYSI CAL THERAPY 0. 442856 66. 00 06600 PHYSI CAL THERAPY 0. 442856 69. 00 06900 ELECTROCARDI OLOGY 0. 068738 69. 00 07000 ELECTROCENCEPHALOGRAPHY 0. 118096 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0. 173269 71. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0. 147022 72. 00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0. 147022 72. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 147022 73. 00 73. 01 07302 07 PHARIMACY 1. 274867 73. 01 07302 07 PHARIMACY 1. 274867 73. 01 07302 07 PHARIMACY 1. 274867 73. 01 07302 07 PHARIMACY 1. 274867 73. 01 07302 07 PHARIMACY 1. 274867 74. 00 07000 ALLOGENEI C STEM CELL ACQUISITION 0. 321353 76. 97 07700 ALLOGENEI C STEM CELL ACQUISITION 0. 0000000 07000 09000 09000 00000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 09000 090000 09000 09000 09000 09000 09000 09000 09000 09000 09000 090000		+ I					
66. 00		+ I					
69. 00		· · · · · · · · · · · · · · · · · · ·					
70. 00 70. 00 70. 00 ELECTROENCEPHALOGRAPHY 0. 118096 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00		· · · · · · · · · · · · · · · · · · ·					
71. 00							
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0. 147022 73. 00 73.00 DRUGS CHARGED TO PATIENTS 0. 179999 73. 01 73. 01 73. 02 07400 REMAL DI ALYSIS 0. 349927 74. 00 07400 REMAL DI ALYSIS 0. 349927 74. 00 07697 CARDI AC REHABI LI TATI ON 0. 321353 76. 97 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON 0. 000000 000000 000000 0000000 000000		1 1					
73. 00 07300 DRUGS CHARGED TO PATIENTS 0. 179999 73. 00 73. 01 07302 OP PHARMACY 1. 274867 73. 01 74. 00 74. 00 76. 97 07697 CARDI AC REHABI LI TATI ON 0. 321353 76. 97 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON 0. 000000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 000000		· · · · · · · · · · · · · · · · · · ·					
73. 01 07302							
74. 00		1	1 1				
76. 97			1 1				
77. 00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.00000000							
90. 00 09000 CLI NI C 2. 276652 90. 00 90. 01 09001 OP ONCOLOGY I NFUSI ON CENTER 0. 261797 90. 01 90. 02 09002 WOUND CARE CENTER 0. 259830 90. 02 90. 03 09003 PAI N CLI NI C 0. 400774 90. 03 90. 04 09004 0B CLI NI C 2. 831422 90. 04 90. 05 09005 OP PSYCH CLI NI C 0. 576869 90. 05 90. 06 09006 MULTI SPECIALTY CLI NI C 0. 926755 90. 06 91. 00 09100 EMERGENCY 0. 132570 91. 00 92. 01 09202 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0. 656509 92. 01 09202 OBSERVATI ON BEDS (DI STI NCT PART) 0. 461200 94. 00 09400 HOME PROGRAM DI ALYSI S 0. 000000 95. 00 09500 AMBULANCE SERVI CES 0. 000000 95. 00 95. 00 09500 AMBULANCE SERVI CES 0. 000000							
90. 00 09000 CLINI C 2. 276652 90. 00 90. 01 09001 0P ONCOLOGY INFUSION CENTER 0. 261797 90. 01 90. 02 90002 WOUND CARE CENTER 0. 259830 90. 02 90. 03 9003 PAIN CLINI C 0. 400774 90. 03 90. 04 09004 0B CLINI C 2. 831422 90. 05 09005 0P PSYCH CLINI C 0. 576869 90. 05 90. 06 09006 MULTI SPECIALTY CLINI C 0. 926755 90. 06 91. 00 09100 EMERGENCY 0. 132570 91. 00 92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 0. 656509 92. 01 09202 0BSERVATI ON BEDS (DISTINCT PART) 0. 461200 0716R REI MBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DIALYSI S 0. 000000 95. 00 09500 AMBULANCE SERVI CES 0. 000000 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 95. 00 9	77.00		0.000000				77.00
90. 01	90 00		2 276652				an nn
90. 02							
90. 03			1				
90. 04							
90. 05			1 1				
90. 06			1 1				
91. 00		· · · · · · · · · · · · · · · · · · ·					
92. 00 09200 0BSERVATI ON BEDS (NON-DI STI NCT PART) 0. 656509 92. 01 09202 0BSERVATI ON BEDS (DI STI NCT PART) 0. 461200 92. 01 0THER REI MBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSI S 0. 000000 95. 00 09500 AMBULANCE SERVI CES 0. 000000 95. 00 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500 09500		· · · · · · · · · · · · · · · · · · ·					
92. 01 09202 OBSERVATI ON BEDS (DI STI NCT PART) 0. 461200 92. 01							
OTHER REIMBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSI S 0.000000 94. 00 95. 00 09500 AMBULANCE SERVI CES 0.000000 95. 00							
94. 00	72.01		0.401200				7 2. U I
95. 00 09500 AMBULANCE SERVICES 0. 000000 95. 00	04 00		0.000000				94 00
			0.000000				
101. 00 10100 HOME HEALTH AGENCY 101. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102							
SPECIAL PURPOSE COST CENTERS	102.00						102.00
113. 00 11300 NTEREST EXPENSE 113. 00	112 0						112 00
113. 00 11300 I NTEREST EXPENSE 114. 00 114.00 UTI LI ZATI ON REVI EW-SNF 114. 00		· · · · · · · · · · · · · · · · · · ·					
						l l	
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.)							
116. 00 11600 HOSPI CE 116. 00							
200.00 Subtotal (see instructions) 201.00 Less Observation Beds 201.00							
202.00 Total (see instructions)	2U2. U	of Trotal (See Tristi uctions)	1			-	202.00

Health Financial Systems

IU HEALTH BLOOMINGTON HOSPITAL

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

Period:
From 01/01/2022
To 12/31/2022

To 12/31/2022

To 12/31/2023 10: 22 am

Total Cost
(from Wkst. B, Part I, col. 26)

Part I
Date/Time Prepared:
5/30/2023 10: 22 am

Therapy Limit
Adj.

Total Costs
Disallowance

Disallowance

			Ti tl	e XIX	Hospi tal	PPS	
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	·	(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.					
		26)					
		1.00	2. 00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	96, 536, 229		96, 536, 22	9 0	96, 536, 229	30.00
31. 00	03100 NTENSI VE CARE UNI T	14, 216, 708		14, 216, 70			1
32. 00	03200 CORONARY CARE UNIT	14, 210, 700			0		32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	/ / 57 015				_	1
		6, 657, 815		6, 657, 81			35. 00
42.00	04200 SUBPROVI DER	0			0	_	42.00
43. 00	04300 NURSERY	2, 244, 964		2, 244, 96	4 0	2, 244, 964	43. 00
F0 00	ANCILLARY SERVICE COST CENTERS	07.000.040	Γ	07.000.04		07.000.040	
50. 00	05000 OPERATING ROOM	37, 830, 810		37, 830, 810			1
50. 01	05001 CV SURGERY	0			0		50. 01
51. 00	05100 RECOVERY ROOM	15, 957, 670		15, 957, 670			
52.00	05200 DELIVERY ROOM & LABOR ROOM	9, 712, 188		9, 712, 18	3 0	9, 712, 188	52. 00
53.00	05300 ANESTHESI OLOGY	0			0	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	11, 143, 863		11, 143, 86	3 0	11, 143, 863	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	4, 704, 111		4, 704, 11	1 0	4, 704, 111	55. 00
56.00	05600 RADI OI SOTOPE	0			0	0	56. 00
57.00	05700 CT SCAN	3, 000, 909		3, 000, 90	9 0	3, 000, 909	57. 00
58. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 809, 761		1, 809, 76			58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	9, 451, 912		9, 451, 91			1
60. 00	06000 LABORATORY	23, 576, 397	l .	23, 576, 39			•
	I I	23, 370, 397					1
64.00	06400 I NTRAVENOUS THERAPY	, 75, 070			0		64. 00
65. 00	06500 RESPI RATORY THERAPY	6, 756, 972	0			-, ,	
66. 00	06600 PHYSI CAL THERAPY	11, 980, 113		1 11 7007 11			
69. 00	06900 ELECTROCARDI OLOGY	2, 632, 227		2, 632, 22		,	
70. 00	07000 ELECTROENCEPHALOGRAPHY	216, 195		216, 19			
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16, 203, 401		16, 203, 40	1 0		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	26, 683, 794		26, 683, 79	4 0	26, 683, 794	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	58, 391, 986		58, 391, 98	6	58, 391, 986	73. 00
73. 01	07302 OP PHARMACY	4, 410, 557		4, 410, 55	7 0	4, 410, 557	73. 01
74.00	07400 RENAL DIALYSIS	2, 282, 878	ł	2, 282, 87			1
76. 97	07697 CARDI AC REHABI LI TATI ON	1, 055, 620		1, 055, 620			
		0			0		1
77.00	OUTPATIENT SERVICE COST CENTERS		l	,	<u> </u>		77.00
90. 00	09000 CLINI C	4, 387, 758		4, 387, 75	3 0	4, 387, 758	90.00
90. 01	09001 OP ONCOLOGY INFUSION CENTER	13, 023, 919		13, 023, 91			90. 01
90. 01	09002 WOUND CARE CENTER	1, 649, 149					1
		1	l e	1, 649, 14			1
90. 03	09003 PAIN CLINIC	1, 459, 818		1, 459, 81			1
90. 04	09004 OB CLINIC	7, 848, 350		7, 848, 350		7, 848, 350	
90. 05	09005 OP PSYCH CLINIC	2, 944, 001		2, 944, 00		2, 944, 001	90. 05
90. 06	09006 MULTI SPECIALTY CLINIC	3, 815, 645	l e	3, 815, 64		3, 815, 645	
91. 00	09100 EMERGENCY	32, 696, 723		32, 696, 72	1, 105, 047	33, 801, 770	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8, 709, 702		8, 709, 70		8, 709, 702	92.00
92. 01	09202 OBSERVATION BEDS (DISTINCT PART)	7, 601, 665		7, 601, 66	5 0	7, 601, 665	92. 01
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0		(0	0	94. 00
95.00	09500 AMBULANCE SERVICES	0			0	0	95. 00
	10000 L&R SERVICES-NOT APPRVD PRGM	0					100.00
	10100 HOME HEALTH AGENCY	0					101. 00
	10200 OPI OI D TREATMENT PROGRAM	0					102. 00
102.00	SPECIAL PURPOSE COST CENTERS				٧.		102.00
113 00	11300 I NTEREST EXPENSE			1			113. 00
	11400 UTILIZATION REVIEW-SNF			1			114. 00
	11500 AMBULATORY SURGICAL CENTER (D.P.)						115. 00
	1 1	0					
	11600 HOSPI CE	451 500 613	_	454 500 31	1 000 001		116. 00
200.00		451, 593, 810					
201.00		8, 709, 702	ł .	8, 709, 70		8, 709, 702	
202.00	Total (see instructions)	442, 884, 108	0	442, 884, 10	1, 222, 996	444, 107, 104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0051 Peri od: Worksheet C From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/30/2023 10:22 am Title XIX Hospi tal PPS Charges Cost Center Description Inpati ent Outpati ent Total (col. 6 Cost or Other TFFRA + col . 7) Ratio Inpati ent Ratio 6.00 7.00 8.00 9. 00 10.00 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 222, 992, 513 222, 992, 513 30.00 30.00 31.00 03100 INTENSIVE CARE UNIT 35, 482, 952 35, 482, 952 31.00 03200 CORONARY CARE UNIT 32.00 32.00 35.00 02060 NEONATAL INTENSIVE CARE UNIT 15.063.884 15, 063, 884 35.00 04200 SUBPROVI DER 42.00 42.00 43.00 04300 NURSERY 43.00 4, 226, 886 4, 226, 886 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0.132634 0.000000 50.00 77, 882, 858 207, 344, 009 285, 226, 867 05001 CV SURGERY 50.01 0.000000 0.000000 50.01 51.00 05100 RECOVERY ROOM 8, 620, 543 45, 567, 560 54, 188, 103 0.294487 0.000000 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 35, 756, 579 213, 548 35, 970, 127 0.270007 0.000000 52.00 05300 ANESTHESI OLOGY 0.000000 0.000000 53.00 53.00 45, 248, 814 54.00 05400 RADI OLOGY-DI AGNOSTI C 14, 241, 973 31,006,841 0.246280 0.000000 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 103, 883, 940 107, 644, 675 0.043700 0.000000 3, 760, 735 55.00 56.00 05600 RADI OI SOTOPE 0.000000 0.000000 56.00 13, 123, 580 05700 CT SCAN 26, 693, 289 39, 816, 869 0.075368 57 00 0.000000 57 00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 2, 674, 309 8, 865, 392 11, 539, 701 0. 156829 0.000000 58.00 05900 CARDIAC CATHETERIZATION 40, 511, 991 59, 726, 231 100, 238, 222 0. 094294 59.00 0.000000 59.00 06000 LABORATORY 0.000000 60.00 51, 402, 406 90, 277, 999 141, 680, 405 0.166405 60.00 06400 I NTRAVENOUS THERAPY 0.000000 64.00 0.000000 64.00 65.00 06500 RESPIRATORY THERAPY 18, 141, 188 5,027,658 23, 168, 846 0.291640 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 8, 774, 427 18, 277, 500 27, 051, 927 0.442856 0.000000 66.00 69 00 06900 ELECTROCARDI OLOGY 16, 111, 429 22, 182, 109 38, 293, 538 0.068738 0 000000 69 00 70.00 07000 ELECTROENCEPHALOGRAPHY 1, 262, 272 568, 392 1, 830, 664 0.118096 0.000000 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 32, 047, 050 61, 468, 950 93, 516, 000 0. 173269 0.000000 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 80, 699, 160 100, 795, 922 181, 495, 082 0.147022 0.000000 72.00 07300 DRUGS CHARGED TO PATIENTS 324, 402, 005 0.179999 73.00 90, 875, 776 233, 526, 229 0.000000 73.00 73.01 07302 OP PHARMACY 3, 459, 621 3, 459, 621 1.274867 0.000000 73.01 74.00 07400 RENAL DIALYSIS 4, 832, 406 1, 691, 459 6, 523, 865 0.349927 0.000000 74.00 76 97 07697 CARDIAC REHABILITATION 222.804 3, 062, 117 3. 284. 921 0.321353 0.000000 76 97 07700 ALLOGENEIC STEM CELL ACQUISITION 77.00 0.000000 0.000000 77.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 8, 245 1, 919, 040 1, 927, 285 2. 276652 0.000000 90.00 09001 OP ONCOLOGY INFUSION CENTER 49, 748, 192 0 000000 90 01 3, 661, 978 46, 086, 214 0 261797 90 01 90.02 09002 WOUND CARE CENTER 4, 203 6, 342, 831 6, 347, 034 0.259830 0.000000 90.02 09003 PAIN CLINIC 3, 639, 036 3, 642, 494 0.400774 0.000000 90.03 3.458 90.03 90.04 09004 OB CLINIC 12,568 2, 759, 308 2, 771, 876 2.831422 0.000000 90.04 09005 OP PSYCH CLINIC 90.05 5, 101, 726 5. 103. 417 1,691 0.576869 0.000000 90 05 90.06 09006 MULTI SPECIALTY CLINIC 191, 387 3, 925, 823 4, 117, 210 0. 926755 0.000000 90.06 91.00 09100 EMERGENCY 63, 071, 777 191, 900, 869 254, 972, 646 0.128236 0.000000 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 12, 737, 770 13, 266, 682 92.00 528, 912 0.656509 0.000000 92.00 0.461200 92.01 09202 OBSERVATION BEDS (DISTINCT PART) 16, 482, 367 16, 482, 367 0.000000 92.01 OTHER REIMBURSABLE COST CENTERS 94 00 09400 HOME PROGRAM DIALYSIS 0.000000 0.000000 94.00 95. 00 09500 AMBULANCE SERVICES 0 0 0 0.000000 0.000000 95.00 0 100.00 10000 I &R SERVICES-NOT APPRVD PRGM 0 0 100.00 101.00 10100 HOME HEALTH AGENCY 0 0 101.00 102.00 10200 OPI OI D TREATMENT PROGRAM 0 102.00 SPECIAL PURPOSE COST CENTERS 113.00 11300 I NTEREST EXPENSE 113.00 114.00 11400 UTILIZATION REVIEW-SNF 114.00 115. 00 11500 AMBULATORY SURGICAL CENTER (D. P.) 115.00 0 0

846, 191, 940 1, 314, 533, 750 2, 160, 725, 690

846, 191, 940 1, 314, 533, 750 2, 160, 725, 690

116. 00

200.00

201.00

202, 00

116. 00 11600 HOSPI CE

200.00

201.00

202.00

Subtotal (see instructions)

Less Observation Beds

Total (see instructions)

| In Lieu of Form CMS-2552-10 | Period: | Worksheet C | From 01/01/2022 | Part | Date/Time Prepared: | 5/30/2023 10: 22 am | PRS

		Title XIX	Hospi tal	PPS
Cost Center Description	PPS Inpatient			
	Ratio			
	11. 00			
INPATIENT ROUTINE SERVICE COST CENTERS	T			
30. 00 03000 ADULTS & PEDI ATRI CS				30.00
31. 00 03100 INTENSIVE CARE UNIT				31.00
32. 00 03200 CORONARY CARE UNIT				32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT				35. 00
42. 00 04200 SUBPROVI DER				42.00
43. 00 04300 NURSERY				43. 00
ANCILLARY SERVICE COST CENTERS 50. 00 O5000 OPERATING ROOM	0. 132634			50.00
50. 00 05000 0FERATTING ROOM 50. 01 05001 CV SURGERY	0. 000000			50.00
51. 00 05100 RECOVERY ROOM	0. 294487			51. 00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 270007			52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000			53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 246280			54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 043700			55. 00
56. 00 05600 RADI OI SOTOPE	0. 000000			56.00
57. 00 05700 CT SCAN	0. 075368			57. 00
58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 156829			58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 094294			59. 00
60. 00 06000 LABORATORY	0. 166405			60.00
64.00 06400 INTRAVENOUS THERAPY	0. 000000			64. 00
65. 00 06500 RESPIRATORY THERAPY	0. 291640			65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 442856			66. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 068738			69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 118096			70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 173269			71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 147022			72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 179999			73. 00
73. 01 07302 OP PHARMACY	1. 274867			73. 01
74. 00 07400 RENAL DI ALYSI S	0. 349927			74. 00
76. 97 O7697 CARDI AC REHABI LI TATI ON	0. 321353			76. 97
77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION	0. 000000			77. 00
OUTPATIENT SERVICE COST CENTERS				
90. 00 09000 CLI NI C	2. 276652			90.00
90. 01 09001 OP ONCOLOGY INFUSION CENTER	0. 261797			90. 01
90. 02 09002 WOUND CARE CENTER	0. 259830			90. 02
90. 03 09003 PAIN CLINIC	0. 400774			90. 03
90. 04 09004 0B CLINIC	2. 831422			90.04
90. 05 09005 OP PSYCH CLINIC 90. 06 09006 MULTI SPECIALTY CLINIC	0. 576869			90. 05
90.06 09006 MULTI SPECIALTY CLINIC 91.00 09100 EMERGENCY	0. 926755 0. 132570			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 132570			92.00
92. 01 09202 OBSERVATION BEDS (NON-DISTINCT PART)	0. 461200			92. 01
OTHER REIMBURSABLE COST CENTERS	0. 401200			92.01
94. 00 09400 HOME PROGRAM DI ALYSI S	0. 000000			94.00
95. 00 09500 AMBULANCE SERVICES	0. 000000			95. 00
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0.00000			100.00
101. 00 10100 HOME HEALTH AGENCY				101. 00
102.00 10200 OPI OI D TREATMENT PROGRAM				102.00
SPECIAL PURPOSE COST CENTERS				102.00
113. 00 11300 INTEREST EXPENSE				113. 00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF				114. 00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)				115.00
116. 00 11600 HOSPI CE				116. 00
200.00 Subtotal (see instructions)				200. 00
201.00 Less Observation Beds				201. 00
202.00 Total (see instructions)				202. 00
	1			1

Health Financial Systems

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY

I U HEALTH BLOOMINGTON HOSPITAL RATIOS NET OF Provider CO In Lieu of Form CMS-2552-10

Period: Worksheet C
From 01/01/2022 Part II
To 12/31/2022 Date/Time Prepared: 5/30/2023 10:22 am Provider CCN: 15-0051

						12/01/2022	5/30/2023 10:	22 am
				Ti tI	e XIX	Hospi tal	PPS	
	Cc	ost Center Description	Total Cost		Operating Cost	Capi tal	Operating Cost	
					Net of Capital	Reduction	Reduction	
			I, col. 26)		Cost (col. 1 -		Amount	
			., 20)	00 20)	col . 2)		7	
			1. 00	2. 00	3.00	4. 00	5. 00	
	ΔΝΟΙΙΙΔΕ	RY SERVICE COST CENTERS	11.00	2.00	0.00	11.00	0.00	
50. 00		PERATING ROOM	37, 830, 810	3, 814, 154	34, 016, 656	0	0	50.00
50. 00	1 1	V SURGERY	37, 030, 010	3, 014, 134		0	0	50. 00
51. 00	1 1	ECOVERY ROOM	15, 957, 670	1, 988, 658		0		51.00
	1 1					0		
52. 00		ELIVERY ROOM & LABOR ROOM	9, 712, 188	1, 223, 997		0	0	52. 00
53.00		NESTHESI OLOGY	0	0	ή	0	0	53. 00
54. 00		ADI OLOGY-DI AGNOSTI C	11, 143, 863	1, 897, 525		0	0	54. 00
55.00		ADI OLOGY-THERAPEUTI C	4, 704, 111	82, 103		0	0	55. 00
56. 00		ADI OI SOTOPE	0	0	1	0	0	56. 00
57.00	05700 CT		3, 000, 909	222, 241		0	0	57. 00
58. 00		AGNETIC RESONANCE IMAGING (MRI)	1, 809, 761	296, 152	1, 513, 609	0	0	58. 00
59. 00	05900 CA	ARDI AC CATHETERI ZATI ON	9, 451, 912	1, 702, 177	7, 749, 735	0	0	59. 00
60.00	06000 LA	ABORATORY	23, 576, 397	935, 758	22, 640, 639	0	0	60.00
64.00	06400 I N	NTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RE	ESPI RATORY THERAPY	6, 756, 972	80, 778	6, 676, 194	0	0	65. 00
66.00	06600 PH	HYSI CAL THERAPY	11, 980, 113	1, 415, 910	10, 564, 203	0	0	66. 00
69.00		LECTROCARDI OLOGY	2, 632, 227	263, 650		0	0	69. 00
70. 00		LECTROENCEPHALOGRAPHY	216, 195	1, 786		0	0	70. 00
71. 00	1 1	EDICAL SUPPLIES CHARGED TO PATIENTS	16, 203, 401	187, 833		0	0	71. 00
72. 00		MPL. DEV. CHARGED TO PATIENTS	26, 683, 794	310, 676		0	Ö	72. 00
73. 00		RUGS CHARGED TO PATIENTS	58, 391, 986	618, 517		0	Ö	73. 00
73. 01		P PHARMACY	4, 410, 557	177, 520		0	0	73. 01
74. 00		ENAL DIALYSIS	2, 282, 878	173, 934		0	0	74. 00
76. 97		ARDI AC REHABI LI TATI ON	1, 055, 620	8, 764		0	Ö	76. 97
77. 00		LLOGENEIC STEM CELL ACQUISITION	1, 033, 020	0, 704		0	l e	
77.00		ENT SERVICE COST CENTERS	<u> </u>		,			77.00
90. 00	09000 CL		4, 387, 758	1, 069, 319	3, 318, 439	0	0	90.00
90. 00		P ONCOLOGY INFUSION CENTER	13, 023, 919	1, 778, 945		0	l e	90.00
90. 01		OUND CARE CENTER	1, 649, 149	269, 610		0	0	90.01
90. 03	1 1	AIN CLINIC	1, 459, 818	177, 490		0	0	90.02
90. 03		B CLINIC	7, 848, 350	1, 771, 913		0	0	90.03
90.04	1 1	P PSYCH CLINIC	2, 944, 001	687, 947		0	0	90.04
90.03		ULTI SPECIALTY CLINIC	3, 815, 645	34, 670		0	0	90.03
91.00		MERGENCY				0		91.00
			32, 696, 723	2, 204, 304		0		
92.00		BSERVATION BEDS (NON-DISTINCT PART)	8, 709, 702	928, 515		0	0	92.00
92. 01		BSERVATION BEDS (DISTINCT PART)	7, 601, 665	562, 485	7, 039, 180	0	0	92. 01
04.00		EIMBURSABLE COST CENTERS	ما					04.00
94.00		OME PROGRAM DIALYSIS	0	0		0	l e	
95.00		MBULANCE SERVICES	0	0		0	0	
		&R SERVICES-NOT APPRVD PRGM	0	0	1	0		100.00
		OME HEALTH AGENCY	0	0		0		101. 00
102.00		PIOID TREATMENT PROGRAM	0	0	0	0	0	102. 00
		PURPOSE COST CENTERS						
		NTEREST EXPENSE						113. 00
		TILIZATION REVIEW-SNF						114. 00
	1 1	MBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	l .	115. 00
	0 11600 HC		0	0	0	0		116. 00
200.00		ubtotal (sum of lines 50 thru 199)	331, 938, 094	24, 887, 331		0	l e	200. 00
201.00	1 1	ess Observation Beds	8, 709, 702	928, 515		0		201. 00
202.00) To	otal (line 200 minus line 201)	323, 228, 392	23, 958, 816	299, 269, 576	0	0	202. 00

Health Financial Systems

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY

I U HEALTH BLOOMINGTON HOSPITAL RATIOS NET OF Provider CO In Lieu of Form CMS-2552-10

Period: Worksheet C
From 01/01/2022 Part II
To 12/31/2022 Date/Time Prepared: 5/30/2023 10:22 am Provider CCN: 15-0051

Cost Center Description				'	0 12/01/2022	5/30/2023 10: 22 am
Capital and Record Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Con			Ti tl	e XIX	Hospi tal	
ANDIELLARY SERVICE COST CENTERS	Cost Center Description	Cost Net of	Total Charges	Outpati ent	·	
ANDIELLARY SERVICE COST CENTERS	· ·	Capital and	(Worksheet C,	Cost to Charge		
Reduct 0						
ANCILLARY SERVICE COST CENTERS						
ANCILLARY SERVICE COST CENTERS 50. 00 500.00 05000 0FEATI MR GROM 37, 830, 810 285, 226, 867 0. 132634 50. 00 50. 01 50. 01 50. 00 50. 01 50. 00 50. 01 50. 00 50. 01 50. 00 50. 01 50. 00 50. 01 50. 00 50. 01 50. 00 50. 01 50. 00 50. 01 50. 00 50. 01 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50. 00 50						
50.00	ANCILLARY SERVICE COST CENTERS					
50.00 05000 CV SURGERY		37, 830, 810	285, 226, 867	0. 132634		50.00
15.1 0.0			1			
52.00 05200 DELIVERY ROOM & LABOR ROOM 9, 712, 188 35, 970, 127 0, 270007 52, 00 53.00 05300 ABSTHESI DLOGY 0 0 0 0 0 0 0 0 0		15, 957, 670	54, 188, 103	1		
53.00 05300 ARESTRESI OLOGY 0.000000 53.00 0.0000000 55.00 0.000000 55.00 0.000000 55.00 0.05500 ARDI OLOGY-THERAPEUTI C 4.704, 111 107, 644, 675 0.043700 55.00 0.05500 ARDI OLOGY-THERAPEUTI C 4.704, 111 107, 644, 675 0.043700 55.00 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.05700 0.057000 0.057000 0.0						
54.00 05400 RADIOLOGY-DIAGNOSTIC 11, 143, 863 45, 248, 814 0.246280 55.00 55.00 05500 RADIOLOGY-THERAPEUTIC 4, 704, 111 107, 644, 675 0.043700 55.00 55.00 05500 RADIOLOGY-THERAPEUTIC 4, 704, 111 107, 644, 675 0.043700 55.00 55.00 05500 RADIOLOGY-THERAPEUTIC 4, 704, 111 107, 644, 675 0.0500 0.0000000 55.00 55.00 05500 RADIOLOGY-THERAPEUTIC 4, 704, 111 107, 644, 675 0.0000000 0.0000000 55.00 0.0000000 0.0000000 55.00 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000						
55.00 05500 ABDIOLOGY-THERAPPUTIC		11, 143, 863	45, 248, 814			
56.00 OS-600 RADIO I SOTOPE 0 0 0 0.000000 56.00 57.00 58.00 OS-500 CT-SCAN 3.000.909 39, 816, 869 0.075368 57.00 58.00 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500 OS-500						
57.00 05700 CT SCAN S.00 05900 CARDIT CRESONANCE IMAGING (MRI) 1,899,761 1,539,701 1,539,701 0,000 0,56829 58,00 05900 CARDITAC CATHETERI ZATION 9,451,912 100,238,222 0,094294 59,00 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0		1	1			
SB 00 05800 MAGNETIC RESONANCE IMAGING (MRI) 1, 809, 761 11, 539, 701 0, 156829 58, 00 590 0 0590 0 CARDIA CC ALTHETERIZATION 9, 451, 912 100, 238, 222 0, 00 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000 0, 000		-	1	1		
59, 00 05900 CARDIAC CATHETER ZATION 9, 451, 912 100, 238, 222 0.094294 59, 00 64. 00 0.0000 0.00000 0.00000 64. 00 0.00000 0.000000 0.000000 64. 00 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000						•
60. 00 0.0000 LABRATORY 23, 576, 397 141, 680, 405 0. 166405 0. 0. 0. 000000 64, 00 0. 0. 000000 64, 00 0. 0. 000000 64, 00 0. 0. 000000 64, 00 0. 0. 000000 0. 0. 000000 64, 00 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 000000 0. 0. 0. 000000 0. 0. 0. 000000 0. 0. 0. 000000 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.						•
64. 00 06400 INTRAVENDUS THERAPY 6, 756, 972 23, 158, 846 0.291640 655, 00 66. 00 06600 RESPIRATORY THERAPY 11, 980, 113 27, 061, 927 0.422856 66, 00 06900 ELECTRORARDIOLOGY 2, 632, 227 38, 293, 538 0.068738 69, 00 07000 ELECTRORARDIOLOGY 2, 632, 227 38, 293, 538 0.068738 69, 00 07000 ELECTRORARDIOLOGY 2, 632, 227 38, 293, 538 0.068738 69, 00 07000 ELECTRORARDIOLOGY 2, 632, 227 38, 293, 538 0.068738 0.068738 69, 00 07000 ELECTRORARDED TO PATIENTS 16, 203, 401 93, 516, 000 0.173269 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 26, 683, 794 181, 495, 682 0.147022 72. 00 07200 MPL. DEV. CHARGED TO PATIENTS 58, 391, 986 324, 402, 005 0.17999 73. 00 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000						•
65. 00 06500 RESPIRATORY THERAPY 11, 980, 113 27, 061, 927 0.442856 66. 00 06000 PHYSICAL THERAPY 11, 980, 113 27, 061, 927 0.442856 66. 00 06000 06000 ELECTROCARDIOLOGY 2, 632, 227 38, 293, 538 0.068738 69, 00 07000 07000 ELECTROENCEPHALOGRAPHY 2, 632, 227 38, 293, 538 0.068738 69, 00 07000 07000 ELECTROENCEPHALOGRAPHY 216, 195 1, 830, 664 0.118096 70. 00 07000 MEDICAL SUPPLIES CHARGED TO PATIENTS 26, 863, 794 181, 495, 082 0.147022 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 26, 863, 794 181, 495, 082 0.147022 72. 00 073. 00 07300 DRUGS CHARGED TO PATIENTS 58, 391, 986 324, 402. 00 0.17999 73. 00 073. 00 07300 DRUGS CHARGED TO PATIENTS 2, 282, 878 6, 523 65, 523 65, 73, 499, 621 1.274867 73. 01 07302 DP PHARMACY 4, 410, 557 3, 459, 621 1.274867 73. 01 07302 DP PHARMACY 4, 410, 557 3, 459, 621 1.274867 73. 01 07302 DP PHARMACY 4, 410, 557 3, 284, 921 0.321333 76. 97 0700 07700 ALLOGENEIC STEM CELL ACQUISITION 0 0 0.000000 0700000 070000000000						•
66.00 06600 0600 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 06000 060000 060000 060000 0600000 0600000 06000000 06000000 06000000 060000000 060000000 060000000 060000000 060000000 0600000000		1	1	1		•
69.00 06900 ELECTROCARDI OLOGY 2, 632, 227 38, 293, 538 0, 068738 69.00						
70. 00 07000 LELCTROENCEPHALOGRAPHY 216, 195 1, 830, 664 0, 118096 70, 00 710 700 MEDI CAL SUPPLIES CHARGED TO PATIENTS 16, 203, 401 18, 495, 082 0, 147022 72. 00 72. 00 1MPL. DEV. CHARGED TO PATIENTS 26, 683, 794 181, 495, 082 0, 147022 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 58, 391, 986 324, 402, 005 0, 179999 73. 00 73. 01 73302 OP PHARMACY 4, 410, 557 3, 459, 621 1, 274867 73. 01 74. 00 07400 RENAL DI ALYSIS 2, 282, 878 6, 523, 865 0, 349927 74. 00 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 76. 97 77. 00 07700 ALLOGENEI C STEM CELL ACQUISITION 0 0 0, 000000 77. 00 0017PATIENT SERVICE COST CENTERS 1, 927, 285 2, 276652 90. 00 90. 00 900000 CLINIC 4, 387, 758 1, 927, 285 2, 276652 90. 00 90. 00 90. 00 90000 QUOUND CARE CENTER 13, 023, 919 49, 748, 192 0, 251930 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90. 00 90						
77. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 16, 203, 401 93, 516, 000 0, 173269 71, 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 26, 683, 794 181, 495, 082 0, 147022 72. 00 73. 01 07302 07200 IMPL. DEV. CHARGED TO PATIENTS 58, 391, 986 324, 402, 005 0, 179999 73. 00 73. 01 07302 07200 IMPL. DEV. CHARGED TO PATIENTS 58, 391, 986 324, 402, 005 0, 179999 73. 00 73. 01 07302 07200 IMPL. SEV. SEV. SEV. SEV. SEV. SEV. SEV. SEV						
72. 00 07200 IMPL DEV CHARGED TO PATIENTS 26, 683, 794 181, 495, 682 0.147022 72, 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 58, 391, 986 324, 402, 005 0.179999 73. 00 73. 01 73. 01 73. 01 73. 01 73. 01 74. 00 07400 RENAL DIALYSIS 2, 282, 878 6, 523, 865 0.3 49927 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74				1		
73. 00 07300 DRUGS CHARGED TO PATIENTS 58, 391, 986 324, 402, 005 0. 179999 73. 00 73. 01 73. 01 73. 01 73. 01 73. 01 73. 01 73. 01 73. 01 73. 01 73. 01 74. 00 74. 00 RENAL DIALYSIS 2, 282, 878 6, 523, 865 0. 349927 74. 00 76. 97 76. 97 76. 97 76. 97 76. 97 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77.						•
73. 01 07302 0P PHARMACY						•
74. 00 07400 RENAL DI ALYSIS 2, 282, 878 6, 523, 865 0, 349927 76. 97 07697 CARDIAC REHABILITATION 1, 055, 620 3, 284, 921 0, 321353 76. 97 77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION 0 0 0, 0000000 77. 00 0. 0000000 77. 00 0. 0000000 77. 00 0. 0000000 01 07. 000 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 000000 1. 00000000				1		
76. 97 07697 CARDI AC REHABILLITATI ON 1, 055, 620 3, 284, 921 0. 321553 76. 97 77. 00 07700 ALLOGENEIC STEM CELL ACQUI SITION 0 0 0 0. 000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 0000000 0. 00000000				1		
77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION 0 0 0 0 0 0 0 0 0						
OUTPATIENT SERVICE COST CENTERS 90.00			1			
90. 00 09000 CLINIC				0.000000		//. 00
90. 01 09001 0P ONCOLOGY INFUSI ON CENTER 13, 023, 919 49, 748, 192 0. 261797 90. 02 09002 WOUND CARE CENTER 1, 649, 149 6, 347, 034 0. 259830 90. 03 09003 PAIN CLINI C 1, 459, 818 3, 642, 494 0. 400774 90. 03 09004 09004 0B CLINI C 7, 848, 350 2, 771, 876 2. 831422 90. 04 09004 0B CLINI C 2, 944, 001 5, 103, 417 0. 576869 90. 05 09005 0P PSYCH CLINI C 2, 944, 001 5, 103, 417 0. 576869 90. 05 09005 0P PSYCH CLINI C 3, 815, 645 4, 117, 210 0. 926755 90. 00 09100 EMERGENCY 32, 696, 723 254, 972, 646 0. 128236 91. 00 09100 EMERGENCY 0. 09100 EMERGENCY 0. 09100 EMERGENCY 0. 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 7, 601, 665 16, 482, 367 0. 461200 92. 01 09202 OBSERVATI ON BEDS (DISTINCT PART) 7, 601, 665 16, 482, 367 0. 461200 92. 01 09202 OBSERVATI ON BEDS (DISTINCT PART) 7, 601, 665 16, 482, 367 0. 461200 92. 01 09200 OPS00 AMBULANCE SERVI CES 0 0 0 0. 0000000 95. 00 00. 0000000 95. 00 00. 0000000 95. 00 00. 0000000 101. 00 101. 00 1000 16R SERVI CES-NOT APPRVD PRGM 0 0 0. 0000000 102. 00 102. 00 PIOL TREATMENT PROGRAM 0 0 0. 0000000 102. 00 0000000 102. 00 0000000 0000000 102. 00 0000000 102. 00 0000000 103. 00 0000000 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00 103. 00		4 007 750	4 007 005	0.07//50		00.00
90. 02 09002 WOUND CARE CENTER						
90. 03 09003 PAIN CLINIC						
90. 04 09004 08 CLINIC 7,848,350 2,771,876 2.831422 90. 04 90. 05 90. 05 09005 0P PSYCH CLINIC 2,944,001 5,103,417 0.576869 90. 05 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90. 06 90.				1		
90. 05				1		
90. 06 09006 MULTI SPECIALTY CLINIC 3,815,645 4,117,210 0.926755 90. 06 91. 00 09100 EMERGENCY 32,696,723 254,972,646 0.128236 91. 00 92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 8,709,702 13,266,682 0.656509 92. 00 92. 01 ODITION OF THE REIMBURSABLE COST CENTERS 0 0.000000 0.000000 94. 00 94. 00 09500 AMBULANCE SERVICES 0 0 0.000000 0.000000 95. 00 101. 00 10000 I&R SERVICES-NOT APPRVD PRGM 0 0.000000 0.000000 100. 00 101. 00 10100 HOME HEALTH AGENCY 0 0.000000 101. 00 102. 00 10200 OPIOID TREATMENT PROGRAM 0 0.000000 102. 00 102. 00 13000 INTEREST EXPENSE 113. 00 114. 00 11400 UTILIZATION REVIEW-SNF 114. 00 115. 00 11500 AMBULATORY SURGICAL CENTER (D.P.) 0 0.000000 115. 00 200. 00 Subtotal (sum of lines 50 thru 199) 331,938,094 1,882,959,455 200. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 Less Observation Beds 8,709,702 0 0.000000 201. 00 201. 00 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.0000000 0.00000000						
91. 00						
92. 00 09200 0BSERVATI ON BEDS (NON-DI STINCT PART) 8, 709, 702 13, 266, 682 0.656509 92. 01 09202 0BSERVATI ON BEDS (DI STINCT PART) 7, 601, 665 16, 482, 367 0.461200 92. 01 0THER REI MBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSI S 0 0 0.000000 94. 00 95. 00 0000000 8R SERVI CES NOT APPRVD PRGM 0 0 0.000000 101. 00 10100 HOME HEALTH AGENCY 0 0 0.000000 102. 00 10200 0PI OI D TREATMENT PROGRAM 0 0 0.000000 102. 00 0PI OI D TREATMENT PROGRAM 0 0 0.000000 102. 00 11400 UTI LI ZATI ON REVI EW-SNF 113. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 0 0.000000 115. 00 106. 00 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500						
92. 01 09202 0BSERVATI ON BEDS (DISTINCT PART) 7, 601, 665 16, 482, 367 0. 461200 92. 01						•
OTHER REIMBURSABLE COST CENTERS O O O O O O O O O						
94. 00		7, 601, 665	16, 482, 367	0. 461200		92. 01
95. 00			1	T	T	
100. 00 10000 1 &R SERVI CES-NOT APPRVD PRGM 0 0 0.000000 100. 00 101. 00 101. 00 10100 HOME HEALTH AGENCY 0 0 0.000000 101. 00 102. 00 10200 0PI 0I D TREATMENT PROGRAM 0 0 0.000000 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00 102. 00		•	•	1		
101. 00 10100 HOME HEALTH AGENCY 0 0 0.000000 101. 00 102. 00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 102.00 10				1		
102. 00 10200 OPI 0I D TREATMENT PROGRAM O O O 0 0 0 0 0 0 0		_	1	1		
SPECIAL PURPOSE COST CENTERS 113. 00 11300 INTEREST EXPENSE 114. 00 11400 UTI LI ZATI ON REVIEW-SNF 115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.) 0 0 0. 000000 115. 00 116. 00 11600 HOSPI CE 0 0 0 0. 000000 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00 116. 00				1		
113. 00 114. 00 114. 00 114. 00 115. 00 115. 00 116. 00 116. 00 116. 00 200. 00 201. 00 Less Observation Beds 113. 00 1130 0		0	0	0.000000		102. 00
114. 00						
115. 00						•
116. 00 11600 HOSPICE 0 0.000000 116. 00 200. 00 Subtotal (sum of lines 50 thru 199) 201. 00 Less Observation Beds 8,709,702 0 0.000000 116. 00 200. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 201.						
200.00 Subtotal (sum of lines 50 thru 199) 331,938,094 1,882,959,455 200.00 201.00 Less Observation Beds 8,709,702 0 201.00	115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115. 00
201. 00 Less Observation Beds 8, 709, 702 0 201. 00	116. 00 11600 HOSPI CE	0	0	0.000000		116. 00
	200.00 Subtotal (sum of lines 50 thru 199)	331, 938, 094	1, 882, 959, 455			200. 00
202.00 Total (line 200 minus line 201) 323, 228, 392 1, 882, 959, 455 202.00	201.00 Less Observation Beds	8, 709, 702	2			201. 00
	202.00 Total (line 200 minus line 201)	323, 228, 392	1, 882, 959, 455			202. 00

Health Financial Systems IU HEALTH BLOOMINGTON HOSPITAL In Lieu of Form CMS-2552-10						
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider CO		Peri od: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Pre 5/30/2023 10:	pared: 22 am
		Title	: XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2. 00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	10, 291, 399	0	10, 291, 39	9 54, 898	187. 46	30.00
31.00 INTENSIVE CARE UNIT	964, 383		964, 38	5, 224	184. 61	31.00
32.00 CORONARY CARE UNIT	0			0	0.00	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	753, 488		753, 48	3, 327	226. 48	35. 00
42. 00 SUBPROVI DER	0	0		0 0	0.00	42.00
43. 00 NURSERY	341, 452		341, 45	2, 694	126. 75	43.00
200.00 Total (lines 30 through 199)	12, 350, 722		12, 350, 72	2 66, 143		200. 00
Cost Center Description	I npati ent	Inpatient				
· ·	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	15, 708	2, 944, 622				30.00
31.00 INTENSIVE CARE UNIT	1, 968	363, 312				31.00
32.00 CORONARY CARE UNIT	0	0				32. 00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0				35. 00
42. 00 SUBPROVI DER	0	0				42.00
43. 00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	17, 676	3, 307, 934				200. 00

Health Financial Systems	IU HEALTH BLOOMINGTON HOSPITAL	In Lie	u of Form CMS-2552-10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Health Financial Systems	U HEALTH BLOOMI	NGTON HOSPITAL		In Lie	u of Form CMS-2	2552-10
To 12/31/2022 Date/Time Prepared: To 12/31/2022 Date/Time Prepared: Food Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program Program P	APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	CN: 15-0051			
Cost Center Description						Part II	narod:
Cost Center Description					10 12/31/2022	5/30/2023 10:	22 am
Related Cost Cfrom Wist. C. Cot Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Cool un a x Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Charges Char			Ti tl e	: XVIII	Hospi tal		
Part II, col. 20	Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
Part II, col 8 2 2		Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
ANCILLARY SERVICE COST CENTERS					. Charges	column 4)	
NACI LLARY SERVI CE COST CENTERS			8)	2)			
ANCI LLARY SERVICE COST CENTERS 50.00 50.00 0 0 0.000000 0 0 0 0							
50.00	ANOLILIARY OFFICE COOT OFFITTED	1.00	2.00	3.00	4. 00	5. 00	
50.01 OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI CV SURGERY OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI OSDOI		0.044.454	005 007 073	0.0400	20 004 074	404 405	F0 00
1. 1. 1. 1. 1. 1. 1. 1.		1					
S2.00 05200 DELIVERY ROOM & LABOR ROOM 1, 223, 997 35, 970, 127 0, 034028 88, 824 3, 023 52, 00	· · · · · · · · · · · · · · · · · · ·	1	_				
S3.00 OS300 AIRSTHESI OLOGY 0 0 0 0 0 0 0 0 0							
S4 00 05400 RADI OLOGY-DI ACROSTIC 1,897,525 45,248,814 0,041935 4,904,223 205,659 54,00 05500 05500 RADI OLOGY-THERAPEUTIC 82,103 107,644,675 0,000763 1,313,083 1,002 55.00 05500 05500 CADIO OLOGY-THERAPEUTIC 82,103 107,644,675 0,000763 1,313,083 1,002 55.00 05500 05500 CADIO OLOGY-THERAPEUTIC 82,103 107,644,675 0,000763 1,313,083 1,002 55.00 05500 CADIO OLOGY-THERAPEUTIC 10,000 0,00000 0 0,00000 0 0,00000 0		1, 223, 997				•	
55.00 05500 ABDI OLOGY-THERAPEUTI C 82, 103 107, 644, 675 0.000763 1.313, 083 1.002 55.00 0.000000 0 0.000000 0 0.000000 0		4 007 505				-	
56.00 0500 0500 0500 0500 0500 0							
57.00 05700 CT SCAN CT SCAN CT SCAN SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN CT SCAN C							
S8.00 05800 MAGNETI C RESONANCE I IMAGING (MRI) 296, 152 11, 539, 701 0. 025664 858, 141 22, 023 88. 050		1	_			-	
59.00 05900 CARDI AC CATHETERI ZATION 1,702,177 100,238,222 0.016981 14, 162,475 240,493 59.00							
60.00 06000 LABORATORY 935, 758 141, 680, 405 0.006605 15, 426, 831 101, 894 60.00 64.00 06400 INTRAVENOUS THERAPY 80, 778 23, 168, 846 0.003486 5, 761, 001 20, 083 65.00 06500 RESPIRATORY THERAPY 80, 778 23, 168, 846 0.003486 5, 761, 001 20, 083 65.00 06600 PHYSICAL THERAPY 1, 415, 910 27, 051, 927 0.052340 3, 346, 373 175, 149 66.00 06, 000 06, 000 06, 000 06, 000 00, 000 00, 000, 0							
64. 00 06400 NTRAVENOUS THERAPY 0 0 0 0,000000 0 0 64. 00 65. 00 06500 RESPI RATORY THERAPY 1,415,910 27,051,927 0.052340 3,346,373 175,149 66. 00 66. 00 06600 PHYSI CAL THERAPY 1,415,910 27,051,927 0.052340 3,346,373 175,149 66. 00 67. 00 06900 ELECTROCARDI OLOGY 263,650 38,293,538 0.006885 6,385,882 43,967 69. 00 70. 00 07000 ELECTROENCEPHALOGRAPHY 1,786 1,830,664 0.000976 456,430 445 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 187,833 93,516,000 0.002009 10,737,431 21,571 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 310,676 181,495,082 0.001712 35,848,754 61,373 72. 00 73. 01 07302 DP HARIMACY 177,520 3,459,621 0.051312 0 0.73 0.17 74. 00 07400 RENAL DI ALYSI S 173,934 6,523,865 0.026661 1,999,436 53,307 74. 00 75. 07 07697 CARDIA C REHABI LLITATI ON 8,764 3,284,921 0.002668 73,301 196,76,97 77. 00 07000 ALLOGENEIC STEM CELL ACQUI SI TI ON 0 0 0.000000 0 0 77. 00 07000 OVICO COST CENTERS 0.00000 0 0 0 79. 0.00 09000 OVICO COST CENTERS 0.00000 0 0 0 79. 0.00 09000 OVICO COST CENTER 0.00000 0 0 0 79. 0.00 09000 0 0 0 0 0 0 79. 0.00 09000 0 0 0 0 0 79. 0.00 09000 0 0 0 0 0 79. 0.00 09000 0 0 0 0 0 79. 0.00 0 0 0 0 0 79. 0.00 0 0 0 0 0 79. 0.00 0 0 0 0 0 79. 0.00 0 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 79. 0.00 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 0 79. 0.00 0 0 0 79. 0.00 0 0 0 0							
65. 00 06500 RESPIRATORY THERAPY 80, 778 23, 168, 846 0.003486 5, 761, 001 20, 083 65. 00 66. 00 06600 PHYSI CAL THERAPY 1, 415, 910 27, 051, 927 0.052340 3, 346, 373 175, 149 66. 00 06, 00 06000 ELECTROCARDI OLOGY 263, 650 38, 293, 538 0.006885 6, 385, 882 43, 967 69, 00 06, 000 06, 000 06, 000 06, 000 06, 000 06, 000 06, 000 06, 000 06, 000 06, 000 06, 000 06, 000 06, 000 06, 000 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.000009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009 0.00009							
66.00 06600 PHYSI CAL THERAPY 1, 415, 910 27, 051, 927 0, 052340 3, 346, 373 175, 149 66, 00 69.00 06900 ELECTROCARDIOLOGY 263, 650 38, 293, 538 0.006885 6, 385, 882 43, 967 69, 00 70.00 07000 ELECTROENCEPHALOGRAPHY 1, 786 1, 830, 664 0.000976 456, 430 445 70, 00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 187, 833 93, 516, 000 0.002009 10, 737, 431 21, 571 71, 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 310, 676 181, 495, 082 0.001712 35, 848, 754 61, 373 72, 00 73.00 07300 DRUGS CHARGED TO PATIENTS 618, 517 324, 402, 005 0.001907 29, 952, 843 57, 120 73.01 07302 OP PHARMACY 177, 520 3, 459, 621 0.051312 0 0 73, 01 74.00 07400 RENAL DI ALYSI S 173, 934 6, 523, 865 0.026661 1, 999, 436 53, 307 74, 00 75.00 07700 ALLOGENEI C STEM CELL ACQUISITION 0 0 0.000000 0 0 0 77.00 07700 ALLOGENEI C STEM CELL ACQUISITION 0 0 0.000000 0 0 79.01 09001 OP ONCOLOGY I NFUSION CENTER 1, 768, 945 49, 748, 192 0.035759 1, 246, 017 44, 556 90, 01 79.02 09002 WOUND CARE CENTER 269, 610 6, 347, 034 0.042478 2, 107 90, 02 79.03 09003 PAIN CLINIC 1,771, 913 2,771, 876 0.639247 7, 502 4, 796 90, 03 79.04 09004 OB CLINIC 1,771, 913 2,771, 876 0.639247 7, 502 4, 796 90, 03 79.05 09005 OP PSYCH CLINIC 34, 670 4, 117, 210 0.008421 174 1 90, 06 79.06 09006 MULTI SPECIALTY CLINIC 34, 670 4, 117, 210 0.008421 174 1 90, 06 79.07 00000 000000 00000000000000000		_	ļ				
69. 00 06900 ELECTROCARDI OLOGY 263, 650 38, 293, 538 0.006885 6, 385, 882 43, 967 69. 00 70. 00 7000 ELECTROENCEPHALOGRAPHY 1, 786 1, 830, 664 0.000976 456, 430 445 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 70. 00 7		1					
70. 00 07000 ELECTROENCEPHALOGRAPHY 1, 786 1, 830, 664 0. 000976 456, 430 445 70. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 01 MEDI L DEV. CHARGED TO PATI ENTS 310, 676 181, 495, 082 0. 001712 35, 848, 754 61, 373 72. 00 73. 01 73. 02 0. PULS CHARGED TO PATI ENTS 618, 517 324, 402, 005 0. 001907 29, 952, 843 57, 120 73. 01 73. 02 0. PHARMACY 177, 520 3, 459, 621 0. 051312 0 0 73. 01 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00							
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 187, 833 93, 516, 000 0.002009 10, 737, 431 21, 571 71. 00 72. 00 172. 00 172. 01 172. 00 172. 01 172. 00 172. 01 172. 01 173. 00 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01 173. 01		•				· ·	
72. 00 07200 MPL. DEV. CHARGED TO PATIENTS 310,676 181,495,082 0.001712 35,848,754 61,373 72. 00 73. 00 73.00 DRUGS CHARGED TO PATIENTS 618,517 324,402,005 0.001907 29,952,843 57,120 73. 00 73. 01 07302 07400 RENAL DIALYSIS 177,520 3,459,621 0.051312 0 0 0 0.001312 0 0 0 73. 01 07400 07400 RENAL DIALYSIS 173,934 6,523,865 0.026661 1,999,436 53,307 74. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 0.002668 73. 301 196 76. 97 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77. 00 77.	71 00 07100 MEDICAL SUDDILES CHARCED TO DATIENTS						
73. 00 07300 DRUGS CHARGED TO PATIENTS 618, 517 324, 402, 005 0.001907 29, 952, 843 57, 120 73. 00 73. 01 07302 OP PHARMACY 177, 520 3, 459, 621 0.051312 0 0 73. 01 74. 00 7400 RENAL DIALYSIS 173, 934 6, 523, 865 0.026661 1, 999, 436 53, 307 74. 00 76. 97 07697 CARDIAC REHABILITATION 8, 764 3, 284, 921 0.002668 73, 301 196 76. 97 77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION 0 0 0.000000 0 0 0 0 0	72 OO 07700 IMDI DEV CHAPGED TO PATIENTS						
73. 01 07302							
74. 00		1		1			
76. 97 07697 CARDI AC REHABI LI TATI ON 8, 764 3, 284, 921 0. 002668 73, 301 196 76. 97 77. 00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON 0 0 0 0. 000000 0 0 0 0		1					
77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION 0 0 0 0 0 0 0 0 0							
OUTPATIENT SERVICE COST CENTERS O. 09000 O. 00000 O. 00000 O. 00000 O. 00000 O. 00000 O. 00000 O. 00000 O. 00000 O. 00000 O. 000000 O. 000000 O. 000000 O. 0000000000	1	•					
90. 00			-				1
90. 01		1, 069, 319	1, 927, 285	0. 55483	3, 984	2, 210	90.00
90. 03	90. 01 09001 OP ONCOLOGY INFUSION CENTER						90. 01
90. 04		269, 610				90	90. 02
90. 05	90. 03 09003 PAIN CLINIC	177, 490	3, 642, 494	0. 04872	28 131	6	90. 03
90. 05	90. 04 09004 OB CLINIC	1, 771, 913	2, 771, 876	0. 63924	7, 502	4, 796	90. 04
91. 00 09100 EMERGENCY 2, 204, 304 254, 972, 646 0. 008645 22, 187, 534 191, 811 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 928, 515 13, 266, 682 0. 069988 40, 812 2, 856 92. 00 09202 OBSERVATI ON BEDS (DI STINCT PART) 562, 485 16, 482, 367 0. 034126 0 0 92. 01 000000 0 0 0 0 0 0 0	90. 05 09005 OP PSYCH CLINIC	687, 947			0	0	90. 05
92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 928, 515 13, 266, 682 0.069988 40, 812 2, 856 92. 00 92. 01 09202 0BSERVATI ON BEDS (DISTINCT PART) 562, 485 16, 482, 367 0.034126 0 0 92. 01 0 0 0 0 0 0 0 0 0	90.06 09006 MULTI SPECIALTY CLINIC	34, 670	4, 117, 210	0. 00842	21 174	1	90.06
92. 01 09202 OBSERVATI ON BEDS (DISTINCT PART) 562, 485 16, 482, 367 0. 034126 0 0 92. 01		2, 204, 304	254, 972, 646	0. 00864	22, 187, 534	191, 811	91.00
OTHER REI MBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSI S 0 0.000000 0 94. 00 95. 00 09500 AMBULANCE SERVI CES 95. 00 95. 00 96. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00 97. 00	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	928, 515	13, 266, 682	0.06998	40, 812	2, 856	92.00
94. 00		562, 485	16, 482, 367	0. 03412	26 0	0	92. 01
95. 00 09500 AMBULANCE SERVI CES 95. 00							
		0	0	0.00000	00	0	
200. 00 Total (Lines 50 through 199) 24, 887, 331 1, 882, 959, 455 193, 166, 348 1, 808, 616 200. 00							
	200.00 Total (lines 50 through 199)	24, 887, 331	1, 882, 959, 455	1	193, 166, 348	1, 808, 616	200. 00

Health Financial Systems I	U HEALTH BLOOMI	NGTON HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	ASS THROUGH COS	TS Provider CO	F	Period: From 01/01/2022 Fo 12/31/2022		pared: 22 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Nursi ng Program Post-Stepdown Adj ustments	Nursi ng Program	Allied Health Post-Stepdown Adjustments		All Other Medical Education Cost	
	1A	1, 00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		2.00	0.00	
30. 00 03000 ADULTS & PEDIATRICS	0	0		0	0	30.00
31. 00 03100 I NTENSI VE CARE UNIT	0	0		0	0	31.00
32. 00 03200 CORONARY CARE UNIT	0	0		0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0		0	0	35. 00
42. 00 04200 SUBPROVI DER	0	0		0	0	42.00
43. 00 04300 NURSERY	0	0	(0	0	43.00
200.00 Total (lines 30 through 199)	0	0	(0	0	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	I npati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
	instructions)					
	4. 00	5. 00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	_	T _				
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	54, 898			
31. 00 03100 I NTENSI VE CARE UNI T		0	5, 224			1
32. 00 03200 CORONARY CARE UNIT		0	(0.00		32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT		0	3, 32			35. 00
42. 00 04200 SUBPROVI DER		1 0] , , ,	0.00		42. 00
43.00 04300 NURSERY			2, 694			43.00

Provider CCN: 15-0051 THROUGH COSTS

					10 12	27 3 17 2022	5/30/2023 10:	
			Title	XVIII	Hos	pi tal	PPS	
Cost Cent	er Description	Non Physician	Nursi ng	Nursi ng	Allie	d Health	Allied Health	
	·	Anestheti st	Program	Program	Post-	Stepdown		
		Cost	Post-Stepdown		Adj u	stments		
			Adjustments					
		1. 00	2A	2.00		3A	3. 00	
ANCI LLARY SERVI	CE COST CENTERS							
50. 00 05000 OPERATI NG	ROOM	0	0		0	0	0	50. 00
50. 01 05001 CV SURGER	Υ	0	0		0	0	0	50. 01
51. 00 05100 RECOVERY	ROOM	0	0		0	0	0	51.00
52. 00 05200 DELI VERY	ROOM & LABOR ROOM	0	0		0	0	0	52.00
53. 00 05300 ANESTHESI	OLOGY	0	0		0	0	0	53.00
54. 00 05400 RADI OLOGY	-DI AGNOSTI C	0	0		0	0	0	54.00
55. 00 05500 RADI OLOGY	-THERAPEUTI C	0	0		0	0	0	55.00
56. 00 05600 RADI 0I SOT	OPE	0	0		0	0	0	56. 00
57.00 05700 CT SCAN		0	0		0	0	0	57. 00
58. 00 05800 MAGNETI C	RESONANCE IMAGING (MRI)	0	0		0	0	0	58. 00
59. 00 05900 CARDI AC C		0	0		0	0	0	59. 00
60. 00 06000 LABORATOR	Υ	0	0		0	0	0	60.00
64. 00 06400 I NTRAVENO	US THERAPY	0	0		0	0	0	64. 00
65. 00 06500 RESPI RATO	RY THERAPY	0	0		0	0	0	65. 00
66. 00 06600 PHYSI CAL	THERAPY	0	0		0	0	0	66. 00
69. 00 06900 ELECTROCA	RDI OLOGY	0	0		0	0	0	69. 00
70. 00 07000 ELECTROEN	CEPHALOGRAPHY	0	0		0	0	0	70. 00
71.00 07100 MEDICAL S	UPPLIES CHARGED TO PATIENTS	0	0		0	0	0	71.00
72.00 07200 I MPL. DEV	. CHARGED TO PATIENTS	0	0		0	0	0	72.00
73.00 07300 DRUGS CHA	RGED TO PATIENTS	0	0		0	0	753, 716	73. 00
73. 01 07302 OP PHARMA	CY	0	0		0	0	0	73. 01
74.00 07400 RENAL DIA	LYSIS	0	0		0	0	0	74. 00
76. 97 07697 CARDI AC R	EHABI LI TATI ON	0	0		0	0	0	76. 97
77. 00 07700 ALLOGENEI	C STEM CELL ACQUISITION	0	0		0	0	0	77. 00
OUTPATIENT SERV	/ICE COST CENTERS							
90. 00 09000 CLI NI C		0	0		0	0	0	90. 00
90. 01 09001 OP ONCOLO	GY INFUSION CENTER	0	0		0	0	0	90. 01
90. 02 09002 WOUND CAR		0	0		0	0	0	90. 02
90.03 09003 PAIN CLIN	I C	0	0		0	0	0	90. 03
90. 04 09004 0B CLINIC		0	0		0	0	0	90. 04
90. 05 09005 OP PSYCH		0	0		0	0	0	90. 05
90.06 09006 MULTI SPE		0	0		0	0	0	90. 06
91. 00 09100 EMERGENCY		0	0		0	0	0	91. 00
	ON BEDS (NON-DISTINCT PART)	0			0		0	92.00
	ON BEDS (DISTINCT PART)	0	0		0	0	0	92. 01
	ABLE COST CENTERS							
94.00 09400 HOME PROG		0	0		0	0	0	94. 00
95. 00 09500 AMBULANCE								95. 00
200.00 Total (li	nes 50 through 199)	0	0	1	0	0	753, 716	200. 00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0051 Peri od: Worksheet D From 01/01/2022 THROUGH COSTS Part IV Date/Time Prepared: 12/31/2022 5/30/2023 10:22 am Title XVIII Hospi tal All Other Cost Center Description Total Cost Total Total Charges Ratio of Cost to Charges Medi cal (from Wkst. C, (sum of cols. Outpati ent Education Cost 1, 2, 3, and Cost (sum of Part I, col. (col. 5 ÷ col 4) col s. 2. 3. 8) 7) and 4) (see instructions) 4.00 5.00 6.00 7. 00 8.00 ANCILLARY SERVICE COST CENTERS 0 50.00 05000 OPERATING ROOM 285, 226, 867 0.000000 50.00 50.01 05001 CV SURGERY 0 0 0.000000 50.01 51.00 05100 RECOVERY ROOM 0000000000000000000000 0 0 54, 188, 103 0.000000 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 35, 970, 127 0.000000 52 00 52 00 53.00 05300 ANESTHESI OLOGY 0 0 0.000000 53.00 54. 00 | 05400 | RADI OLOGY-DI AGNOSTI C 45, 248, 814 0.000000 54.00 107, 644, 675 55.00 05500 RADI OLOGY-THERAPEUTI C 0 0 0.000000 55 00 0 56.00 05600 RADI OI SOTOPE 0 0.000000 56.00 57.00 05700 CT SCAN 39, 816, 869 0.000000 57.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 58.00 0 11, 539, 701 0.000000 58.00 05900 CARDI AC CATHETERI ZATI ON 0 100 238 222 59 00 59 00 0.000000 60.00 06000 LABORATORY 0 141, 680, 405 0.000000 60.00 06400 INTRAVENOUS THERAPY 0.000000 64.00 64.00 06500 RESPIRATORY THERAPY 23, 168, 846 0.000000 65.00 65.00 06600 PHYSI CAL THERAPY 0 27, 051, 927 66.00 Ω 0.000000 66.00 69.00 06900 ELECTROCARDI OLOGY 0 0 38, 293, 538 0.000000 69.00 0.000000 07000 ELECTROENCEPHALOGRAPHY 1, 830, 664 70.00 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 93, 516, 000 0.000000 71.00 71.00 07200 I MPL. DEV. CHARGED TO PATIENTS 0 181, 495, 082 72 00 0.000000 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 753, 716 753, 716 324, 402, 005 0.002323 73.00 07302 OP PHARMACY 73.01 0 3, 459, 621 0.000000 73.01 07400 RENAL DIALYSIS 74.00 0 6, 523, 865 0.000000 74.00 0 0 07697 CARDIAC REHABILITATION 76.97 Ω 3, 284, 921 0.000000 76.97 07700 ALLOGENEIC STEM CELL ACQUISITION 0 0 0.000000 77.00 77.00 OUTPATIENT SERVICE COST CENTERS 90.00 1. 927, 285 09000 CLI NI C 0 0.000000 90.00 09001 OP ONCOLOGY INFUSION CENTER 0 0 90.01 0 49, 748, 192 0.000000 90.01 09002 WOUND CARE CENTER 6, 347, 034 0.000000 90.02 0 0 0 90.02 90. 03 09003 PAIN CLINIC 0 0 3, 642, 494 0.000000 90.03 09004 OB CLINIC 0 2, 771, 876 90 04 0 0.000000 90 04 09005 OP PSYCH CLINIC 0 90.05 0 5, 103, 417 0.000000 90.05 09006 MULTI SPECIALTY CLINIC 90.06 0 0 0 0 4, 117, 210 0.000000 90.06 09100 EMERGENCY 0 254, 972, 646 0.000000 91.00 91.00 0 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 C 13, 266, 682 0.000000 92.00 92.01 09202 OBSERVATION BEDS (DISTINCT PART) 16, 482, 367 0.000000 92.01 OTHER REIMBURSABLE COST CENTERS

0

753, 716

0

753, 716 1, 882, 959, 455

94.00

95.00

200.00

0.000000

94 00

09400 HOME PROGRAM DIALYSIS

Total (lines 50 through 199)

95. 00 09500 AMBULANCE SERVICES

Health Financial Systems	IU HEALTH BLOOMINGT	ON HOSPITAL	In Li	In Lieu of Form CMS-2552-10	
ADDODTI ONIMENT OF INDATIENT/OUTDATIENT	ANCILLARY SERVICE OTHER DASS	Provider CCN: 15-0051	Pari ad:	Workshoot D	

From 01/01/2022 Part IV THROUGH COSTS 12/31/2022 Date/Time Prepared: 5/30/2023 10:22 am Title XVIII Hospi tal PPS Outpati ent Cost Center Description Outpati ent Inpatient Inpati ent Outpati ent Program Ratio of Cost Program Program Program Pass-Through to Charges Pass-Through Charges Charges $(col. 6 \div col$ Costs (col. 8 Costs (col. x col. 12) 13.00 x col. 10) 7) 9.00 10.00 11.00 12.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATI NG ROOM 50.00 0.000000 50.00 30, 001, 864 41, 136, 408 0 0 50.01 05001 CV SURGERY 0.000000 0 50.01 05100 RECOVERY ROOM 0.000000 3, 442, 750 0 11, 383, 995 51.00 51.00 0 05200 DELIVERY ROOM & LABOR ROOM 0.000000 0 1, 593 52.00 52.00 88.824 0 53.00 05300 ANESTHESI OLOGY 0.000000 0 0 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.000000 4, 904, 223 0 6, 567, 944 0 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0.000000 1, 313, 083 38, 339, 311 0 55.00 05600 RADI OI SOTOPE 0.000000 0 56 00 0 56 00 4, 918, 445 0 57.00 05700 CT SCAN 0.000000 6, 189, 050 0 57.00 58.00 05800 MAGNETIC RESONANCE I MAGING (MRI) 0.000000 858, 141 1, 642, 155 0 58.00 05900 CARDIAC CATHETERIZATION 59.00 0.000000 14, 162, 475 20, 924, 971 0 59.00 0 06000 LABORATORY 0.000000 60 00 60 00 15, 426, 831 7, 673, 849 0 64.00 06400 I NTRAVENOUS THERAPY 0.000000 0 0 64.00 06500 RESPIRATORY THERAPY 1, 914, 882 65.00 0.000000 5, 761, 001 0 65.00 06600 PHYSI CAL THERAPY 102, 949 66 00 0.000000 3, 346, 373 0 66 00 69.00 06900 ELECTROCARDI OLOGY 0.000000 6, 385, 882 8, 964, 867 0 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 456, 430 82, 789 0 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0.000000 10, 737, 431 0 18, 676, 907 71.00 0 07200 I MPL. DEV. CHARGED TO PATIENTS 26, 947, 260 72 00 0.000000 35, 848, 754 O 0 72 00 73.00 07300 DRUGS CHARGED TO PATIENTS 0.002323 29, 952, 843 69, 580 83, 508, 572 193, 990 73.00 07302 OP PHARMACY 0.000000 0 73.01 73.01 74.00 07400 RENAL DIALYSIS 0.000000 1, 999, 436 0 95, 331 0 74.00 76. 97 07697 CARDIAC REHABILITATION 0.000000 0 76.97 73, 301 1,044,599 0 77.00 07700 ALLOGENEIC STEM CELL ACQUISITION 0.000000 0 77.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0. 000000 3, 984 474, 627 0 90.00 90.01 09001 OP ONCOLOGY INFUSION CENTER 0 90.01 0.000000 1, 246, 017 15, 871, 687 0 2, 107 90.02 09002 WOUND CARE CENTER 0.000000 0 1,000,151 0 90.02 09003 PAIN CLINIC 0.000000 90.03 131 0 713, 972 90.03 90.04 09004 OB CLINIC 0.000000 0 1, 610, 197 90.04 7,502 0 09005 OP PSYCH CLINIC 0 90.05 0.000000 186.088 0 90.05 09006 MULTI SPECIALTY CLINIC 0.000000 342, 845 90.06 90.06 174 09100 EMERGENCY 0 91.00 0.000000 22, 187, 534 28, 644, 354 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 92.00 92.00 0.000000 40, 812 2, 112, 855 0 09202 OBSERVATION BEDS (DISTINCT PART) 92.01 0.000000 3, 765, 243 0 92.01 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0.000000 0 94.00 95. 00 09500 AMBULANCE SERVICES 95 00

193, 166, 348

69, 580

329, 919, 451

193, 990 200. 00

200.00

Total (lines 50 through 199)

Heal th	Financial Systems I	O HEALTH BLOOMI	NGTON HOSPITAL		In Lie	eu of Form CMS-	2552-10
APPORT	IONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der Co	CN: 15-0051	Peri od: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Pre	pared:
						5/30/2023 10:	22 am
			Title	e XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed	Cost	Cost	PPS Services	
	·	Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins	. Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2. 00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0. 132634	41, 136, 408	3	0 0	5, 456, 086	50.00
50. 01	05001 CV SURGERY	0. 000000	0		0	0	50. 01
51.00	05100 RECOVERY ROOM	0. 294487	11, 383, 995	;	0 0	3, 352, 439	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 270007	1, 593		0 0	430	52.00
53.00	05300 ANESTHESI OLOGY	0. 000000	0		0 0	0	53.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0. 246280			0 0	1	•
55. 00	05500 RADI OLOGY-THERAPEUTI C	0. 043700			1 0		1
56. 00	05600 RADI OI SOTOPE	0. 000000		1	o o	0	1
57. 00	05700 CT SCAN	0. 075368				466, 456	
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 156829	1, 642, 155	1			
59. 00	05900 CARDIAC CATHETERIZATION	0. 130827	20, 924, 971		0 0		
60.00	06000 LABORATORY	0. 166405			0 0		
64. 00	06400 I NTRAVENOUS THERAPY	0. 000000			0 0	1	1
		1		<u>'</u>		1	1
65. 00	06500 RESPIRATORY THERAPY	0. 291640			0	,	
66.00	06600 PHYSI CAL THERAPY	0. 442856			0 0	45, 592	
69. 00	06900 ELECTROCARDI OLOGY	0. 068738			0 0		
70. 00	07000 ELECTROENCEPHALOGRAPHY	0. 118096	82, 789		0 0		1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 173269			0		
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 147022	26, 947, 260		0	3, 961, 840	
73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 179999	83, 508, 572	2	0 133, 380	15, 031, 459	
73. 01	07302 OP PHARMACY	1. 274867	0)	0	0	
74.00	07400 RENAL DIALYSIS	0. 349927	95, 331		74 0	· ·	
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 321353	1, 044, 599		0	335, 685	76. 97
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0. 000000	0)	0 0	0	77. 00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	2. 276652		1	8 35		90.00
90. 01	09001 OP ONCOLOGY INFUSION CENTER	0. 261797	15, 871, 687	1, 36	2 35	4, 155, 160	90. 01
90. 02	09002 WOUND CARE CENTER	0. 259830	1, 000, 151	4, 72	24 0	259, 869	90. 02
90. 03	09003 PAIN CLINIC	0. 400774	713, 972	<u>!</u> 1	6 0	286, 141	90. 03
90.04	09004 OB CLINIC	2. 831422	1, 610, 197	1	0 5	4, 559, 147	90. 04
90. 05	09005 OP PSYCH CLINIC	0. 576869	186, 088	3	0 0	107, 348	90. 05
90.06	09006 MULTI SPECIALTY CLINIC	0. 926755		1	7 10	1	1
91. 00	09100 EMERGENCY	0. 128236			0 90		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 656509		•	0 2	1, 387, 108	
92. 01	09202 OBSERVATION BEDS (DISTINCT PART)	0. 461200		1	0 25		1
72.0.	OTHER REIMBURSABLE COST CENTERS	0. 10.200	0,700,210	1	5 20	177007000	1 /2.0.
94.00	09400 HOME PROGRAM DI ALYSI S	0. 000000			0 0		94. 00
95. 00	09500 AMBULANCE SERVICES	0. 000000			0		95. 00
200.00		3. 000000	329, 919, 451	6, 49	-	57, 467, 354	
201.00	,		02.,,,,,,,		0 133, 302	1	201. 00
201.00	Only Charges						
202.00			329, 919, 451	6, 49	133, 582	57, 467, 354	202 00
202.00	1.132 Shar ges (11110 200 11110 201)	1	327, 717, 431	1 3, 47		07, 107, 004	1-32.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST Provider CCN: 15-0051 Peri od: Worksheet D From 01/01/2022 Part V Date/Time Prepared: 12/31/2022 5/30/2023 10:22 am Title XVIII Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 6.00 7.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 0 50.00 50.01 05001 CV SURGERY 0000000000000000000 0 50.01 51. 00 05100 RECOVERY ROOM 0 51 00 05200 DELIVERY ROOM & LABOR ROOM 52.00 0 52.00 53. 00 | 05300 | ANESTHESI OLOGY 0 53.00 54.00 05400 RADI OLOGY-DI AGNOSTI C 0 54.00 05500 RADI OLOGY-THERAPEUTI C 0 55.00 55.00 56.00 05600 RADI OI SOTOPE 0 56.00 05700 CT SCAN 0 57.00 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 58 00 58 00 59.00 05900 CARDIAC CATHETERIZATION 0 59.00 60.00 06000 LABORATORY 0 60.00 64.00 06400 I NTRAVENOUS THERAPY 0 64.00 06500 RESPIRATORY THERAPY 65.00 0 65.00 66.00 06600 PHYSI CAL THERAPY 0 66.00 06900 ELECTROCARDI OLOGY 69.00 69.00 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 0 71 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 0 07300 DRUGS CHARGED TO PATIENTS 73.00 24,008 73.00 07302 OP PHARMACY 73.01 0 73.01 07400 RENAL DIALYSIS 74.00 131 0 74 00 76. 97 07697 CARDIAC REHABILITATION 0 0 76.97 07700 ALLOGENEIC STEM CELL ACQUISITION 0 77.00 0 77.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 18 80 90.00 90.01 09001 OP ONCOLOGY INFUSION CENTER 357 90.01 09002 WOUND CARE CENTER 90.02 1, 227 0 90.02 09003 PAIN CLINIC 90.03 0 90.03 6 90.04 09004 OB CLINIC 0 14 90.04 09005 OP PSYCH CLINIC 0 90. 05 0 90.05 09006 MULTI SPECIALTY CLINIC 6 0 90.06 90.06 09100 EMERGENCY 91.00 12 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0 92.00 09202 OBSERVATION BEDS (DISTINCT PART) 92.01 92.01 12 OTHER REIMBURSABLE COST CENTERS 94.00 09400 HOME PROGRAM DIALYSIS 0 0 94.00 95. 00 09500 AMBULANCE SERVICES 95.00 Subtotal (see instructions) Less PBP Clinic Lab. Services-Program 200.00 200.00

1.745

1, 745

24, 145

24, 145

201. 00

202.00

201.00

202.00

Only Charges

Net Charges (line 200 - line 201)

Health Financial Systems	U HEALTH BLOOMI	NGTON HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL		Provi der Co	CN: 15-0051	Peri od:	Worksheet D	
				From 01/01/2022 To 12/31/2022		nared:
					5/30/2023 10:	22 am
			e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col . 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col . 1 - col			
	26) 1.00	2.00	2) 3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
30. 00 ADULTS & PEDIATRICS	10, 291, 399	0	10, 291, 39	9 54, 898	187. 46	30.00
31. 00 INTENSIVE CARE UNIT	964, 383		964, 38			
32. 00 CORONARY CARE UNIT	0	l .	701,00	0 0		
35. 00 NEONATAL INTENSIVE CARE UNIT	753, 488		753, 48	8 3, 327		
42. 00 SUBPROVI DER	0	0		0 0		1
43. 00 NURSERY	341, 452		341, 45	2, 694	126. 75	43.00
200.00 Total (lines 30 through 199)	12, 350, 722		12, 350, 72	2 66, 143		200.00
Cost Center Description	I npati ent	I npati ent				
	Program days					
		Capital Cost				
		(col. 5 x col.				
		6)				
INDATIONE DOUTING CODYLOG COCT CONTEDC	6. 00	7. 00				
I NPATIENT ROUTINE SERVICE COST CENTERS 30. 00 ADULTS & PEDIATRICS	763	143, 032				30.00
31. 00 INTENSIVE CARE UNIT	873					31.00
32. OO CORONARY CARE UNIT	0 0	1				32.00
35. 00 NEONATAL INTENSIVE CARE UNIT	115	1				35. 00
42. 00 SUBPROVI DER	0	0				42.00
43. 00 NURSERY	1, 267	1				43. 00
200.00 Total (lines 30 through 199)	3, 018					200. 00
,			1			

Health Financial Systems	U HEALTH BLOOMI	NGTON HOSPITAL	-	In Lie	u of Form CMS-	2552-10	
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provi der C	Provider CCN: 15-0051 Period:			Worksheet D	
				From 01/01/2022 To 12/31/2022	Part II Date/Time Pre	nonad.	
				To 12/31/2022	5/30/2023 10:	pareu: 22 am	
		Ti tl	e XIX	Hospi tal	PPS	ZZ GIII	
Cost Center Description	Capi tal	Total Charges			Capital Costs		
· ·	Related Cost		to Charges	Program	(column 3 x		
	(from Wkst. B,	Part I, col.	(col . 1 ÷ col	. Charges	column 4)		
	Part II, col.	8)	2)				
	26)						
	1. 00	2. 00	3. 00	4. 00	5. 00		
ANCI LLARY SERVI CE COST CENTERS	0.014.454	005 007 073	0.0400	070 0/5	40.000	F0 00	
50. 00 05000 OPERATI NG ROOM	3, 814, 154				13, 023		
50. 01 05001 CV SURGERY	1 000 (50				0	50. 01	
51. 00 05100 RECOVERY ROOM	1, 988, 658				3, 395		
52. 00 05200 DELIVERY ROOM & LABOR ROOM	1, 223, 997	l			11, 868		
53. 00 05300 ANESTHESI OLOGY	1 007 535		0.00000		0	53.00	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 897, 525				14, 421		
55. 00 05500 RADI OLOGY-THERAPEUTI C	82, 103				115		
56. 00 05600 RADI OI SOTOPE	0		0.00000		0	56.00	
57. 00 05700 CT SCAN	222, 241				1, 551	57.00	
58. 00 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 59. 00 05900 CARDI AC CATHETERI ZATI ON	296, 152 1, 702, 177				837	58. 00 59. 00	
60. 00 06000 LABORATORY	935, 758				2, 841 7, 922	60.00	
64. 00 06400 INTRAVENOUS THERAPY	935, 758				7, 922	64.00	
						1	
65. 00 06500 RESPI RATORY THERAPY 66. 00 06600 PHYSI CAL THERAPY	80, 778				2, 623 8, 232	65. 00 66. 00	
69. 00 06900 ELECTROCARDI OLOGY	1, 415, 910 263, 650				1, 534		
70. 00 07000 ELECTROCARDI OLOGY	1, 786				1, 534		
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	187, 833				1, 098	1	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	310, 676				987	71.00	
73. 00 07300 DRUGS CHARGED TO PATIENTS	618, 517		•		5. 070		
73. 00 07300 DR0G3 CHARGED TO PATTENTS 73. 01 07302 OP PHARMACY	177, 520		•		3,070	73.00	
74. 00 07400 RENAL DIALYSIS	177, 320				2, 258		
76. 97 07697 CARDI AC REHABI LI TATI ON	8, 764				2, 230	76. 97	
77. 00 07700 ALLOGENEIC STEM CELL ACQUISITION	0, 704		1		0	77. 00	
OUTPATIENT SERVICE COST CENTERS			η 0.00000	0	0	77.00	
90. 00 09000 CLINIC	1, 069, 319	1, 927, 285	0. 55483	32 0	0	90.00	
90. 01 09001 OP ONCOLOGY INFUSION CENTER	1, 778, 945				4, 617		
90. 02 09002 WOUND CARE CENTER	269, 610		1		0	90. 02	
90. 03 09003 PAIN CLINIC	177, 490			28 0	0	90. 03	
90. 04 09004 0B CLINIC	1, 771, 913			17 0	0	90. 04	
90. 05 09005 OP PSYCH CLINIC	687, 947			0	0	90. 05	
90.06 09006 MULTI SPECIALTY CLINIC	34, 670				76	90.06	
91. 00 09100 EMERGENCY	2, 204, 304	254, 972, 646	0. 00864	1, 233, 006	10, 659	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	928, 515	13, 266, 682	0. 06998	6, 624	464	92.00	
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	562, 485	16, 482, 367	0. 03412	26 0	0	92. 01	
OTHER REIMBURSABLE COST CENTERS				•		1	
94.00 09400 HOME PROGRAM DIALYSIS	0	C	0.00000	0 0	0	94. 00	
95. 00 09500 AMBULANCE SERVICES						95. 00	
200.00 Total (lines 50 through 199)	24, 887, 331	1, 882, 959, 455	j	9, 987, 817	93, 615	200. 00	

Health Financial Systems IU					u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PAS	SS THROUGH COSTS	Provider CC		Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Pre 5/30/2023 10:	
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Nursi ng Program		Allied Health Post-Stepdown	Allied Health Cost	All Other Medical	

AFFORTIONWENT OF INFATIENT ROUTINE SERVICE OTHER FA	ASS THROUGH COST			From 01/01/2022 To 12/31/2022	Part III Date/Time Pre 5/30/2023 10:	pared: 22 am
			e XIX	Hospi tal	PPS	
Cost Center Description	Nursi ng	Nursi ng		Allied Health	All Other	
	Program	Program	Post-Stepdowr	Cost	Medi cal	
	Post-Stepdown		Adjustments		Education Cost	
	Adjustments					
	1A	1. 00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	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
35.00 02060 NEONATAL INTENSIVE CARE UNIT	o	0	1	0 0	0	35. 00
42. 00 04200 SUBPROVI DER	o	0	1	0 0	0	42.00
43. 00 04300 NURSERY	0	0)	0 0	0	43.00
200.00 Total (lines 30 through 199)	o	0)	0 0	0	200. 00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	Inpatient	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
		minus col. 4)				
	4. 00	5. 00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	0	0	54, 89	8 0.00	763	30.00
31.00 03100 INTENSIVE CARE UNIT		0	5, 22		873	31.00
32. 00 03200 CORONARY CARE UNIT		0	1	0.00		1
35. 00 02060 NEONATAL INTENSIVE CARE UNIT		0	3, 32			
42. 00 04200 SUBPROVI DER	0	0	1	0.00		
43. 00 04300 NURSERY		0	2, 69			
200.00 Total (lines 30 through 199)		0	1			200. 00
Cost Center Description	Inpati ent		1 00, 14	<u> </u>	3,010	200.00
cost center bescription	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
	9.00					
INPATIENT ROUTINE SERVICE COST CENTERS	7.00					
30. 00 03000 ADULTS & PEDIATRICS	0					30.00
31. 00 03100 NTENSI VE CARE UNI T	0					31. 00
32. 00 03200 CORONARY CARE UNIT						32. 00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT						35.00
42. 00 04200 SUBPROVI DER						42.00
43. 00 04300 NURSERY						43. 00
200.00 Total (lines 30 through 199)	I O					200. 00

| Peri od: | Worksheet D | From 01/01/2022 | Part IV | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12/31/2023 | To 12 Provider CCN: 15-0051 THROUGH COSTS

					10 12/31/2022	5/30/2023 10:	
			Ti tl	e XIX	Hospi tal	PPS	22 diii
	Cost Center Description	Non Physician	Nursi ng	Nursi ng		Allied Health	
	, , , , , , , , , , , , , , , , , , ,	Anesthetist	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0		0 0	0	50.00
50. 01	05001 CV SURGERY	0	0		0 0	0	50. 01
51.00	05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0	0		0 0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55. 00
56.00	05600 RADI OI SOTOPE	0	0		0 0	0	56. 00
57.00	05700 CT SCAN	0	Ó		0 0	0	57. 00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		o c	0	58. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	59.00
60.00	06000 LABORATORY	0	0		0	Ō	60.00
64. 00	06400 I NTRAVENOUS THERAPY	0	0		0	0	64. 00
65. 00	06500 RESPI RATORY THERAPY	0	0		0 0	0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0		0 0		66.00
69. 00	06900 ELECTROCARDI OLOGY	0	0		0 0	Ö	69.00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	Ö	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0			Ö	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0				73. 00
73. 01	07302 OP PHARMACY	0	0		0	0	73. 00
74. 00	07400 RENAL DIALYSIS	0	0		0 0		74.00
76. 97	07490 RENAL DIALISIS	0	0		0 0	1	76. 97
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		0 0		77. 00
77.00	OUTPATIENT SERVICE COST CENTERS	U			<u>U</u>	0	77.00
90. 00	09000 CLINIC	0	0		0 0	0	90.00
90. 01	09001 OP ONCOLOGY INFUSION CENTER	0	0	•	0 0		90. 01
90. 02	09002 WOUND CARE CENTER	0	0		0 0	Ö	90. 02
90. 03	09003 PAIN CLINIC	0	0		0		90. 03
90. 04	09004 OB CLINIC	0	0		0 0	Ö	90.04
90. 05	09005 OP PSYCH CLINIC	0	0				90.05
90.06	09006 MULTI SPECIALTY CLINIC	0	0				90.05
91. 00	09100 EMERGENCY	0	0		0 0	1	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
	09202 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 0	1	92. 00
72.01	OTHER REIMBURSABLE COST CENTERS	U	0		0 0	0	92.01
94. 00	09400 HOME PROGRAM DIALYSIS	0	0		0 0	0	94. 00
95. 00	09500 AMBULANCE SERVICES					1	95.00
200.00	i i	0	0		0 0	753, 716	
200.00	/ Total (Tries 50 till ough 177)	ı o	1	1	٥	7 755, 710	1200.00

| Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D | Norksheet D |
 Heal th Financial
 Systems
 IU HEALTH BLOOMINGTON HOSPITAL

 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 Provider CO
 Provider CCN: 15-0051 Peri od: From 01/01/2022 To 12/31/2022 THROUGH COSTS Title XIX Hospi tal

Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
			ĺ		instructions)	
	4.00	5. 00	6.00	7. 00	8. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	C	0	0	285, 226, 867	0.000000	50.00
50. 01 05001 CV SURGERY	C	0	0	0	0.000000	50. 01
51. 00 05100 RECOVERY ROOM		0	0	54, 188, 103	0.000000	51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	C	0	0	35, 970, 127	0.000000	52. 00
53. 00 05300 ANESTHESI OLOGY		0	0	0	0.000000	53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0	0	45, 248, 814	0.000000	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C			0	107, 644, 675		55. 00
56. 00 05600 RADI 0I SOTOPE			Ō		0. 000000	56. 00
57. 00 05700 CT SCAN			0	39, 816, 869		
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)			Ö		0. 000000	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON			1			59. 00
60. 00 06000 LABORATORY				141, 680, 405		60.00
64. 00 06400 NTRAVENOUS THERAPY			0			
65. 00 06500 RESPIRATORY THERAPY				23, 168, 846		
66. 00 06600 PHYSI CAL THERAPY				27, 051, 927		66. 00
69. 00 06900 ELECTROCARDI OLOGY			1	38, 293, 538		
70. 00 07000 ELECTROENCEPHALOGRAPHY				1, 830, 664		70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				93, 516, 000		
72. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1		181, 495, 082		
73. 00 07300 DRUGS CHARGED TO PATIENTS		1	753, 716			73.00
73. 00 07300 DRUGS CHARGED TO PATTENTS 73. 01 07302 OP PHARMACY		755,710	/55, /10	3, 459, 621	0.002323	
74. 00 07400 RENAL DI ALYSI S				6, 523, 865		74.00
74. 00 07400 RENAL DI ALTSI S 76. 97 07697 CARDI AC REHABI LI TATI ON					0.00000	76. 97
				3, 284, 921		
77. 00 07700 ALLOGENEI C STEM CELL ACQUI SI TI ON		ıl U	<u> </u>	0	0.000000	77. 00
90. 00 OUTPATIENT SERVICE COST CENTERS 90. 00 O9000 CLINIC) 0	0	1, 927, 285	0.000000	90. 00
90. 01 09000 CETNIC 90. 01 09001 OP ONCOLOGY INFUSION CENTER		1	1	49, 748, 192		90.00
90. 02 09001 0P ONCOLOGY THEOSTON CENTER			1			
90. 02 09002 WOUND CARE CENTER 90. 03 09003 PALN CLINIC				6, 347, 034		
90. 03 09003 PATN CLINIC 90. 04 09004 OB CLINIC				3, 642, 494		90. 03 90. 04
90. 04 09004 0B CETNIC 90. 05 09005 OP PSYCH CLINIC			0	2, 771, 876		
			1	0, 100, 117		90. 05
90. 06 09006 MULTI SPECIALTY CLINIC			0	., ,		90.06
91. 00 09100 EMERGENCY		0	_	,,,		
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	C	1	1	, ,		92.00
92. 01 09202 OBSERVATION BEDS (DISTINCT PART)	C	0	0	16, 482, 367	0.000000	92. 01
OTHER REIMBURSABLE COST CENTERS		_	-	-		
94. 00 09400 HOME PROGRAM DI ALYSI S	C	0	0	0	0.000000	94. 00
95. 00 09500 AMBULANCE SERVICES						95. 00
200.00 Total (lines 50 through 199)	C	753, 716	753, 716	1, 882, 959, 455	l	200. 00

| Peri od: | Worksheet D | From 01/01/2022 | Part IV | To | 12/31/2022 | Date/Time Prepared:
 Heal th Financial
 Systems
 IU HEALTH BLOOMINGTON HOSPITAL

 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY
 SERVICE OTHER PASS
 Provider CO
 Provider CCN: 15-0051 THROUGH COSTS

				-	Го 12/31/2022	Date/Time Pre 5/30/2023 10:	pared: 22 am
			Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through	Charges	Pass-Through	
		(col. 6 ÷ col.		Costs (col. 8		Costs (col. 9	
		7)		x col. 10)		x col. 12)	
		9.00	10. 00	11. 00	12.00	13. 00	
	ANCILLARY SERVICE COST CENTERS				_		
50. 00	05000 OPERATING ROOM	0. 000000	973, 865		0	0	
50. 01	05001 CV SURGERY	0. 000000	0	•	0	0	50. 01
51. 00	05100 RECOVERY ROOM	0. 000000	92, 506		0	0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 000000	348, 780	(0	0	52. 00
53.00	05300 ANESTHESI OLOGY	0. 000000	0	(0	0	53. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	343, 884		0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 000000	151, 281		0	0	55. 00
56.00	05600 RADI OI SOTOPE	0. 000000	0	(0	0	56. 00
57.00	05700 CT SCAN	0. 000000	277, 894		0	0	57. 00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	32, 623		0	0	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 000000	167, 319	(0	0	59. 00
60.00	06000 LABORATORY	0. 000000	1, 199, 353		0	0	60.00
64.00	06400 I NTRAVENOUS THERAPY	0. 000000	0	(0	0	64. 00
65.00	06500 RESPIRATORY THERAPY	0. 000000	752, 545		0	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0. 000000	157, 271		0	0	66. 00
69.00	06900 ELECTROCARDI OLOGY	0. 000000	222, 776		0	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 000000	23, 109		0	0	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	546, 741		0	0	71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	576, 659		0	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 002323	2, 658, 370		0	0	73. 00
73. 01	07302 OP PHARMACY	0. 000000	0	1	0	0	73. 01
74.00	07400 RENAL DIALYSIS	0. 000000	84, 677		0	0	74. 00
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 000000	365		0	0	76. 97
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION	0. 000000	0		0	Ō	
	OUTPATIENT SERVICE COST CENTERS			•			
90.00	09000 CLI NI C	0. 000000	0	(0	0	90.00
90. 01	09001 OP ONCOLOGY INFUSION CENTER	0. 000000	129, 117		0	0	90. 01
90. 02	09002 WOUND CARE CENTER	0. 000000	. 0		0	0	90. 02
90. 03	09003 PAIN CLINIC	0. 000000	0		0	0	90. 03
90. 04	09004 OB CLINIC	0. 000000	0		0	0	90. 04
90. 05	09005 OP PSYCH CLINIC	0. 000000	0	•	0	o o	90. 05
90. 06	09006 MULTI SPECIALTY CLINIC	0. 000000	9, 052		0	o o	1
91. 00	09100 EMERGENCY	0. 000000	1, 233, 006	•	o o	o o	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	6, 624		o o	Ö	
92. 01	09202 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0, 021		o o	0	
,2.01	OTHER REIMBURSABLE COST CENTERS	0.000000		`	<u>, </u>		12.01
94. 00	09400 HOME PROGRAM DI ALYSI S	0. 000000	0	(0	0	94. 00
95. 00	09500 AMBULANCE SERVICES		· ·			ĺ	95. 00
200.00	1 1		9, 987, 817	6, 17!	5 0	n	200. 00
200.00	1.21=. (ı	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,170	-1	ı	1-30.00

Health Financial Systems	IU HEALTH BLOOMINGTON HOSPITAL	u of Form CMS-2	2552-10	
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0051	From 01/01/2022	Worksheet D-1 Date/Time Pre 5/30/2023 10:	
	Title XVIII	Hospi tal	PPS	
Cost Center Description				

			10 12,01,2022	5/30/2023 10: 2	22 am
		Title XVIII	Hospi tal	PPS	
	Cost Center Description				
				1. 00	
	PART I - ALL PROVIDER COMPONENTS				
	I NPATI ENT DAYS		-		
1.00	Inpatient days (including private room days and swing-bed days			54, 898	1. 00
2.00	Inpatient days (including private room days, excluding swing-b			54, 898	•
3.00	Private room days (excluding swing-bed and observation bed day	/s). If you have only pr	ivate room days,	0	3. 00
4 00	do not complete this line.			40.045	4 00
4.00	Semi-private room days (excluding swing-bed and observation be			49, 945	4. 00
5.00	Total swing-bed SNF type inpatient days (including private room	om days) through Decembe	r 31 of the cost	0	5. 00
	reporting period		04 6 11		, ,,,,
6.00	Total swing-bed SNF type inpatient days (including private room	om days) after December	31 of the cost	0	6. 00
7 00	reporting period (if calendar year, enter 0 on this line)	daya) through December	21 of the cost	0	7 00
7. 00	Total swing-bed NF type inpatient days (including private room reporting period	r days) through becember	31 Of the Cost	١	7. 00
8. 00	Total swing-bed NF type inpatient days (including private room	days) after December 2	1 of the cost	0	8. 00
0.00	reporting period (if calendar year, enter 0 on this line)	days) at tel becember 5	i oi the cost	١	0.00
9. 00	Total inpatient days including private room days applicable to	the Program (evoluding	swing_had and	15, 708	9. 00
7.00	newborn days) (see instructions)	The frogram (excruding	Swifig-bed and	13, 700	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII or	alv (including private r	nom days)	0	10. 00
	through December 31 of the cost reporting period (see instruct		Join days)	Ĭ	10.00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom davs) after	0	11. 00
	December 31 of the cost reporting period (if calendar year, er			_	
12.00	Swing-bed NF type inpatient days applicable to titles V or XI)		e room days)	0	12.00
	through December 31 of the cost reporting period	3 1	, ,		
13.00	Swing-bed NF type inpatient days applicable to titles V or XI)	only (including private	e room days)	0	13. 00
	after December 31 of the cost reporting period (if calendar ye	ear, enter O on this lin	e)		
14.00	Medically necessary private room days applicable to the Progra	am (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 service	es through December 31 o	f the cost	0. 00	17. 00
	reporting period				
18. 00	Medicare rate for swing-bed SNF services applicable to service	0. 00	18. 00		
	reporting period				
19. 00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19. 00
20.00	reporting period			0.00	20.00
20. 00	Medicaid rate for swing-bed NF services applicable to services	s arter becember 31 or t	ne cost	0.00	20. 00
21. 00	reporting period Total general inpatient routine service cost (see instructions	-1		96, 536, 229	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December		ing ported (Line	90, 530, 229	1
22.00	5 x line 17)	er 31 of the cost report	ing period (inte	١	22.00
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reporting	n neriod (line 6	0	23. 00
23.00	x line 18)	of the cost reporting	g perrou (Triie o	١	25.00
24. 00	Swing-bed cost applicable to NF type services through December	31 of the cost reporti	na period (line	0	24. 00
21100	7 x line 19)	or or the coot roperth	ng por rou (rrino	١	2 11 00
25.00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00
	x line 20)	, ,	· `		
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)		96, 536, 229	27. 00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	
30. 00	Semi-private room charges (excluding swing-bed charges)			0	
31. 00	General inpatient routine service cost/charge ratio (line 27	- line 28)		0. 000000	•
32. 00	Average private room per diem charge (line 29 ÷ line 3)			0. 00	•
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34. 00	Average per diem private room charge differential (line 32 mir	0.00			
35. 00	Average per diem private room cost differential (line 34 x lin	0.00			
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 a	and private room cost di	fferential (line	96, 536, 229	37. 00
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	ICTMENTS			
20 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU Adjusted general inpatient routine service cost per diem (see		T	1 750 47	20 00
38.00	Program general inpatient routine service cost per diem (see			1, 758. 47 27, 622, 047	•
39. 00 40. 00	Medically necessary private room cost applicable to the Progra	,		27, 622, 047	•
	Total Program general inpatient routine service cost (line 39	•		27, 622, 047	
11.00	1.04 Sgram general impatreme routine service cost (fille 37		ı	21,022,041	1 00

				: 15-0051		Worksheet D-1	
					From 01/01/2022 To 12/31/2022	Date/Ti me Pre 5/30/2023 10:	pared:
			Title		Hospi tal	PPS	
	Cost Center Description	Total Inpatient Cost		Average Per iem (col. 1 col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2. 00	3. 00	4. 00	5. 00	
2. 00	NURSERY (title V & XIX only)	0	0	0.0	00 0	0	42.00
3. 00	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	14, 216, 708	5, 224	2, 721. 4	1, 968	5, 355, 755	43.00
4. 00	CORONARY CARE UNIT	0	0	0.0		0	1
5. 00	BURN INTENSIVE CARE UNIT						45. 00
6.00	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	6, 775, 764	3, 327	2, 036. 6	0		46. 00
7.00	Cost Center Description	0, 775, 704	3, 321	2, 030. 0	0		47.0
						1. 00	
8. 00 8. 01	Program inpatient ancillary service cost (Wks Program inpatient cellular therapy acquisition			I lino 10	column 1)	30, 916, 240 0	1
9. 00	Total Program inpatient costs (sum of lines 4				corumir 1)	63, 894, 042	
	PASS THROUGH COST ADJUSTMENTS	<u> </u>					
0. 00	Pass through costs applicable to Program inpa	atient routine s	services (from)	Vkst. D, sum	of Parts I and	3, 307, 934	50.0
1. 00	 Pass through costs applicable to Program inpa	atient ancillary	, services (fro	m Wkst D s	um of Parts II	1, 878, 196	51.00
00	and IV)	acrone anorman	(1.0.		am or ranco rr	1, 3, 3, 1, 1, 5	
2. 00	Total Program excludable cost (sum of lines !					5, 186, 130	1
3. 00	Total Program inpatient operating cost exclude medical education costs (line 49 minus line 5	5 1	ated, non-physi	cian anestr	etist, and	58, 707, 912	53.0
	TARGET AMOUNT AND LIMIT COMPUTATION	52)					
4. 00	Program di scharges						54.0
5.00	Target amount per discharge						55.0
5. 01 5. 02	Permanent adjustment amount per discharge Adjustment amount per discharge (contractor u	ise only)					55. 0 55. 0
6. 00	Target amount (line 54 x sum of lines 55, 55.					0.00	1
7. 00	Difference between adjusted inpatient operati	ng cost and tar	get amount (li	ne 56 minus	line 53)	0	
8.00	Bonus payment (see instructions)	on line EE from	the east reser	ting popied	andina 100/	0	58. 0 59. 0
9. 00	Trended costs (lesser of line 53 ÷ line 54, of updated and compounded by the market basket)	or time so from	the cost repor	ting period	ending 1996,	0.00	39.0
0.00	Expected costs (lesser of line 53 ÷ line 54,	or line 55 from	n prior year co	st report, u	pdated by the	0. 00 ^l	60.0
1. 00	market basket) Continuous improvement bonus payment (if line 55.01, or line 59, or line 60, enter the less	ser of 50% of th	ne amount by wh	ch operatir	ıg costs (İine	0	61.00
	53) are less than expected costs (lines 54 x enter zero. (see instructions)	60), or 1 % or	the target amo	unt (line 56	o), otherwise		
2. 00	Relief payment (see instructions)						62. 0
3. 00	Allowable Inpatient cost plus incentive payme	ent (see instruc	ctions)			0	63.0
4. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cost	ts through Decem	ber 31 of the	cost reporti	ng period (See	0	64. 0
	instructions)(title XVIII only)						
5. 00	Medicare swing-bed SNF inpatient routine cost	ts after Decembe	er 31 of the co	st reporting	period (See	0	65.0
6. 00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routin	ne costs (line 6	64 plus line 65	(title XVII	I only): for	ا o	66.00
	CAH, see instructions	•		•	3,		
7. 00	Title V or XIX swing-bed NF inpatient routine	e costs through	December 31 of	the cost re	porting period	01	67.0
8. 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routine	e costs after De	ecember 31 of t	ne cost repo	orting period	0	68. 0
	(line 13 x line 20)			·	3 1	1	
9. 00	Total title V or XIX swing-bed NF inpatient					0	69.0
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facili						70.00
1. 00	Adjusted general inpatient routine service co	ost per diem (li					71.0
2.00	Program routine service cost (line 9 x line 7		(Line 14 ·· !!	, 2E)		 	72.0
3. 00 4. 00	Medically necessary private room cost applica Total Program general inpatient routine servi			35)		 	73.0
5. 00	Capital-related cost allocated to inpatient i	•		rksheet B, F	art II, column	 	75.0
	26, line 45)						
6.00	Per diem capital related costs (line 75 ÷ lin						76. 0 77. 0
7. 00 8. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus	•					78.0
9. 00	Aggregate charges to beneficiaries for excess	s costs (from pr				 	79.0
0.00	Total Program routine service costs for compa		st limitation	(line 78 mir	us line 79)	 	80.0
1. 00 2. 00	Inpatient routine service cost per diem limit Inpatient routine service cost limitation (li		ı			 	81.0
3. 00	Reasonable inpatient routine service costs (s						83. 0
84. 00	Program inpatient ancillary services (see in	structions)				 	84. 0
35.00	Utilization review - physician compensation					 	85. 0
36. 00	Total Program inpatient operating costs (sum PART IV - COMPUTATION OF OBSERVATION BED PASS		ougn 85)				86.0
						4, 953	87.00
37. 00	Total observation bed days (see instructions)	,				7, 755	

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 10:	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(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, 291, 399	96, 536, 229	0. 10660	7 8, 709, 702	928, 515	90.00
91.00 Nursing Program cost	0	96, 536, 229	0.00000	0 8, 709, 702	0	91.00
92.00 Allied health cost	0	96, 536, 229	0.00000	0 8, 709, 702	0	92.00
93.00 All other Medical Education	0	96, 536, 229	0. 00000	0 8, 709, 702	0	93. 00

Health Financial Systems	IU HEALTH BLOOMINGTON HOSPITAL	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0051	Peri od: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Pre 5/30/2023 10:	
	Title XIX	Hospi tal	PPS	
Cost Center Description				
			1. 00	
DART I _ ALL DROVENER COMPONENTS				

		Title XIX	Hospi tal	973072023 TO: .	22 4111
	Cost Center Description				
	DADT I ALL DOOM DED COMPONIENTS			1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days	s. excludina newborn)		54, 898	1. 00
2.00	Inpatient days (including private room days, excluding swing-b	ped and newborn days)		54, 898	2. 00
3.00	Private room days (excluding swing-bed and observation bed day	rs). If you have only pri	vate room days,	0	3. 00
4. 00	do not complete this line.	ad daya)		49, 945	4. 00
5. 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roo		31 of the cost	49, 943	5. 00
	reporting period	,g			
6.00	Total swing-bed SNF type inpatient days (including private roo	om days) after December 3	1 of the cost	0	6. 00
7.00	reporting period (if calendar year, enter 0 on this line)		21 -6	0	7 00
7. 00	Total swing-bed NF type inpatient days (including private room reporting period	r days) through becember	31 OF the Cost	0	7. 00
8.00	Total swing-bed NF type inpatient days (including private room	n days) after December 31	of the cost	0	8. 00
	reporting period (if calendar year, enter 0 on this line)	3 /			
9. 00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	763	9. 00
10. 00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII or	alv (including private ro	om dave)	0	10. 00
10.00	through December 31 of the cost reporting period (see instruct		oni days)	0	10.00
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private ro	om days) after	0	11. 00
40.00	December 31 of the cost reporting period (if calendar year, er				40.00
12. 00	Swing-bed NF type inpatient days applicable to titles V or XI> through December 31 of the cost reporting period	only (including private	room days)	0	12. 00
13. 00	Swing-bed NF type inpatient days applicable to titles V or XI>	only (including private	room days)	0	13. 00
	after December 31 of the cost reporting period (if calendar ye				
14.00	Medically necessary private room days applicable to the Progra	m (excluding swing-bed d	ays)	0	14.00
15. 00 16. 00	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			2, 694	15. 00 16. 00
10.00	SWING BED ADJUSTMENT			1, 207	10.00
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 of	the cost	0.00	17. 00
	reporting period				
18. 00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of t	ne cost	0.00	18. 00
19. 00	Medicaid rate for swing-bed NF services applicable to services	through December 31 of	the cost	0. 00	19. 00
	reporting period				
20. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	s after December 31 of th	e cost	0.00	20. 00
21. 00	Total general inpatient routine service cost (see instructions	5)		96, 536, 229	21. 00
22. 00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost reporti	ng period (line	0	22. 00
22.00	5 x line 17)	21 of the cost reporting	nominal (line (0	22.00
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporting	period (Tine 6	0	23. 00
24.00	Swing-bed cost applicable to NF type services through December	31 of the cost reportin	g period (line	0	24. 00
	7 x line 19)				05 00
25. 00	Swing-bed cost applicable to NF type services after December 3 x line 20)	of the cost reporting	period (line 8	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)		96, 536, 229	27. 00
00.00	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT				00.00
28.00	General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges)	and observation bed cha	rges)	0	28. 00 29. 00
30.00	Semi -pri vate room charges (excluding swing bed charges)			Ö	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	
33. 00	Average semi-private room per diem charge (line 30 ÷ line 4)	1: 22) (:+	>	0.00	
34. 00 35. 00	Average per diem private room charge differential (line 32 mir Average per diem private room cost differential (line 34 x lir		ions)	0. 00 0. 00	
36. 00	Private room cost differential adjustment (line 3 x line 35)	ie 31)		0.00	36. 00
37.00	General inpatient routine service cost net of swing-bed cost a	and private room cost dif	ferential (line	96, 536, 229	
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	STMENTS			
38. 00	Adjusted general inpatient routine service cost per diem (see			1, 758. 47	38. 00
39. 00	Program general inpatient routine service cost (line 9 x line	*		1, 341, 713	
40.00	Medically necessary private room cost applicable to the Progra	*		0	
41. 00	Total Program general inpatient routine service cost (line 39	+ IIne 40)		1, 341, 713	41. 00

Heal th	Financial Systems IU	HEALTH BLOOMING	STON HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST		Provider CCN:		eriod: rom 01/01/2022 o 12/31/2022	Worksheet D-1 Date/Time Pre	pared:
-			Ti +l o V	71 V		5/30/2023 10:2	
	Cost Center Description	Total npatient Cost Ir		verage Per em (col. 1 ÷	Hospital Program Days	PPS Program Cost (col. 3 x col.	
		1.00	2.00	col . 2) 3.00	4. 00	4) 5. 00	
42. 00	NURSERY (title V & XIX only)	2, 244, 964	2, 694	833. 32	1, 267	1, 055, 816	42. 00
42.00	Intensive Care Type Inpatient Hospital Units	14 21/ 700	F 224	2 721 42	070	2 275 000	42.00
43. 00 44. 00 45. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	14, 216, 708 0	5, 224 0	2, 721. 42 0. 00	873 0	2, 375, 800 0	44. 00 45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	6, 775, 764	3, 327	2, 036. 60	115	234, 209	46. 00
	Cost Center Description					1 00	
48. 00	Program inpatient ancillary service cost (Wks	t. D-3, col. 3,	line 200)			1. 00 1, 788, 230	48. 00
48. 01	Program inpatient cellular therapy acquisitio	n cost (Workshee	et D-6, Part III		column 1)	0	48. 01
49. 00	Total Program inpatient costs (sum of lines 4 PASS THROUGH COST ADJUSTMENTS	1 through 48.01)	(see instructio	ons)		6, 795, 768	49. 00
50. 00	Pass through costs applicable to Program inpa	tient routine se	ervices (from Wk	st. D, sum o	of Parts I and	490, 834	50. 00
51. 00	III) Pass through costs applicable to Program inpa		•			99, 790	51. 00
52. 00	and IV) Total Program excludable cost (sum of lines 5	0 and 51)				590, 624	52. 00
53. 00	Total Program inpatient operating cost excluded medical education costs (line 49 minus line 5	ing capital rela	ated, non-physic	ian anesthet	ist, and	6, 205, 144	
	TARGET AMOUNT AND LIMIT COMPUTATION	,					
54. 00 55. 00	Program discharges Target amount per discharge						54. 00 55. 00
55. 00	Permanent adjustment amount per discharge						55. 00 55. 01
55. 02	Adjustment amount per discharge (contractor u						55. 02
56. 00	Target amount (line 54 x sum of lines 55, 55.			F/! !	[2)	0	56. 00
57. 00 58. 00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ng cost and targ	get amount (line	56 MINUS II	ne 53)	0	57. 00 58. 00
59. 00	Trended costs (lesser of line 53 ÷ line 54, o	r line 55 from 1	the cost reporti	ng period er	ndi ng 1996,		59. 00
60. 00	updated and compounded by the market basket) Expected costs (lesser of line 53 ÷ line 54,		•	0 .		0. 00	60. 00
61. 00	market basket) Continuous improvement bonus payment (if line					0	61. 00
	55.01, or line 59, or line 60, enter the less 53) are less than expected costs (lines 54 x enter zero. (see instructions)						
62. 00 63. 00	Relief payment (see instructions) Allowable Inpatient cost plus incentive payme	nt (see instruct	tions)			0	62. 00 63. 00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
	Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)						64. 00
	Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)						65. 00
66.00	Total Medicare swing-bed SNF inpatient routin CAH, see instructions						66. 00
67. 00	Title V or XIX swing-bed NF inpatient routine (line 12 x line 19)	9		·	0 .	0	
68. 00 69. 00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20) Total title V or XIX swing-bed NF inpatient r			•	ing perrou		68. 00 69. 00
09.00	PART III - SKILLED NURSING FACILITY, OTHER NU					U	69.00
70. 00	Skilled nursing facility/other nursing facili	-		(line 37)			70. 00
71. 00 72. 00	Adjusted general inpatient routine service co Program routine service cost (line 9 x line 7		ne 70 ÷ line 2)				71. 00 72. 00
73. 00	Medically necessary private room cost applica		(line 14 x line	35)			73. 00
74.00	Total Program general inpatient routine servi	•	,				74. 00
75. 00	Capital-related cost allocated to inpatient r 26, line 45)	outine service d	costs (from Work	sheet B, Par	t II, column		75. 00
76. 00	Per diem capital-related costs (line 75 ÷ lin	e 2)					76. 00
77. 00	Program capital-related costs (line 9 x line	76)					77. 00
78. 00 79. 00	Inpatient routine service cost (line 74 minus		wider records)				78. 00 79. 00
80.00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa			ine 78 minus	s line 79)		80. 00
81. 00	Inpatient routine service cost per diem limit	ati on	`		,		81. 00
82.00	Inpatient routine service cost limitation (li						82.00
83. 00 84. 00	Reasonable inpatient routine service costs (s Program inpatient ancillary services (see ins)				83. 00 84. 00
85. 00	Utilization review - physician compensation (s)				85. 00
86. 00	Total Program inpatient operating costs (sum	of lines 83 thro					86. 00
87. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions)	THROUGH COST				4, 953	87. 00
88. 00	Adjusted general inpatient routine cost per d	iem (line 27 ÷ l	ine 2)			1, 758. 47	
89. 00	Observation bed cost (line 87 x line 88) (see					8, 709, 702	89. 00

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 10:	pared: 22 am_
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(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, 291, 399	96, 536, 229	0. 10660	7 8, 709, 702	928, 515	90.00
91.00 Nursing Program cost	0	96, 536, 229	0.00000	8, 709, 702	0	91.00
92.00 Allied health cost	0	96, 536, 229	0.00000	8, 709, 702	0	92.00
93.00 All other Medical Education	0	96, 536, 229	0. 00000	8, 709, 702	0	93. 00

Health Financial Systems	IU HEALTH BLOOMINGTON HOSPITAL	In Lie	eu of Form CMS-2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der CCN: 15-005	1 Peri od:	Worksheet D-3

INPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	rovi der C	CN: 15-0051	Peri od:	Worksheet D-3	
				From 01/01/2022 To 12/31/2022		pared: 22 am
		Ti tl e	xVIII	Hospi tal	PPS	<u> </u>
	Cost Center Description		Ratio of Cos		Inpatient	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
	INDATI ENT. DOUTLING CERVI OF COCT OFNITERS		1.00	2. 00	3. 00	
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1	72 420 000	1	20.00
30.00	03000 ADULTS & PEDI ATRI CS			72, 438, 888	l .	30.00
31. 00	03100 I NTENSI VE CARE UNI T			12, 730, 774	l .	31.00
32. 00	03200 CORONARY CARE UNIT			0		32. 00
35. 00	02060 NEONATAL INTENSIVE CARE UNIT			0		35.00
42. 00 43. 00	04200 SUBPROVI DER			0		42.00
43.00	O4300 NURSERY ANCI LLARY SERVI CE COST CENTERS					43. 00
50. 00	05000 OPERATING ROOM		0. 1326	34 30, 001, 864	3, 979, 267	50.00
50. 00	05001 CV SURGERY		0.1320		3, 7/7, 20/	50.00
51. 00	05100 RECOVERY ROOM		0.0000			
52. 00	05200 DELIVERY ROOM & LABOR ROOM		0. 2744			
53. 00	05300 ANESTHESI OLOGY		0.2700			1
54. 00	05400 RADI OLOGY-DI AGNOSTI C		0. 2462		_	
55. 00	05500 RADI OLOGY-THERAPEUTI C		0. 0437			1
56. 00	05600 RADI OI SOTOPE		0.0000			1
57. 00	05700 CT SCAN		0.0000			1
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0.0753			58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON		0. 1300	·		1
60.00	06000 LABORATORY		0. 1664			1
64. 00	06400 I NTRAVENOUS THERAPY		0.0000			1
65. 00	06500 RESPI RATORY THERAPY		0. 2916			
66. 00	06600 PHYSI CAL THERAPY		0. 2410			
69. 00	06900 ELECTROCARDI OLOGY		0. 0687			
70. 00	07000 ELECTROEARD 02001		0. 1180			1
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 1732			
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0.1732			1
73. 00	07300 DRUGS CHARGED TO PATIENTS		0. 1799			
73. 01	07302 OP PHARMACY		1. 2748		0, 371, 402	1
74. 00	07400 RENAL DI ALYSI S		0. 3499		_	
76. 97	07697 CARDI AC REHABI LI TATI ON		0. 3213		23, 555	
77. 00	07700 ALLOGENEIC STEM CELL ACQUISITION		0.0000			1
,,,,,,	OUTPATIENT SERVICE COST CENTERS		0.0000	30 3		1 55
90.00	09000 CLI NI C		2. 2766	52 3, 984	9, 070	90.00
90. 01	09001 OP ONCOLOGY INFUSION CENTER		0. 2617	·		1
90. 02	09002 WOUND CARE CENTER		0. 2598			1
90. 03	09003 PAIN CLINIC		0. 4007		l .	1
90.04	09004 OB CLINIC		2. 8314	7, 502	21, 241	90. 04
90. 05	09005 OP PSYCH CLINIC		0. 5768	69 0	0	90. 05
90.06	09006 MULTI SPECIALTY CLINIC		0. 9267	55 174	161	90.06
91.00	09100 EMERGENCY		0. 1325	70 22, 187, 534	2, 941, 401	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 6565			92.00
92. 01	09202 OBSERVATION BEDS (DISTINCT PART)		0. 4612	00	0	92. 01
	OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DI ALYSI S		0.0000	00 0	0	94. 00
95.00	09500 AMBULANCE SERVI CES					95. 00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			193, 166, 348	30, 916, 240	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)			193, 166, 348		202. 00

Health Financial Systems	IU HEALTH BLOOMINGTON HOSPI	GTON HOSPITAL			of Form CMS-2552-10
INDATIENT ANCILLARY SERVICE COST ADDODTIONMENT	Provi do	r CCN: 15 0051	Pori od:	1	Markehoot D 2

	iciai systems to health blooming	UN HUSPITAL		In Lie	u or Form CMS	2552-10
INPATIENT A	NCILLARY SERVICE COST APPORTIONMENT	Provi der C	CN: 15-0051	Peri od:	Worksheet D-3	
				From 01/01/2022		
				To 12/31/2022		
					5/30/2023 10:	22 am_
		Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description		Ratio of Cos	t Inpatient	I npati ent	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
					2)	
			1.00	2. 00	3. 00	
INDAT	TENT ROUTINE SERVICE COST CENTERS			2.00	0.00	
	ADULTS & PEDIATRICS			E 220 141		30.00
				5, 338, 141		
	I NTENSI VE CARE UNI T			1, 524, 116		31.00
	CORONARY CARE UNIT			0		32. 00
	NEONATAL INTENSIVE CARE UNIT			697, 542		35. 00
42.00 04200	SUBPROVI DER			0		42.00
43.00 04300	NURSERY			211, 815		43.00
	LARY SERVICE COST CENTERS		,	<u> </u>		
	OPERATI NG ROOM		0. 13263	973, 865	129, 168	50.00
	CV SURGERY		0. 00000		0	50. 01
			1			51.00
	RECOVERY ROOM		0. 29448		27, 242	1
52. 00 05200	DELIVERY ROOM & LABOR ROOM		0. 27000		94, 173	52. 00
	ANESTHESI OLOGY		0.00000		0	53. 00
54.00 05400	RADI OLOGY-DI AGNOSTI C		0. 24628	343, 884	84, 692	54.00
55.00 05500	RADI OLOGY-THERAPEUTI C		0. 04370	151, 281	6, 611	55. 00
56.00 05600	RADI OI SOTOPE		0.00000	0	0	56.00
	CT SCAN		0. 07536		20, 944	57.00
	MAGNETIC RESONANCE IMAGING (MRI)		0. 15682		5, 116	58.00
	CARDI AC CATHETERI ZATI ON		0. 13002		15, 777	59.00
			1			•
	LABORATORY		0. 16640		199, 578	60.00
	INTRAVENOUS THERAPY		0.00000		0	64. 00
	RESPI RATORY THERAPY		0. 29164	752, 545	219, 472	65. 00
66.00 06600	PHYSI CAL THERAPY		0. 44285	157, 271	69, 648	66. 00
69.00 06900	ELECTROCARDI OLOGY		0.06873	88 222, 776	15, 313	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY		0. 11809	23, 109	2, 729	70.00
	MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 17326		94, 733	
	IMPL. DEV. CHARGED TO PATIENTS		0. 14702		84, 782	72.00
	DRUGS CHARGED TO PATIENTS		0. 17999		478, 504	
	OP PHARMACY				0	
			1. 27486			73. 01
•	RENAL DIALYSIS		0. 34992		29, 631	74. 00
	CARDI AC REHABI LI TATI ON		0. 32135		117	76. 97
	ALLOGENEIC STEM CELL ACQUISITION		0.00000	0 0	0	77. 00
OUTPA	TIENT SERVICE COST CENTERS					
90.00 09000	CLINIC		2. 27665	52 0	0	90.00
90. 01 09001	OP ONCOLOGY INFUSION CENTER		0. 26179		33, 802	90. 01
	WOUND CARE CENTER		0. 25983		0	90. 02
	PAIN CLINIC		0. 40077		Ö	90. 03
	OB CLINIC		2. 83142		0	90.03
			1			
	OP PSYCH CLINIC		0. 57686		0	90. 05
	MULTI SPECIALTY CLINIC		0. 92675		8, 389	90. 06
91. 00 09100	EMERGENCY		0. 13257	1, 233, 006	163, 460	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0. 65650	6, 624	4, 349	92.00
92. 01 09202	OBSERVATION BEDS (DISTINCT PART)		0. 46120	0	0	92. 01
	REIMBURSABLE COST CENTERS					
	HOME PROGRAM DI ALYSI S		0.00000	0	0	94.00
	AMBULANCE SERVICES		0.00000	.5		95.00
			1	0 007 017	1 700 000	1
200.00	Total (sum of lines 50 through 94 and 96 through 98)	(11: (4)	1	9, 987, 817	1, 788, 230	1
201.00	Less PBP Clinic Laboratory Services-Program only charges	(iine 61)		0		201. 00
202. 00	Net charges (line 200 minus line 201)		I	9, 987, 817		202. 00

	Ti +	t o VVIII	Hospi tal	5/30/2023 10: PPS	22 am
		tle XVIII	Hospi tal	PPS	
				1. 00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurring prior	to October 1 (see	0 27, 561, 437	1. 00 1. 01
1. 02	<pre>instructions) DRG amounts other than outlier payments for discharges occurring on or instructions)</pre>	after October	1 (see	9, 988, 467	1. 02
1. 03	DRG for federal specific operating payment for Model 4 BPCI for dischar	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1. 03
1. 04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1. 04	
2. 00 2. 01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			0	2. 00 2. 01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2. 02
2.03	Outlier payments for discharges occurring prior to October 1 (see instr			1, 827, 060	2. 03
2. 04 3. 00	Outlier payments for discharges occurring on or after October 1 (see in Managed Care Simulated Payments	istructions)		542, 218 0	2. 04 3. 00
4. 00	Bed days available divided by number of days in the cost reporting peri	od (see instru	ctions)	184. 43	4.00
	Indirect Medical Education Adjustment		, and the second		
5. 00	FTE count for allopathic and osteopathic programs for the most recent cor before 12/31/1996. (see instructions)			0.00	5. 00
5. 01 6. 00	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (FTE count for allopathic and osteopathic programs that meet the criteri			0. 00 0. 00	5. 01 6. 00
6. 26	new programs in accordance with 42 CFR 413.79(e) Rural track program FTE cap limitation adjustment after the cap-buildin	ng window close	d under §127 of	0. 00	6. 26
7.00	the CAA 2021 (see instructions) MMA Section 422 reduction amount to the IME cap as specified under 42 CAAA SECTION 420 FEB. 544			0.00	7.00
7. 01 7. 02	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §4 cost report straddles July 1, 2011 then see instructions.	, , , , ,		0. 00	7. 01 7. 02
7.02	Adjustment (increase or decrease) to the hospital's rural track programs track programs with a rural track for Medicare GME affiliated programs 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 o affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(i 1998), and 67 FR 50069 (August 1, 2002).			0. 00	8. 00
8. 01	The amount of increase if the hospital was awarded FTE cap slots under report straddles July 1, 2011, see instructions.	§ 5503 of the /	ACA. If the cost	0. 00	8. 01
8. 02	The amount of increase if the hospital was awarded FTE cap slots from a under § 5506 of ACA. (see instructions)	ı closed teachiı	ng hospital	0. 00	8. 02
8. 21	The amount of increase if the hospital was awarded FTE cap slots under instructions)	§126 of the CA	A 2021 (see	0. 00	8. 21
9. 00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, min minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see i	nstructions)		0.00	9. 00
10.00	FTE count for allopathic and osteopathic programs in the current year f	rom your record	ds	0.00	
11. 00 12. 00	FTE count for residents in dental and podiatric programs. Current year allowable FTE (see instructions)				11. 00 12. 00
13. 00	Total allowable FTE count for the prior year.				13.00
14. 00	Total allowable FTE count for the penultimate year if that year ended o otherwise enter zero.	on or after Sep	tember 30, 1997,		14. 00
15. 00	Sum of lines 12 through 14 divided by 3.	_			15. 00
16.00	Adjustment for residents in initial years of the program (see instructi Adjustment for residents displaced by program or hospital closure	ons)			16.00
17. 00 18. 00	Adjusted rolling average FTE count			0.00	17. 00 18. 00
19. 00	Current year resident to bed ratio (line 18 divided by line 4).			0. 000000	
20.00	Prior year resident to bed ratio (see instructions)			0.000000	
21. 00	Enter the lesser of lines 19 or 20 (see instructions)			0. 000000	
22. 00	IME payment adjustment (see instructions)			0	22. 00
22. 01	IME payment adjustment - Managed Care (see instructions) Indirect Medical Education Adjustment for the Add-on for § 422 of the M	IMA		0	22. 01
23. 00	Number of additional allopathic and osteopathic IME FTE resident cap sl $(f)(1)(i\vee)(C)$.		FR 412. 105	0.00	23. 00
24. 00 25. 00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -0-, then enter the lower of I	ine 23 or line	24 (see	0. 00 0. 00	1
	instructions)		·		
26. 00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26. 00
27. 00 28. 00	IME payments adjustment factor. (see instructions) IME add-on adjustment amount (see instructions)			0. 000000 0	27. 00 28. 00
28. 01	IME add-on adjustment amount - Managed Care (see instructions)			0	28. 01
29. 00	Total IME payment (sum of lines 22 and 28)			0	29. 00
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment			0	29. 01
30.00	Percentage of SSI recipient patient days to Medicare Part A patient day	s (see instruc	tions)	4. 79	30. 00
31.00	Percentage of Medicaid patient days (see instructions)			29. 45	•
32. 00 33. 00	Sum of lines 30 and 31 Allowable disproportionate share percentage (see instructions)			34. 24 17. 46	1
34. 00	Disproportionate share adjustment (see instructions)			1, 639, 054	ı
	· · · · · · · · · · · · · · · · · · ·				<u> </u>

	Financial Systems I U HEALTH BLOOMI ATION OF REIMBURSEMENT SETTLEMENT	NGTON HOSPITAL Provider CCN: 15-0051	Peri od:	u of Form CMS-2552-1 Worksheet E	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	From 01/01/2022	Part A	
			To 12/31/2022	Date/Time Prep 5/30/2023 10:	pared: 22 am
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1 1.00	0n/After 10/1 2.00	
	Uncompensated Care Payment Adjustment		1.00	2.00	
5. 00	Total uncompensated care amount (see instructions)			6, 874, 403, 459	
5. 01	Factor 3 (see instructions)		0. 000280434	0. 000283200	1
5. 02	Hospital UCP, including supplemental UCP (If line 34 is zer (see instructions)	o, enter zero on this line	2, 016, 882	1, 946, 832	35.0
5. 03	Pro rata share of the hospital UCP, including supplemental	UCP (see instructions)	1, 508, 517	490, 709	35.0
6. 00			1, 999, 226		36.0
0. 00	Additional payment for high percentage of ESRD beneficiary Total Medicare discharges (see instructions)	discharges (lines 40 throu	gh 46) 0		40. C
1. 00	Total ESRD Medicare discharges (see instructions)		0		41. 0
1. 01	Total ESRD Medicare covered and paid discharges (see instru	ıctions)	0		41. 0
2. 00	Divide line 41 by line 40 (if less than 10%, you do not qua	alify for adjustment)	0.00		42. 0
3. 00 4. 00	Total Medicare ESRD inpatient days (see instructions) Ratio of average length of stay to one week (line 43 divide	nd by line 41 divided by 7	0. 000000		43.0
4. 00	days)	to by Title 41 divided by 7	0.00000		44.
5. 00	Average weekly cost for dialysis treatments (see instruction		0.00		45. 0
	Total additional payment (line 45 times line 44 times line	41. 01)	0		46. (
7. 00 8. 00	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and MDH,	small rural hospitals	43, 557, 462		47. (48. (
0. 00	only. (see instructions)	Smarr Tarar Hospitars	0		10. (
				Amount	
9. 00	Total payment for inpatient operating costs (see instruction	ons)		1. 00 43, 557, 462	49. (
0. 00	Payment for inpatient program capital (from Wkst. L, Pt. I			3, 083, 488	
1. 00	Exception payment for inpatient program capital (Wkst. L, P			0	
2. 00	Direct graduate medical education payment (from Wkst. E-4,	line 49 see instructions).		0	52.
3. 00 4. 00	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies			59, 263 357, 060	1
4. 01	Islet isolation add-on payment			337,000	54.
5. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line	e 69)		0	55.
5. 01	Cellular therapy acquisition cost (see instructions)			0	55.
6.00	Cost of physicians' services in a teaching hospital (see in	•		0	56.
7. 00 8. 00	Routine service other pass through costs (from Wkst. D, Pt. Ancillary service other pass through costs from Wkst. D, Pt		nrougn 35).	0 69, 580	57. 58.
9. 00	Total (sum of amounts on lines 49 through 58)	IV, cor. II Tille 200)		47, 126, 853	1
0.00	Primary payer payments			16, 431	1
1. 00	Total amount payable for program beneficiaries (line 59 min	nus line 60)		47, 110, 422	61.
2. 00	Deductibles billed to program beneficiaries			3, 598, 540	1
3.00	Coinsurance billed to program beneficiaries			246, 237	1
4. 00 5. 00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			373, 316 242, 655	1
5. 00	1 -	nstructions)		54, 261	1
	Subtotal (line 61 plus line 65 minus lines 62 and 63)	1311 4011 0113)		43, 508, 300	
3. 00	Credits received from manufacturers for replaced devices fo	or applicable to MS-DRGs (s	ee instructions)	0	1
9. 00	Outlier payments reconciliation (sum of lines 93, 95 and 96			0	69.
0. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.
0. 50	Rural Community Hospital Demonstration Project (§410A Demon		instructions)	0	70.
0. 75	N95 respirator payment adjustment amount (see instructions)			0	70.
0. 87 0. 88	Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)			0	ı
0. 89	Pioneer ACO demonstration payment adjustment amount (see in				70.
0. 90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.
0. 91	HSP bonus payment HRR adjustment amount (see instructions)			0	
0. 92	, , , , , , , , , , , , , , , , , , , ,			0	1
0. 93	HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions)			0	70.
	1 aaj as tillorit allourit (see Fristi de trons)			0	

Heal th	Financial Systems IU HEALTH BLOOMING	TON HOSPITAL	-	In Lie	u of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der C	CN: 15-0051	Peri od:	Worksheet E	
				From 01/01/2022		
				To 12/31/2022	Date/Time Pre 5/30/2023 10:	
		Title	e XVIII	Hospi tal	PPS	22 diii
			FFY	(уууу)	Amount	
				0	1. 00	
70. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column O		0	0	70. 96
	the corresponding federal year for the period prior to 10/1)					
70. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter i			0	0	70. 97
	the corresponding federal year for the period ending on or af	ter 10/1)				
	Low Volume Payment-3				0	, , .
	HAC adjustment amount (see instructions)				0	70. 99
	Amount due provider (line 67 minus lines 68 plus/minus lines 6	69 & 70)			43, 508, 300	71. 00
71. 01	Sequestration adjustment (see instructions)				548, 205	71. 01
71. 02	Demonstration payment adjustment amount after sequestration				0	71. 02
71. 03	Sequestration adjustment-PARHM or CHART pass-throughs					71. 03
72.00	Interim payments				42, 372, 563	72. 00
72. 01	Interim payments-PARHM or CHART					72. 01
73.00	Tentative settlement (for contractor use only)				0	73. 00
			1			l

Tentative settlement-PARHM or CHART (for contractor use only)

Balance due provider/program-PARHM or CHART (see instructions)

93.00 Capital outlier reconciliation adjustment amount (see instructions)

95.00 Time value of money for operating expenses (see instructions)

94.00 The rate used to calculate the time value of money (see instructions)

CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

Capital outlier from Wkst. L, Pt. I, line 2

Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and

Protested amounts (nonallowable cost report items) in accordance with

Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)

Operating outlier reconciliation adjustment amount (see instructions)

73.01

74.00

74. 01

75.00

90.00

91.00

93.00 0

94.00

587, 532

954, 827

0

0

0 92.00

0 95.00

0.00

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	0 100. 00
HVBP Adjustment for HSP Bonus Payment			
101.00 HVBP adjustment factor (see instructions)	0.00000	•	•
102.00 HVBP adjustment amount for HSP bonus payment (see instructions)		0	0 102. 00
HRR Adjustment for HSP Bonus Payment			
103.00 HRR adjustment factor (see instructions)	0.		00 103. 00
104.00 HRR adjustment amount for HSP bonus payment (see instructions)		0	0 104. 00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjus			
200.00 Is this the first year of the current 5-year demonstration period under the	he 21st		200. 00
Century Cures Act? Enter "Y" for yes or "N" for no.			
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	of the current 5-year de	monstration	
peri od)			
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
Comparision 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 reimb	bursement)		218. 00
(line 212 minus line 213) (see instructions)	ļ		I

73.01

74.00

74. 01

75.00

90.00

91.00

92.00

73)

Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 Provider CCN: 15-0051

					10	0 12/31/2022	Date/lime Prep 5/30/2023 10:2	
				Title	XVIII	Hospi tal	PPS	
			Amounts (from	Pre/Post	Peri od Pri or	Peri od	Total (Col 2	
		line 0	E, Part A) 1.00	Entitlement 2.00	to 10/01 3.00	0n/After 10/01 4.00	through 4) 5.00	
1. 00	DRG amounts other than outlier		0	0		4.00	0	1. 00
1. 01	payments DRG amounts other than outlier	1. 01	27, 561, 437	0	27, 561, 437		27, 561, 437	1. 01
1 00	payments for discharges occurring prior to October 1	1.00	0.000.4/7	0		0.000.477	0.000.4/7	1 00
1. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1. 02	9, 988, 467	0		9, 988, 467	9, 988, 467	1. 02
1. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1. 03	0	0	0		0	1. 03
1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1. 04	O	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	2. 03	1, 827, 060	0	1, 827, 060		1, 827, 060	2. 02
2. 03	October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see	2. 04	542, 218	0		542, 218	542, 218	2. 03
3. 00	instructions) Operating outlier reconciliation	2. 01	0	0	0	0	0	3. 00
4. 00	Managed care simulated payments	3. 00	0	0	0	0	0	4. 00
	Indirect Medical Education Adju	ustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21. 00	0. 000000	0. 000000	0. 000000	0. 000000		5. 00
6. 00	IME payment adjustment (see instructions)	22. 00	0	0	0	0	0	6. 00
6. 01	IME payment adjustment for managed care (see	22. 01	О	0	0	0	0	6. 01
	instructions)	ustmant for the	Add on for Co	ation 122 of t	h o MMA			
7. 00	Indirect Medical Education Adju IME payment adjustment factor	27. 00	0.000000	0. 000000		0. 000000		7. 00
8. 00	(see instructions) IME adjustment (see	28. 00	0.00000	0. 000000		0. 000000	0	8. 00
	instructions)			J				
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	0	0	0	0	0	9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	O	0	0	0	0	9. 01
	Disproportionate Share Adjustme							40 -
10. 00	Allowable disproportionate share percentage (see	33. 00	0. 1746	0. 1746	0. 1746	0. 1746		10. 00
11. 00	<pre>instructions) Disproportionate share adjustment (see instructions)</pre>	34. 00	1, 639, 054	0	1, 203, 057	435, 997	1, 639, 054	11. 00
11. 01	Uncompensated care payments Additional payment for high per	36.00	1, 999, 226	0 di scharges	1, 508, 517	490, 709	1, 999, 226	11. 01
12. 00	Total ESRD additional payment	46. 00	0 beneficially	0 o	0	0	0	12. 00
40.00	(see instructions)	47.00	40 557 440	0	00 400 074	44 457 004	40 557 440	40.00
13. 00 14. 00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47. 00 48. 00	43, 557, 462 0	0	32, 100, 071 0	11, 457, 391 0	43, 557, 462 0	13. 00 14. 00
15. 00	(see instructions) Total payment for inpatient operating costs (see	49. 00	43, 557, 462	0	32, 100, 071	11, 457, 391	43, 557, 462	15. 00
16. 00	<pre>instructions) Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)</pre>	50. 00	3, 083, 488	0	2, 269, 036	814, 452	3, 083, 488	16. 00
	•		. '		. '	'		

Health Financial Systems

IU HEALTH BLOOMINGTON HOSPITAL

In Lieu of Form CMS-2552-10

Provider CCN: 15-0051

Period:
From 01/01/2022
To 12/31/2022

Part A Exhibit 4

Date/Time Prepared:
5/30/2023 am

PPS

W/S E, Part A Amounts (from Inne E, Part A)

In Lieu of Form CMS-2552-10

Worksheet E
Part A Exhibit 4

Date/Time Prepared:
5/30/2023 am

PPS

W/S E, Part A Amounts (from E, Part A)

In Lieu of Form CMS-2552-10

Period:
Part A Exhibit 4

Date/Time Prepared:
5/30/2023 am

PPS

Title XVIII Hospital
PPS

Period Prior to 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01 On/After 10/01

Title Will Hospital PPS PPT A Amounts (From Pre/Brown Pre/Brown Pre/Brown PPS PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT PPT								3/30/2023 10.	zz alli
1 ine					Title	: XVIII	Hospi tal	PPS	
I ine		·	W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
17.00 Special add-on payments for 54.00 357,060 0 320,424 36,637 357,061 17.00 17.01 Not organ aquisition cost 68.00 0 0 0 0 0 0 0 17.02 17.01 Not organ aquisition cost 68.00 0 0 0 0 0 0 0 0 17.02 17.01 Not organ aquisition cost 68.00 0 0 0 0 0 0 0 0 0					Entitlement	to 10/01	On/After 10/01		
17.00 Special add-on payments for new technologies 17.01 Net organ aguisition cost 17.01 Net organ aguisition cost 17.01 Net organ aguisition cost 17.01 Net organ aguisition cost 17.01 Net organ aguisition cost 17.01 Net organ aguisition cost 17.01 Net organ aguisition cost 17.01 Net organ aguisition cost 17.01 Net organ aguisition cost 17.02 Net organ aguisition cost 17.01 Net organ aguisition cost 17.01 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 Net organ aguisition cost 17.02 N			0		2.00	3.00	4. 00		
new technologies 17. 01 Not organ aquisition cost 17. 01 Not organ aquisition cost 17. 01 Not organ aquisition cost 17. 01 Not organ aquisition cost 17. 01 Not organ aquisition cost 17. 01 Not organ aquisition cost 17. 01 Not organ aquisition cost 17. 01 Not organ aquisition cost 17. 01 Not organ aquisition cost 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ aquisition 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01 Not organ 17. 01	17 00	Special add-on payments for	54 00						17 00
17. 01 Net organ aquisition cost 17. 02 Credits received from 68. 00 0 0 0 0 0 0 0 17. 02	. , . 00		0 00	007,000	Ĭ	020, 12		007,001	.,,
17. 02 Credits received from mandacturers for replaced devices for applicable MS-DRGS 18. 00 Capital outlier reconciliation adjustment amount (see instructions) 19. 00 SUBITIAL W/S L, line (Amounts from L) 0 34,689,531 12,308,480 46,998,011 19. 00	17 01	9							17 01
manufacturers for replaced devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devices for applicable MS-DRSs devi			60 00	_	^	,		^	
18.00 Capital outlier reconciliation adjustment amount (see instructions) 19.00 SUBTOTAL W/S L. line (Amounts from L)	17.02		00.00	U	0			0	17.02
18.00 Capital outlier reconciliation all justment amount (see instructions) 93.00 0 0 0 0 0 0 0 0 0									
19.00 SUBTOTAL W/S L, line Amounts from L) 0 34, 689, 531 12, 308, 480 46, 998, 011 19.00	10.00			_	_	,		_	10 00
19.00 Subtractions	18.00		93.00	U	0	١)	0	18.00
19.00 SUBTOTAL									
W/S L, line	10.00				_	24 (00 521	12 200 400	47 000 011	10 00
1.00 2.00 3.00 4.00 5.00 2.00 3.00 4.00 5.00 2.00 2.00 3.00 4.00 5.00 2.00 2.00 3.00 4.00 5.00 2.00 4.00 2.00 4.00 2.00 2.00 4.00 2.00 2.00 4.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	19.00	SUBTUTAL	W /O	<i>(</i> 1,), 6	0	34, 689, 531	12, 308, 480	46, 998, 011	19.00
O			W/S L, line	`					
20.00 Capital DRG other than outlier 1.00 2,821,084 0 2,074,080 747,004 2,821,084 20.00 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100			_						
20.01 Model 4 BPCL Capital DRG other than outlier 1.01 0 0 0 0 0 0 20.01		I							
Than outlier Capital DRG outlier payments 2.00 59,850 0 46,037 13,813 59,850 21.00				2, 821, 084	0				
21.00 Capital DRG outlier payments 2.00 59,850 0 46,037 13,813 59,850 21.00 21.01 Model 4 BPCI Capital DRG 2.01 0 0 0 0 0 21.01 0 0 0 0 0 0 0 0 22.00 Indirect medical education percentage (see instructions) 10 10 10 10 23.00 Indirect medical education adjustment (see instructions) 10.00 0.0718 0.0718 0.0718 0.0718 0.0718 24.00 Allowable disproportionate share are instructions) 10.00 0.0718 0.0718 0.0718 0.0718 0.0718 25.00 Disproportionate share are instructions 11.00 202,554 0 148,919 53,635 202,554 25.00 26.00 Total prospective capital payments (see instructions) 12.00 3,083,488 0 2,269,036 814,452 3,083,488 26.00 27.00 Low volume adjustment factor 28.00 Low volume adjustment (transfer amount to Wkst. E, Pt. A, Line) 100.00 1.00 2.00 3.00 4.00 5.00 29.00 Low volume adjustment (transfer amount to Wkst. E, Pt. A, Line) 100.00 1.00 0.00000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000	20. 01		1. 01	0	0	(0	0	20. 01
21.01 Model 4 BPCI Capital DRG 2.01 0 0 0 0 0 0 0 21.01									
Dutilier payments Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care Care C	21. 00	Capital DRG outlier payments	2. 00	59, 850	0	46, 037	13, 813	59, 850	21. 00
22.00 Indirect medical education percentage (see instructions) 1.00 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000 0.	21. 01	Model 4 BPCI Capital DRG	2. 01	0	0	(0	0	21. 01
Descentage (see instructions) Indirect medical education adjustment (see instructions) Allowable disproportionate share percentage (see instructions) 10.00 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718		outlier payments							
23.00 Indirect medical education adjustment (see instructions) 10.00 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718	22.00	Indirect medical education	5. 00	0. 0000	0.0000	0.0000	0.0000		22. 00
24.00 Allowable disproportionate share adjustment (see instructions) 10.00 0.0718 0.0718 0.0718 0.0718 0.0718 24.00		percentage (see instructions)							
24.00 Aliowable disproportionate share percentage (see instructions) 10.00 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0	23.00	Indirect medical education	6. 00	0	0	1 0	0	0	23. 00
24.00 Aliowable disproportionate share percentage (see instructions) 10.00 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0718 0.0		adjustment (see instructions)							
Share percentage (see instructions) 25.00 Disproportionate share adjustment (see instructions) 11.00 202,554 0 148,919 53,635 202,554 25.00 26.00 Total prospective capital payments (see instructions) 12.00 3,083,488 0 2,269,036 814,452 3,083,488 26.00 27.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 27.00 28.00 28.00 28.00 28.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29	24.00		10.00	0. 0718	0. 0718	0. 0718	0. 0718		24. 00
25. 00 Disproportionate share adjustment (see instructions) 11. 00 202, 554 0 148, 919 53, 635 202, 554 25. 00 26. 00 Total prospective capital payments (see instructions) 12. 00 3, 083, 488 0 2, 269, 036 814, 452 3, 083, 488 26. 00 27. 00 Low volume adjustment factor (transfer amount to Wkst. E, Pt. A, Line) 29. 00 Low volume adjustment (transfer amount to Wkst. E, Pt. A, Line) 29. 00 Transfer Low volume Y 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100. 00 100									
25. 00 Di sproporti onate share adj ustment (see i nstructions) 26. 00 Total prospective capital payments (see i nstructions) W/S E, Part A (Amounts to E, Part A) 0 1.00 2.00 3.00 4.00 5.00 27. 00 Low volume adj ustment factor 28. 00 Low volume adj ustment (transfer amount to Wkst. E, Pt. A, Line) Low volume adj ustment (transfer amount to Wkst. E, Pt. A, Line) Too. 00 Transfer Low volume Y 100.00									
26. 00 adjustment (see instructions) 12. 00 3, 083, 488 0 2, 269, 036 814, 452 3, 083, 488 26. 00	25. 00		11.00	202, 554	0	148, 919	53, 635	202, 554	25. 00
26.00 Total prospective capital payments (see instructions) V/S E, Part A (Amounts to E, Part A) 0 1.00 2.00 3.00 4.00 5.00								,	
payments (see instructions)	26 00		12 00	3 083 488	0	2 269 036	814 452	3 083 488	26 00
W/S E, Part A (Amounts to E, Part A) 0 1.00 2.00 3.00 4.00 5.00	20.00		12.00	0,000,100		2,207,000	011, 102	0,000,100	20.00
Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second S		payments (see Thisti detrois)	W/S F Part A	(Amounts to F					
1.00 2.00 3.00 4.00 5.00									
27.00 Low volume adjustment factor 27.00 28.00 Low volume adjustment 70.96 0 0 0 0 0 0 0 0 0					2 00	3 00	4 00	5.00	
28.00 Low volume adjustment 70.96 0 28.00 (transfer amount to Wkst. E, Pt. A, line) 0 0 0 29.00 (transfer amount to Wkst. E, Pt. A, line) 100.00 Transfer low volume Y	27 00	low volume adjustment factor	0	1.00	2.00				27 00
(transfer amount to Wkst. E, Pt. A, line) 29.00 Low volume adjustment 70.97 (transfer amount to Wkst. E, Pt. A, line) 100.00 Transfer low volume Y		,	70.04			0.000000	0.000000		
Pt. A, line) 29.00 Low volume adjustment (transfer amount to Wkst. E, Pt. A, line) 100.00 Transfer low volume Y	20.00		70.90				,	0	20.00
29.00 Low volume adjustment 70.97 (transfer amount to Wkst. E, Pt. A, line) 100.00 Transfer low volume 70.97									
(transfer amount to Wkst. E, Pt. A, line) 100.00 Transfer low volume Y 100.00	20.00		70.07					_	20 00
Pt. A, line) 100.00 Transfer low volume Y 100.00	29.00		70.97				0	0	29.00
100.00 Transfer Low volume Y 100.00									
	100.00								100 00
adjustments to wkst. E, Pt. A.	100.00	II.		Y					100.00
		adjustments to Wkst. E, Pt. A.	1			l			I

Provider CCN: 15-0051

Peri od:

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

From 01/01/2022 Part A Exhibit 5 Date/Time Prepared: 12/31/2022 5/30/2023 10:22 am Hospi tal Title XVIII Period to Total (cols. 2 Wkst. E, Pt. Amt. from Peri od on 10/01 A. line Wkst. E, Pt. after 10/01 and 3) A) 2.00 3. 00 0 4.00 1.00 1.00 DRG amounts other than outlier payments 1.00 1. 00 DRG amounts other than outlier payments for 1.01 1.01 27, 561, 437 27, 561, 437 27, 561, 437 1.01 discharges occurring prior to October 1 DRG amounts other than outlier payments for 1.02 1.02 9, 988, 467 9, 988, 467 9. 988. 467 1.02 discharges occurring on or after October 1 1.03 DRG for Federal specific operating payment 1.03 C 1.03 0 for Model 4 BPCI occurring prior to October DRG for Federal specific operating payment 1.04 1.04 0 1.04 for Model 4 BPCI occurring on or after October 1 2.00 Outlier payments for discharges (see 2.00 2.00 instructions) 2.01 Outlier payments for discharges for Model 4 2.02 2.01 **BPCI** 2 02 Outlier payments for discharges occurring 2 03 1, 827, 060 1, 827, 060 1, 827, 060 2 02 prior to October 1 (see instructions) Outlier payments for discharges occurring on 2.03 2.04 542, 218 542, 218 542, 218 2.03 or after October 1 (see instructions) 3.00 Operating outlier reconciliation 2.01 0 0 3.00 Managed care simulated payments 4.00 3.00 0 4.00 Indirect Medical Education Adjustment 5.00 Amount from Worksheet E, Part A, line 21 21.00 0.000000 0.000000 0.000000 5.00 (see instructions) IME payment adjustment (see instructions) 6.00 22.00 0 0 0 6.00 IME payment adjustment for managed care (see 0 6.01 22.01 0 0 6.01 instructions) Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA 7.00 IME payment adjustment factor (see 27. 00 0.000000 0.000000 0.000000 7.00 instructions) 8 00 IME adjustment (see instructions) 28 00 8 00 0 0 0 0 8.01 IME payment adjustment add on for managed 28.01 0 0 8.01 care (see instructions) Total IME payment (sum of lines 6 and 8) 29.00 9.00 C 0 9.00 Total IME payment for managed care (sum of 9.01 29.01 C 0 9.01 lines 6.01 and 8.01) Disproportionate Share Adjustment 10.00 Allowable disproportionate share percentage 33.00 0.1746 0.1746 0.1746 10.00 (see instructions) 11.00 Disproportionate share adjustment (see 34.00 1, 639, 054 1, 203, 057 435, 997 1, 639, 054 11.00 instructions) 1, 999, 226 11.01 1, 999, 226 1, 508, 517 Uncompensated care payments 36, 00 490, 709 11.01 Additional payment for high percentage of ESRD beneficiary discharges 12.00 Total ESRD additional payment (see 46. 00 12.00 instructions) 47.00 13 00 43, 557, 462 32, 100, 071 11, 457, 391 Subtotal (see instructions) 43, 557, 462 13 00 14.00 Hospital specific payments (completed by SCH 48.00 14.00 and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs 49.00 43, 557, 462 32, 100, 071 11, 457, 391 43, 557, 462 15.00 15.00 (see instructions) 16.00 Payment for inpatient program capital (from 50 00 3.083.488 2 269 036 814, 452 3, 083, 488 16.00 Wkst. L, Pt. I, if applicable) 17.00 Special add-on payments for new technologies 54.00 357,060 320, 423 36, 637 357,060 17.00 17.01 Net organ acquisition cost 17.01 Credits received from manufacturers for 68.00 0 17.02 17.02 0 0 replaced devices for applicable MS-DRGs 18.00 Capital outlier reconciliation adjustment 93.00 C 18.00 0 amount (see instructions) 19.00 SUBTOTAL 34, 689, 530 12, 308, 480 46, 998, 010 19. 00

Health Financial Systems	U HEALTH BLOOMI	NGTON HOSPITAL			eu of Form CMS-2	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CC		Period: From 01/01/2022 To 12/31/2022	Date/Time Pre 5/30/2023 10:	pared:
			XVIII	Hospi tal	PPS	
	Wkst. L, line	(Amt. from Wkst. L)				
	0	1.00	2.00	3. 00	4. 00	
20.00 Capital DRG other than outlier	1.00	2, 821, 084	2, 074, 08	0 747, 004	2, 821, 084	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	59, 850	46, 03	7 13, 813	59, 850	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	5. 00	0.0000	0.000	0.0000		22. 00
instructions)						
23.00 Indirect medical education adjustment (see instructions)	6. 00	0		0 0	0	23. 00
24.00 Allowable disproportionate share percentage (see instructions)	10.00	0. 0718	0. 071	8 0. 0718		24. 00
25.00 Disproportionate share adjustment (see instructions)	11.00	202, 554	148, 91	9 53, 635	202, 554	25. 00
26.00 Total prospective capital payments (see instructions)	12.00	3, 083, 488	2, 269, 03	6 814, 452	3, 083, 488	26. 00
	Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
	0	1.00	2.00	3. 00	4. 00	
27. 00	Ü	1.00	2.00	0.00	1. 00	27. 00
28.00 Low volume adjustment prior to October 1	70. 96	0		0	0	
29.00 Low volume adjustment on or after October 1	70. 97	o o		0	Ö	1
30.00 HVBP payment adjustment (see instructions)	70. 93	o o		0 0	0	
30.01 HVBP payment adjustment for HSP bonus	70. 90	o o		0 0	0	30. 01
payment (see instructions)	70.70	J				00.01
31.00 HRR adjustment (see instructions)	70. 94	0		0	0	31. 00
31.01 HRR adjustment for HSP bonus payment (see	70. 91	o o		0 0	0	31. 01
instructions)					_	
					(Amt. to Wkst.	
					E, Pt. A)	
	0	1.00	2.00	3. 00	4. 00	
32.00 HAC Reduction Program adjustment (see instructions)	70. 99			0 0	0	32. 00
100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100. 00

Health Financial Systems	IU HEALTH BLOOMINGTON HOSPITAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0051	From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/30/2023 10: 22 am

PART S - MEDICAL MID OTHER HEALTH SERVICES 1.00				5/30/2023 10:	22 am
New York Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Sec		Title XVIII Hos	spi tal	PPS	
New York Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Section Sec				1 00	
Medical and other services (see instructions)		PART R - MEDICAL AND OTHER HEALTH SERVICES		1.00	
DIVPS pagements	1.00			25, 890	1. 00
0.011 or payment (see instructions)	2.00	Medical and other services reimbursed under OPPS (see instructions)		57, 273, 364	2. 00
Out For reconsidiration arount (see instructions)					
Enter the hospit full specific payment to cost ratio (see instructions)					
Line 2 Times Line 5		· · · · · · · · · · · · · · · · · · ·			
Super Files 3			•		
Transitional corridor payment (see instructions)				_	
10.00 Drgam acquist it nos 10.00 10.00 10.00 11.00 12.5 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00					
1.00 Total cost (sun of lines 1 and 10) (see Instructions) 25,890 1.00 COMPUTATION OF LESSED OF COST OF CHARGES 2.00 Ancil 1 any service charges 1.00 Ancil 1 any service charges 1.00 Ancil 1 any service charges 1.00 Ancil 1 any service charges 1.00 Ancil 1 any service charges 1.00 Ancil 1 any service charges 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	ļ	193, 990	9. 00
COMPUTATION OF ITSSER OF COST OR CHARGES				_	
Reasonable charges 140,074 12.00 12.00 13.00 197,074 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00 13.00	11. 00			25, 890	11. 00
12.00 Ancillary service charges 14.0 074 12.00 13.00 Organ acquist tion charges (from Wist. D.4, Pt. III., col. 4, line 69) 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.0					
13.00 Organ acquisition charges (from Wist. D-4, Pt. III. col. 4, Iline 69) 0 13.00 14.00, Interespondible charges (sum of Ilines 12 and 13) 14.00, ITA	12 00			140 074	12 00
14.00				0	
Discount				140, 074	
16.00 Amounts that would have been realized from patients Iable for payment for services on a chargebasis 0 16.00 National Payment been made in accordance with 42 CFR \$413.13(e) 0,000000 17.00 17.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 17.00 18.00 18.00 17.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.		Customary charges			
had such payment been made in accordance with 42 CFR \$413.13(e)* 17.00 Ratio of line 15 to line 16 (not to exceed 1.000000) 17.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10				_	
17.00 Batio of line 15 to line 16 (not to exceed 1.000000) 17.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00 14.00	16. 00		rgebasi s	0	16. 00
18.00 Total customary charges (see instructions) 140, 074 18.00 19.00 Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see 114, 184 19.00 19.00 Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see 114, 184 19.00 20.00 Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see 114, 184 19.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20	17 00			0.00000	17 00
19.00 Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions) 20.00 Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see 0 20.00 20.00 21.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.00 22.0			ŀ		
Instructions			(see		
instructions 25,890 21.00 22.00 22.00 1nterns and residents (see instructions) 0.00 22.00 22.00 22.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 23.00 2			(555		. , , , ,
21.00 Lesser of cost or charges (see instructions) 25.890 21.00 22.00 Lesser of cost or charges (see instructions) 0.20.00 23.00 Cost of physicians' services in a teaching hospital (see instructions) 41.400.493 24.00 25.00 24.00 25.00 25.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00 26.00	20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18)	(see	0	20. 00
22.00 Interns and residents (see instructions) 0.22.00 0.23.00 Coto f physic ians' services in a teaching hospital (see instructions) 0.23.00 0.23.00 0.23.00 0.23.00 0.24.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00 0.23.00		,			
23.00 Cost of physicians' services in a teaching hospital (see instructions) 41,400,493 ±0.00					
24.00 Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)				_	
COMPUTATION OF RELIMBURSEMENT SETTLEMENT Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation Computation			ŀ	_	
25.00 Deductibles and coinsurance amounts (for CAH, see instructions) 0 25.00	24.00			41, 400, 473	24.00
27. 00 Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see 34,638,788 27.00 instructions) 0 28.00 0 28.00 0 28.00 0 28.00 0 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 28.00 29.00 29.00 28.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.00 29.	25. 00			0	25. 00
Instructions	26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	6, 787, 595	26. 00
28.00 Direct graduate medical education payments (from Wkst. E-4, line 50) 0.28.00 0.29.00 28.00 0.29.00 28.00 0.29.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00 0.20.00	27. 00] (see	34, 638, 788	27. 00
29.00 ESRD direct medical education costs (From Wkst. E-4, line 36) 34, 638, 788 30.00 31.00 70 70 70 70 70 70 70	00.00				00.00
Subtotal (sum of lines 27 through 29) 34,638,788 30.00 30.00 7 marry payer payments 34,633,019 32.00 34,633,019 32.00 34,633,019 32.00 34,633,019 32.00 34,633,019 32.00 34,633,019 32.00 34,633,019 32.00 34,038,019 34,633,019 32.00 34,038,019 34,038,019 34,038,019 34,038,019 34,038,019 34,038,019 34,038,019 34,038,019 34,038,019 34,038,019 34,038,019 34,038,019 35,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34,000 34				_	
31.00 Subtotal (line 30 minus line 31) 34.633,019 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 Allowable bad debts (see instructions) 34.64,411 34.00 Allowable bad debts (see instructions) 34.64,411 34.00 Allowable bad debts (see instructions) 34.64,411 34.00 Allowable bad debts (see instructions) 34.934,886 37.00 37.00 Subtotal (see instructions) 34.934,886 37.00 37.00 Subtotal (see instructions) 34.934,886 37.00 37.00 Subtotal (see instructions) 34.934,886 37.00 37.00 Subtotal (see instructions) 38.00 MSP-LCC reconciliation amount from PS&R -10 38.00 39.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97.50 97			ŀ	_	
Subtotai (i ine 30 minus line 31) ALLOWABLE BAD DEBTS FOR PROFESSIONAL SERVICES) 33.00 Composite rate ESRD (from Wkst. 1-5, line 11) 0 33.00 34.00 Allowable bad debts (see instructions) 464, 411 34.00 35.00 Allowable bad debts (see instructions) 301, 867 35.00 36.00 Allowable bad debts (see instructions) 314, 600 37.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 34.00 37.00 Subtotal (see instructions) 34.00 37.00 Subtotal (see instructions) 34.00 37.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 34.00 37.00 Subtotal (see instructions) 34.00 37.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 34.00 37.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 34.00 37.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 34.00 37.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 34.00 37.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 34.00 37.00 Allowable bad debts for dual eligible beneficiaries (see instructions) 34.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00 37.00					
33.00 Composite rate ESRD (from Wkst. 1-5, line 11) 0 33.00 0 34.00 All lowable bad debts (see instructions) 3464, 411 34.00 35.00 All lowable bad debts (see instructions) 301, 867 35.00 36.00 All lowable bad debts for dual eligible beneficiaries (see instructions) 34, 934, 886 37.00 38.00 All lowable bad debts for dual eligible beneficiaries (see instructions) 34, 934, 886 37.00 38.00 MSP-LCC reconciliation amount from PS&R -10 38.00 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 0 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 0 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 0 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 0 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 0 39.50 OTHER ADJUSTIMENTS (SEE INSTRUCTIONS) 0 0 0 0 0 0 0 0 0					
34.00		ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
35. 00					
33. 00		,			
37. 00 Subtotal (see instructions) 34, 934, 886 37. 00 38. 00 MSP-LCC reconciliation amount from PS&R -10 38. 00 39. 00 MSP-LCC reconciliation amount from PS&R -10 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 00 39. 97 39. 98 Partial or 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. 98 39. 99 RECOVERY OF ACCELERATED DEPRECIATION 0 34. 934, 896 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40. 00 40		, ,			•
38.00 MSP-LCC reconciliation amount from PS&R -10 38.00 39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 39.00 39.50 39.50 39.55 91.000 39.55 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39.75 39		, , ,	ŀ		
39.00 OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) 39.50 Pioneer ACO demonstration payment adjustment (see instructions) 39.50 39.50 39.51 39.50 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 39.55 3					
39. 75 N95 respirator payment adjustment amount (see instructions) 0 39. 75 39. 97 Demonstration payment adjustment amount before sequestration 0 39. 98 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) 34. 934, 896 40. 00 40. 01 Demonstration payment adjustment (see instructions) 440. 179 40. 01 40. 02 Demonstration payment adjustment amount after sequestration 0 40. 02 40. 03 Sequestration adjustment amount after sequestration 0 40. 02 40. 03 Sequestration adjustment amount after sequestration 0 40. 02 40. 03 Sequestration adjustment amount after sequestration 34, 493, 4896 40. 00 41. 00 Interim payments 34, 459, 352 41. 00 41. 01 Interim payments 34, 459, 352 41. 00 42. 01 Tentative settlement (for contractors use only) 0 42. 00 43. 01 Balance due provider/program (see instructions) 35, 365					
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 Partial or full credits received from manufacturers for replaced devices (see instructions) 0 39. 99 40. 00 Subtotal (see instructions) 34, 934, 896 40. 00 40. 01 Sequestration adjustment (see instructions) 440, 179 40. 01 40. 02 Demonstration payment adjustment amount after sequestration 0 40. 02 40. 03 Sequestration adjustment amount after sequestration 0 40. 02 40. 03 Interim payments 34, 459, 352 41. 00 41. 01 Interim payments-PARHM or CHART (for contractors use only) 41. 01 42. 00 Tentative settlement (for contractors use only) 42. 01 43. 00 Bal ance due provider/program (see instructions) 35, 365 43. 00 43. 01 Bal ance due provider/program-PARHM (see instructions) 35, 365 43. 00 44. 00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44. 00 5115. 2 To BE COMPLETED BY CONTRACTOR 90. 00 91. 00 Outlier reconciliation adjustment amount (see instructions) 0 90. 00 92. 00 The rate used to calculate the Time Value of Money 93. 00	39. 50	Pioneer ACO demonstration payment adjustment (see instructions)	ļ		39. 50
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) 34, 934, 896 40. 00 40. 01 Demonstration adjustment (see instructions) 440, 179 40. 01 40. 02 Demonstration payment adjustment amount after sequestration 0 40. 02 40. 03 Sequestration adjustment-PARHM or CHART pass-throughs 40. 03 41. 01 Interim payments 34, 459, 352 41. 00 41. 01 Interim payments-PARHM or CHART 41. 01 41. 01 42. 01 Tentative settlement (for contractors use only) 0 42. 00 43. 00 Bal ance due provider/program (see instructions) 35, 365 43. 00 44. 00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 16, 195 44. 00 90. 00 Original outlier amount (see instructions) 0 90. 00 91. 00 The rate used to calculate the Time Value of Money 0. 00 92. 00 71. 00 Time Value of Money (see instructions) 0				0	
39. 99 40. 00 Subtotal (see instructions) 30. 99 40. 01 Sequestration adjustment (see instructions) 40. 02 Demonstration payment adjustment amount after sequestration 50. 02 40. 03 Sequestration adjustment amount after sequestration 60. 02 40. 03 Sequestration adjustment amount after sequestration 70. 02 40. 03 Sequestration adjustment amount after sequestration 80. 03 Sequestration adjustment ARRHM or CHART pass-throughs 81. 00 Interim payments 81. 00 Interim payments 82. 01 Tentative settlement (for contractors use only) 83. 00 Tentative settlement (for contractor use only) 842. 01 Tentative settlement (for contractor use only) 843. 00 Bal ance due provider/program (see instructions) 843. 01 Bal ance due provider/program-PARHM (see instructions) 843. 01 Sequestration adjustment amount (see instructions) 843. 01 Tentative settlement (for contractor use only) 844. 00 Tentative settlement (for contractor use only) 845. 01 Tentative settlement (for contractor use only) 846. 02 Tentative settlement (for contractor use only) 847. 01 Tentative settlement (for contractor use only) 848. 01 Tentative settlement (for contractor use only) 849. 00 Tentative settlement (for contractor use only) 840. 01 Tentative settlement (for contractor use only) 841. 01 Tentative settlement (for contractor use only) 842. 01 443. 00 Tentative settlement (for contractor use only) 843. 01 Tentative settlement (for contractor use only) 844. 00 Tentative settlement (for contractor use only) 845. 01 846. 02 847. 02 847. 03 848. 03 849. 04 840. 02 840. 03 841. 00 842. 01 843. 01 843. 01 844. 00 843. 01 844. 00 845. 01 845. 02 846. 02 847. 02 847. 02 847. 02 848. 03 849. 03 840. 03 840. 03 841. 00 842. 01 843. 01 844. 00 845. 01 845. 02 847. 02 847. 02 847. 02 847. 03 848. 03 849. 03 849. 03 849. 03 840. 03 841. 00 842. 01 843. 01 844. 00 843. 01 844. 00 845. 01 846. 02 847. 02 847. 03 847. 03 847. 03 848. 03 849. 03 849. 03 840. 03 841. 00 842. 01 843. 01 844. 00 843. 01 844. 00 845. 01 846. 02 847. 03 847. 03 847. 03 847. 03 848. 03 849. 03 8		, , , , ,			
40.00 Subtotal (see instructions) 34, 934, 896 40. 00 40.01 Sequestration adj ustment (see instructions) 440, 179 40. 01 40.02 Demonstration payment adj ustment amount after sequestration 0 40. 02 40.03 Sequestration adj ustment-PARHM or CHART pass-throughs 34, 459, 352 41. 00 41. 01 Interim payments-PARHM or CHART 41. 01 42. 00 Tentative settlement (for contractors use only) 0 42. 00 42. 01 Tentative settlement-PARHM or CHART (for contractor use only) 42. 01 43. 00 Balance due provider/program (see instructions) 35, 365 43. 00 43. 01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 16, 195 44. 00 90. 00 Tips inal 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 (see instructions) 0 93. 00		· · · · · · · · · · · · · · · · · · ·		_	
40.01 Sequestration adjustment (see instructions) 40.02 Demonstration payment adjustment amount after sequestration 40.03 Sequestration adjustment-PARHM or CHART pass-throughs 41.00 Interim payments 41.01 Interim payments-PARHM or CHART 42.00 Tentative settlement (for contractors use only) 42.01 Tentative settlement-PARHM or CHART (for contractor use only) 43.00 Bal ance due provider/program (see instructions) 43.01 Bal ance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 5115.2 70 BE COMPLETED BY CONTRACTOR 90.00 Outlier reconciliation adjustment amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 9 93.00				_	
40. 02 Demonstration payment adjustment amount after sequestration 40. 03 Sequestration adjustment-PARHM or CHART pass-throughs 41. 00 Interim payments 41. 01 Interim payments-PARHM or CHART 42. 00 Tentative settlement (for contractors use only) 42. 01 Tentative settlement-PARHM or CHART (for contractor use only) 43. 00 Balance due provider/program (see instructions) 43. 01 Balance due provider/program-PARHM (see instructions) 44. 00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44. 00					1
40.03 Sequestration adjustment-PARHM or CHART pass-throughs 41.00 Interim payments Interim payments Interim payments-PARHM or CHART 42.00 Interim payments-PARHM or CHART 42.00 Tentative settlement (for contractors use only) 43.00 Balance due provider/program (see instructions) 43.01 Balance due provider/program-PARHM (see instructions) 43.01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Original outlier amount (see instructions) 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 94.00 Ogganal outlier amount (see instructions) 95.00 Time Value of Money (see instructions) 96.00 Ogganal outlier amount (see instructions) 97.00 Ogganal outlier amount (see instructions) 98.00 Time Value of Money (see instructions) 99.00 Ogganal outlier amount (see instructions) 99.00 Ogganal outlier amount (see instructions) 99.00 Ogganal outlier amount (see instructions) 99.00 Ogganal outlier amount (see instructions) 99.00 Ogganal outlier amount (see instructions) 99.00 Ogganal outlier amount (see instructions) 99.00 Ogganal outlier amount (see instructions) 99.00 Ogganal outlier amount (see instructions) 99.00 Ogganal outlier amount (see instructions)					
41.00				Ü	
42.00 Tentative settlement (for contractors use only) 42.01 Tentative settlement-PARHM or CHART (for contractor use only) 43.00 Balance due provider/program (see instructions) 43.01 Balance due provider/program-PARHM (see instructions) 43.01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (see instructions) 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 95.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions)		, , , , , , , , , , , , , , , , , , , ,		34, 459, 352	
42.01 Tentative settlement-PARHM or CHART (for contractor use only) 43.00 Balance due provider/program (see instructions) 43.01 Balance due provider/program-PARHM (see instructions) 43.01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Original outlier amount (see instructions) 90.00 Outlier reconciliation adjustment amount (see instructions) 91.00 The rate used to calculate the Time Value of Money 92.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 93.00 Time Value of Money (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 95.00 Outlier reconciliation adjustment amount (see instructions) 96.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions)	41. 01	Interim payments-PARHM or CHART	ļ		41. 01
43.00 Balance due provider/program (see instructions) 43.01 Balance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.365 43.00 43.01 44.00 90.00 90.00 91.00 91.00 92.00 93.00 93.00		, , , , , , , , , , , , , , , , , , , ,		0	
43.01 Balance due provider/program-PARHM (see instructions) 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 43.01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 43.01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 43.01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 43.01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 43.01 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 43.01				25 275	
44.00 Protested amounts (nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, 16, 195 44.00 \$\frac{\text{s115.2}}{\text{TO BE COMPLETED BY CONTRACTOR}}\$ 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 93.00 Time Value of Money (see instructions) 94.00 Outlier reconciliation adjustment amount (see instructions) 95.00 Outlier reconciliation adjustment amount (see instructions) 96.00 Outlier reconciliation adjustment amount (see instructions) 97.00 Outlier reconciliation adjustment amount (see instructions) 98.00 Outlier reconciliation adjustment amount (see instructions) 99.00 Outlier reconciliation adjustment amount (see instructions) 99.00 Outlier reconciliation adjustment amount (see instructions) 99.00 Outlier reconciliation adjustment amount (see instructions) 99.00 Outlier reconciliation adjustment amount (see instructions) 99.00 Outlier reconciliation adjustment amount (see instructions) 99.00 Outlier reconciliation adjustment amount (see instructions)				35, 365	
\$115.2 TO BE COMPLETED BY CONTRACTOR 90.00 Original outlier amount (see instructions) 0 utlier reconciliation adjustment amount (see instructions) 0 91.00 92.00 The rate used to calculate the Time Value of Money 0.00 Time Value of Money (see instructions) 0 93.00			1	16 105	
TO BE COMPLETED BY CONTRACTOR 90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 94.00 Time Value of Money (see instructions) 95.00 Time Value of Money (see instructions)	44.00		17	10, 195	44.00
90.00 Original outlier amount (see instructions) 91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0 90.00 91.00 92.00 93.00					
91.00 Outlier reconciliation adjustment amount (see instructions) 92.00 The rate used to calculate the Time Value of Money 93.00 Time Value of Money (see instructions) 0 91.00 92.00 93.00	90.00			0	90. 00
93.00 Time Value of Money (see instructions) 0 93.00					
94.00 Total (Suiii 01 Titles 91 and 93)					
	94.00	ן וטנמו (טעווו טו וווופט או מווע אט)	١	0	74.00

Health Financial Systems	IU HEALTH BLOOMINGT	ON HOSPITAL	In Lie	u of Form CMS	-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 15-0051	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Pr 5/30/2023 10	
		Title XVIII	Hospi tal	PPS	
				1. 00	
MEDICARE PART B ANCILLARY COSTS					
200.00 Part B Combined Billed Days				(200. 00

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)				XVIII	ноѕрі таі	PPS	
1.00 7 Total interim payments paid to provider 1.00 2.00 3.00 4.00 1.00 1.00 1.00 1.00 1.00 1.00 3.00 3.4,459,352 1.00 2.00 1.00 1.00 1.00 3.4,459,352 1.00 3.4,459,352 1.00 3.4,459,352 1.00 3.4,459,352 3.00 3.4,459,352 3.00 3.4,459,352 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.0			Inpatien	t Part A	Par	⁻t B	
1.00 7 Total interim payments paid to provider 1.00 2.00 3.00 4.00 1.00 1.00 1.00 1.00 1.00 1.00 3.00 3.4,459,352 1.00 2.00 1.00 1.00 1.00 3.4,459,352 1.00 3.4,459,352 1.00 3.4,459,352 1.00 3.4,459,352 3.00 3.4,459,352 3.00 3.4,459,352 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.0							
Total Interim payments paid to provider 42,338,063			mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
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.				2.00		4.00	
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 00	Total interim navments paid to provider					1 00
Submitted for to be Submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00							
Services rendered in the cost reporting period. If none, write "NONE" or enter a zero the interim rate for the Cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)	2.00			٥		١	2.00
write "NONE" or enter a zero 1.00 Ust 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) Program to Provider 2.01 ADJUSTMENTS TO PROVIDER 2.02 ADJUSTMENTS TO PROVIDER 3.03 ADJUSTMENTS TO PROVIDER 3.04 O							
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)							
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) Program to Provider ADJUSTMENTS TO PROVIDER 3.01 ADJUSTMENTS TO PROVIDER 0 9/14/2022 34,500 0 0 3.03 3.03 3.04 3.05 Provider to Program ADJUSTMENTS TO PROGRAM 0 0 0 0 3.56 8.51 5.51 5.52 0 0 0 0 3.55 8.53 5.44 0 0 0 0 3.55 8.553 5.54 0 0 0 0 3.55 8.553 5.54 0 0 0 0 3.55 8.553 5.54 0 0 0 3.55 8.553 8.554 9.555 9.555 9.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555 1.555		write "NONE" or enter a zero					
For the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)	3.00	List separately each retroactive lump sum adjustment					3.00
For the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		amount based on subsequent revision of the interim rate					
Dayment. If none, write "NONE" or enter a zero. (1) Program to Provider							
Program to Provider ADJUSTMENTS TO PROVIDER 09/14/2022 34,500 0 0 3.00 3.00 3.00 3.00 0 0 3.00 3.00 3.00 3.00 0 0 3.00 3.00 3.00 3.00 0 0 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.00 3.0							
ADJUSTMENTS TO PROVIDER		Dragger to Draggidan					
3.02 3.03 3.04 3.05 3.05 3.05 3.06 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07 3.07			00/44/0000	0.4.500			
3.03 0		ADJUSTMENTS TO PROVIDER	09/14/2022	· ·			
3.04 0	3. 02			0		0	3. 02
3. 50	3.03			0		0	3. 03
3. 50	3 04			l o			3 04
Provider to Program ADJUSTMENTS TO PROGRAM 0 0 3.50 3.51 3.52 0 0 0 3.53 3.51 3.52 0 0 0 3.53 3.53 3.54 0 0 0 3.53 3.53 3.54 3.59 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.4,500 0 3.53 3.54 3.50 3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99) 42, 372, 563 34, 459, 352 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR 42, 372, 563 34, 459, 352 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00							
3.50 ADJUSTMENTS TO PROGRAM	3.05	Describing to Describe		0		U	3. 03
3.51							
3.52 0		ADJUSTMENTS TO PROGRAM					
3.53 3.54 0	3.51			0		0	3. 51
3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) 3.50-3.98) 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) To BE COMPLETED BY CONTRACTOR	3.52			0		ol	3. 52
3.54 3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) 3.50-3.98) 4.00 Total interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 4.00 (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) To BE COMPLETED BY CONTRACTOR	3 53			0		0	3 53
3.99 Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98) 34,500 0 3.99 3.50-3.98) 42,372,563 34,459,352 4.00 10tal interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 4.00 10tal interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 4.00 10tal interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 4.00 10tal interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 4.00 10tal interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 4.00 10tal interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 4.00 10tal interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 5.00 10tal interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00				_		- 1	
3.50-3.98 Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate) To BE COMPLETED BY CONTRACTOR				_		1 - 1	
4.00 Total interim payments (sum of lines 1, 2, and 3.99) 42,372,563 34,459,352 4.00	3. 99			34, 500		0	3. 99
(transfer to Wkst. E or Wkst. E-3, line and column as appropriate) TO BE COMPLETED BY CONTRACTOR							
appropriate TO BE COMPLETED BY CONTRACTOR	4.00			42, 372, 563		34, 459, 352	4. 00
TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider TENTATIVE TO PROVIDER 0		(transfer to Wkst. E or Wkst. E-3, line and column as					
TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider TENTATIVE TO PROVIDER 0		appropri ate)					
5.00 List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider			•			•	
desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider	5 00						5 00
Write "NONE" or enter a zero. (1) Program to Provider	3.00						3.00
Program to Provider							
TENTATI VE TO PROVIDER							
5. 02							
Solution Settlement of the cost report. (1) Settlement of the cost report. (1) Settlement of the cost report. (1) Settlement of the cost report. (1) Settlement of the cost report. (1) Settlement of the cost report. (2) Settlement of the cost report. (3) Settlement of the cost report. (4) Settlement of the cost report. (5) Settlement of the cost report. (6) Settlement of the cost report. (7) Settlement of the cost report. (8) Settlement of the cost report. (9) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (10) Settlement of the cost report. (5.01	TENTATI VE TO PROVI DER		0		0	5. 01
Provider to Program	5.02			0		ol	5. 02
Provider to Program							
TENTATI VE TO PROGRAM 0 0 5.50	5.05	Dravidar to Dragram	1				5. 05
5.51 0	F F0						F F0
5. 52 5. 99 Subtotal (sum of lines 5. 01-5. 49 minus sum of lines 5. 50-5. 98) 6. 00 Determined net settlement amount (balance due) based on the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions) Contractor NPR Date (Mo/Day/Yr) O 1. 00 2. 00		TENTATIVE TO PROGRAM					
Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98) 0 0 5.99							
5. 50-5. 98) 6. 00 Determined net settlement amount (balance due) based on the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions) Contractor NPR Date (Mo/Day/Yr) Number (Mo/Day/Yr) 0 1. 00 2. 00	5.52			0		0	5. 52
5. 50-5. 98) 6. 00 Determined net settlement amount (balance due) based on the cost report. (1) 6. 01 SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions) Contractor NPR Date (Mo/Day/Yr) Number (Mo/Day/Yr) 0 1. 00 2. 00	5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		0		0	5. 99
6.00 Determined net settlement amount (balance due) based on the cost report. (1) 6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) 0 1.00 2.00							
the cost report. (1) SETTLEMENT TO PROVIDER 6. 02 SETTLEMENT TO PROGRAM 7. 00 Total Medicare program liability (see instructions) Contractor Number (Mo/Day/Yr) 0 1. 00 2. 00	6 00						6 00
6.01 SETTLEMENT TO PROVIDER 6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) Contractor NPR Date (Mo/Day/Yr) 0 1.00 2.00	0.00						0.00
6.02 SETTLEMENT TO PROGRAM 7.00 Total Medicare program liability (see instructions) 0 0 0 6.02 7.00 Contractor Number (Mo/Day/Yr) 0 1.00 2.00				F07			
7.00 Total Medicare program liability (see instructions)				·			
Contractor NPR Date Number (Mo/Day/Yr) 0 1.00 2.00	6.02	SETTLEMENT TO PROGRAM		0		0	6. 02
Contractor NPR Date Number (Mo/Day/Yr) 0 1.00 2.00	7.00	Total Medicare program liability (see instructions)		42, 960, 095		34, 494, 717	7.00
Number (Mo/Day/Yr) 0 1.00 2.00		, , , , , , , , , , , , , , , , , , , ,		,			
0 1.00 2.00							
			,	1			
8.00 Name of Contractor 8.00	0.00			J	1.00	2.00	0.00
	8.00	INAME OF CONTRACTOR	1				8.00

Heal th	Financial Systems IU HEALTH BLOOMING	TON HOSPITAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0051	Peri od:	Worksheet E-1	
			From 01/01/2022		
			To 12/31/2022		
		T: 11 \0/4.11		5/30/2023 10:	<u> 22 am</u>
		Title XVIII	Hospi tal	PPS	
				1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				1
	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 I	ine 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of c	ertified HIT technology	Wkst. S-2. Pt. I		7.00
	line 168		, ,		
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
	I NPATI ENT HOSPI TAL SERVI CES UNDER THE I PPS & CAH	(555 11.511 4511 51.5)			1
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
	Other Adjustment (specify)				31.00
	Ralance due provider (line 8 (or line 10) minus line 30 and L	ine 31) (see instruction	e)		32 00

32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)

30. 00 31. 00 32. 00

Health Financial Systems IU HEALTH BLOOMINGTON HOSPITAL In Lieu				u of Form CMS-2	552-10
OUTLIE	OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT Provider CCN: 15-0051 Period: W				
			From 01/01/2022 To 12/31/2022	Date/Time Prep 5/30/2023 10:2	
		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 i	nstructions)	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)					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 (s	see instructions)		o	7. 00

Health Financial Systems

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

Provider CCN: 15-0051 | Period: From 01/01/2

Peri od: Worksheet G From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/30/2023 10:22 am

onl y)			'	0 12/31/2022	5/30/2023 10:	
		General Fund	Speci fi c	Endowment Fund		
		1.00	Purpose Fund 2.00	3. 00	4. 00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	205, 947, 951	0	0	0	1.00
2. 00 3. 00	Temporary investments Notes receivable	0	0	-	0	2. 00 3. 00
4. 00	Accounts recei vable	50, 987, 510	1	0	0	4.00
5. 00	Other recei vable	6, 826, 644		0	0	5.00
6. 00	Allowances for uncollectible notes and accounts receivable	0	Ö	O	0	6.00
7.00	Inventory	11, 231, 299	0	0	0	7. 00
8.00	Prepai d expenses	10, 625, 529	0	0	0	8. 00
9.00	Other current assets	0	0	0	0	9. 00
10.00	Due from other funds	0	0		0	10.00
11. 00	Total current assets (sum of lines 1-10)	285, 618, 933	0	0	0	11. 00
12. 00	FI XED ASSETS Land	18, 174, 895	0	0	0	12. 00
13. 00	Land improvements	2, 017, 882	1	-	0	13.00
14. 00	Accumulated depreciation	-2, 017, 882	1	-	0	14. 00
15. 00	Bui I di ngs	530, 908, 532		0	0	15. 00
16.00	Accumulated depreciation	-160, 480, 234	0	0	0	16. 00
17. 00	Leasehold improvements	7, 103, 572		0	0	17. 00
18. 00	Accumul ated depreciation	-6, 545, 904	1		0	18. 00
19. 00	Fixed equipment	0	0	-	0	19.00
20. 00 21. 00	Accumulated depreciation Automobiles and trucks	464, 693	0	0	0	20. 00 21. 00
21.00	Accumulated depreciation	-381, 241		0	0	21.00
23. 00	Major movable equipment	137, 038, 775	1	0	0	23. 00
24. 00	Accumulated depreciation	-54, 293, 128	1	o	0	24. 00
25. 00	Mi nor equi pment depreci abl e	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	Mi nor equi pment-nondepreci abl e	0	0	_	0	29. 00
30. 00	Total fixed assets (sum of lines 12-29) OTHER ASSETS	471, 989, 960	0	0	0	30. 00
31. 00	Investments	24, 754, 983	0	0	0	31.00
32. 00	Deposits on Leases	0	o o		0	32. 00
33.00	Due from owners/officers	0	0	0	0	33. 00
34.00	Other assets	243, 361, 468	0	0	0	34. 00
35. 00	Total other assets (sum of lines 31-34)	268, 116, 451			0	35. 00
36. 00	Total assets (sum of lines 11, 30, and 35)	1, 025, 725, 344	. 0	0	0	36. 00
37. 00	CURRENT LIABILITIES	34, 940, 926	0	O	0	37. 00
38. 00	Accounts payable Salaries, wages, and fees payable	8, 527, 024	1	0	0	38.00
39. 00	Payrol I taxes payable	0, 327, 024		0	0	39.00
40. 00	Notes and Loans payable (short term)	0	Ö	0	0	40. 00
41.00	Deferred income	45, 816, 853	0	0	0	41.00
42.00	Accel erated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43. 00
44. 00	Other current liabilities	6, 396, 921			0	
45. 00	Total current liabilities (sum of lines 37 thru 44) LONG TERM LIABILITIES	95, 681, 724	0	0	0	45. 00
46. 00	Mortgage payable	1) 0	0	0	46. 00
47. 00	Notes payable			-	0	47. 00
48. 00	Unsecured Loans	0	Ö		0	48. 00
49.00	Other long term liabilities	2, 779, 799	0	0	0	49. 00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2, 779, 799	0	0	0	50. 00
51.00	Total liabilities (sum of lines 45 and 50)	98, 461, 523	0	0	0	51.00
	CAPI TAL ACCOUNTS		1			
52. 00	General fund balance	927, 263, 821	0			52.00
53. 00 54. 00	Specific purpose fund Donor created - endowment fund balance - restricted		0	0		53. 00 54. 00
55. 00	Donor created - endowment fund balance - unrestricted			0		55.00
56. 00	Governing body created - endowment fund balance			o		56.00
57.00	Plant fund balance - invested in plant				0	57. 00
58.00	Plant fund balance - reserve for plant improvement,				0	58. 00
	repl acement, and expansi on	007				
59. 00	Total fund balances (sum of lines 52 thru 58)	927, 263, 821		0	0	59.00
60. 00	Total liabilities and fund balances (sum of lines 51 and 59)	1, 025, 725, 344			0	60. 00
	1~.,	I	I	ı	l	I

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES Provider CCN: 15-0051

						5/30/2023 10:	pared: 22 am
		General	Fund	Speci al F	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4. 00	5. 00	
1. 00	Fund balances at beginning of period	11.00	892, 885, 813		55		1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)		29, 920, 049				2. 00
3.00	Total (sum of line 1 and line 2)		922, 805, 862		C		3. 00
4.00	TEMPORARY RESTRICTED	4, 457, 959			0	0	4. 00
5.00		0			0	0	5. 00
6.00		0			0	0	6. 00
7.00		0			0	0	
8.00		0			0	0	8. 00
9. 00		0			0	0	
10.00	,		4, 457, 959		C)	10.00
11.00			927, 263, 821		C)	11. 00
12.00	Deductions (debit adjustments) (specify)	0			0	0	12.00
13.00		0			0	0	13.00
14.00		0			0	0	14.00
15. 00 16. 00					0	0	15. 00 16. 00
17. 00						0	17. 00
18. 00	Total deductions (sum of lines 12-17)	١	0		٦		18.00
19. 00	,		927, 263, 821				19. 00
17.00	sheet (line 11 minus line 18)		727, 200, 021				17.00
		Endowment Fund	PI ant	Fund			
1 00		6. 00	7. 00	8. 00	0		4.00
1. 00 2. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29)	0			0		1. 00 2. 00
3. 00	Total (sum of line 1 and line 2)				0		3.00
4.00	TEMPORARY RESTRICTED		0		٩		4.00
5.00	TEMPORARI RESTRICTED	1	0				5. 00
6. 00			0				6.00
7. 00			0				7. 00
8.00			0				8. 00
9. 00			0				9. 00
10.00	Total additions (sum of line 4-9)	o	_		o		10.00
11. 00	Subtotal (line 3 plus line 10)	0			0		11. 00
12.00		İ	0				12.00
13.00			0				13.00
14.00			0				14.00
15. 00			0				15. 00
16.00			0				16. 00
17. 00			0				17. 00
18. 00		0			0		
19. 00	• • •	0			0		19. 00
	sheet (line 11 minus line 18)	1		l			
15. 00 16. 00 17. 00 18. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance	0	0		-		15. 00 16. 00 17. 00 18. 00

Health Financial Systems 100 STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0051

			0 12/31/2022	5/30/2023 10:	
	Cost Center Description	Inpati ent	Outpati ent	Total	
		1.00	2. 00	3. 00	
	PART I - PATIENT REVENUES	<u> </u>			
	General Inpatient Routine Services				
1.00	Hospi tal	227, 219, 399		227, 219, 399	1.00
2.00	SUBPROVI DER - I PF				2. 00
3.00	SUBPROVI DER - I RF				3. 00
4.00	SUBPROVI DER	C)	0	4. 00
5.00	Swing bed - SNF)	0	5. 00
6.00	Swing bed - NF	c)	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)	227, 219, 399		227, 219, 399	10. 00
	Intensive Care Type Inpatient Hospital Services				
11. 00	INTENSIVE CARE UNIT	35, 482, 952		35, 482, 952	11. 00
12. 00	CORONARY CARE UNIT	C		0	12. 00
13. 00	BURN INTENSIVE CARE UNIT				13. 00
14. 00	SURGI CAL INTENSI VE CARE UNI T				14. 00
15. 00	NEONATAL INTENSIVE CARE UNIT	15, 063, 884		15, 063, 884	15. 00
16. 00	Total intensive care type inpatient hospital services (sum of lines	50, 546, 836)	50, 546, 836	16. 00
47.00	11-15)				47.00
17. 00	Total inpatient routine care services (sum of lines 10 and 16)	277, 766, 235		277, 766, 235	17.00
18.00	Ancillary services			1, 521, 120, 631	
19. 00	Outpatient services	67, 484, 219		361, 838, 824	1
20.00	RURAL HEALTH CLINIC	C	_	0 0	20.00
21. 00	FEDERALLY QUALIFIED HEALTH CENTER	C	0		
22. 00 23. 00	HOME HEALTH AGENCY AMBULANCE SERVICES		0	0	22. 00 23. 00
24. 00	CMHC	١	U	U	24.00
25. 00	AMBULATORY SURGICAL CENTER (D. P.)			0	25. 00
26. 00	HOSPICE			0	26.00
27. 00	OTHER NRCC		4, 980, 015	_	27. 00
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.	046 101 041	1, 319, 513, 764		28.00
20.00	G-3, line 1)	040, 171, 741	1, 317, 513, 704	2, 103, 703, 703	20.00
	PART II - OPERATING EXPENSES				
29. 00	Operating expenses (per Wkst. A, column 3, line 200)		496, 382, 972		29. 00
30. 00	ADD (SPECIFY)				30.00
31. 00			1	•	31. 00
32. 00)		32. 00
33.00)		33. 00
34.00)		34.00
35.00)		35. 00
36.00	Total additions (sum of lines 30-35)		0		36. 00
37.00	DEDUCT (SPECIFY))		37.00
38.00		C			38. 00
39. 00		C			39. 00
40.00		C			40. 00
41. 00		C			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)(transf	fer	496, 382, 972		43. 00
	to Wkst. G-3, line 4)		1		

	Financial Systems IU HEALTH BLOOMI			u of Form CMS-2	
STATE	IENT OF REVENUES AND EXPENSES	Provider CCN: 15-0051	Peri od:	Worksheet G-3	
			From 01/01/2022 To 12/31/2022	Date/Time Pre	nared:
			10 12/01/2022	5/30/2023 10:	
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, I			2, 165, 705, 705	1. 00
2.00	Less contractual allowances and discounts on patients' acco	ounts		1, 636, 262, 742	•
3.00	Net patient revenues (line 1 minus line 2)			529, 442, 963	•
4.00	Less total operating expenses (from Wkst. G-2, Part II, Iir	ne 43)		496, 382, 972	•
5.00	Net income from service to patients (line 3 minus line 4)			33, 059, 991	5. 00
	OTHER INCOME				
6.00	Contributions, donations, bequests, etc			0	6. 00
7.00	Income from investments			0	7. 00
8.00	Revenues from telephone and other miscellaneous communicati	on services		0	0.00
9.00	Revenue from television and radio service			0	,
10. 00	Purchase di scounts			0	10. 00
11. 00	Rebates and refunds of expenses			0	11. 00
12.00	Parking lot receipts			0	12. 00
13. 00	Revenue from Laundry and Linen service			0	1
14. 00	Revenue from meals sold to employees and guests			0	14. 00
15. 00	Revenue from rental of living quarters			0	1
	Revenue from sale of medical and surgical supplies to other	r than patients		0	
	Revenue from sale of drugs to other than patients			0	1
18. 00	Revenue from sale of medical records and abstracts			0	18. 00
19. 00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20. 00
	Rental of vending machines			0	21. 00
22. 00	Rental of hospital space			0	22. 00
23. 00	Governmental appropriations			0	23. 00
24. 00	MI SCELLANEOUS I NCOME			-8, 181, 624	
24 50	COVID 10 DHE Funding			E 0/11 400	1 24 50

5, 041, 682 -3, 139, 942 29, 920, 049

24. 50 25. 00 26.00 27. 00 0 0 28.00 29, 920, 049 29.00

24.00 MISCELLANEOUS INCOME
24.50 COVID-19 PHE Funding
25.00 Total other income (sum of lines 6-24)
26.00 Total (line 5 plus line 25)
27.00 OTHER EXPENSES (SPECIFY)
28.00 Total other expenses (sum of line 27 and subscripts)
29.00 Net income (or loss) for the period (line 26 minus line 28)

CALCUL	ATION OF CAPITAL PAYMENT	Provider CCN: 15-0051	Peri od: From 01/01/2022 To 12/31/2022		pared:
		Title XVIII	Hospi tal	PPS	
				1 00	
	PART I - FULLY PROSPECTIVE METHOD			1. 00	
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			2, 821, 084	1. C
. 01	Model 4 BPCI Capital DRG other than outlier			0	1.0
2. 00	Capital DRG outlier payments			59, 850	2.0
2. 01	Model 4 BPCI Capital DRG outlier payments			0	2.0
. 00	Total inpatient days divided by number of days in the cost	reporting period (see ins	tructi ons)	163. 95	3.0
1.00	Number of interns & residents (see instructions)			0.00	4.0
5. 00	Indirect medical education percentage (see instructions)			0.00	5.0
5. 00	Indirect medical education adjustment (multiply line 5 by t	he sum of lines 1 and 1.0 $^{\circ}$	1, columns 1 and	0	6.0
	1.01)(see instructions)		_		
. 00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line			4. 79	7.0
	30) (see instructions)			20.45	8.0
3. 00 9. 00	Percentage of Medicaid patient days to total days (see instructions) Sum of lines 7 and 8		29. 45 34. 24	9. (
10.00				7. 18	
11. 00				202, 554	
12.00				3, 083, 488	
2.00	rotal prospective supriture paymente (essermetrastrone)			0,000,100	12.
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST				
. 00	Program inpatient routine capital cost (see instructions)			0	
2. 00	Program inpatient ancillary capital cost (see instructions)		0	2. (
3. 00	Total inpatient program capital cost (line 1 plus line 2)		0		
1.00	Capital cost payment factor (see instructions)			0	
. 00	Total inpatient program capital cost (line 3 x line 4)			0	5. (
				1. 00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS				
. 00	Program inpatient capital costs (see instructions)			0	1. (
. 00	Program inpatient capital costs for extraordinary circumsta	nces (see instructions)		0	2.
. 00	Net program inpatient capital costs (line 1 minus line 2)			0	3.
. 00	Applicable exception percentage (see instructions)			0.00	
. 00	Capital cost for comparison to payments (line 3 x line 4)			0	5.
. 00	Percentage adjustment for extraordinary circumstances (see			0. 00	
. 00	Adjustment to capital minimum payment level for extraordina	ry circumstances (line 2 :	x line 6)	0	7.
3. 00	Capital minimum payment level (line 5 plus line 7)			0	
9.00	Current year capital payments (from Part I, line 12, as app			0	9.
10.00	Current year comparison of capital minimum payment level to			0	10.
11. 00	Carryover of accumulated capital minimum payment level over	capital payment (from pr	ror year	U	11.

Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)

Current year exception payment (if line 12 is positive, enter the amount on this line)

Carryover of accumulated capital minimum payment level over capital payment for the following period

0 12.00

0 13.00

0 14.00

0 15.00

0 16.00

0 17.00

Worksheet L, Part III, line 14)

(if line 12 is negative, enter the amount on this line)

17.00 Current year exception offset amount (see instructions)

15.00 Current year allowable operating and capital payment (see instructions)

16.00 Current year operating and capital costs (see instructions)

13.00

14.00