ASCENSION ST. VINCENT HOSPITAL

In Lieu of Form CMS-2552-10

This report is	required by law (42 USC 1395g; 42 CFR 413.20(b)). Fai	lure to report can resul	t 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 H AND SETTLEMENT	OSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION SUMMARY	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S Parts I-III Date/Time Prepared: 11/27/2023 5:09 pm
PART I - COST	REPORT STATUS			
Provider	<pre>1.[X]Electronically prepared cost report</pre>		Date: 11/27/20	023 Time: 5:09 pm
use only	2. [] Manually prepared cost report			
	3. [0] If this is an amended report enter the number 4. [F]Medicare Utilization. Enter "F" for full, "L'			ost report
Contractor use only	 5. [1] Cost Report Status (1) As Submitted 7. Contractor No. (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. [N] Initial Report for 9. [N] Final Report for 9. [N] Final	or this Provider CCN 12.[r Code: 4 lumn 1 is 4: Enter es reopened = 0-9.
PART II - CERT	IFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATO	OR OR PROVIDER(S)		
	ION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN T		UNISHABLE BY CRIM	INAL, CIVIL AND
ADMINISTRATIVE	ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW.	FURTHERMORE, IF SERVICES	IDENTIFIED IN TH	IS REPORT WERE

PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ASCENSION ST. VINCENT HOSPITAL (15-0084) for the cost reporting period beginning 07/01/2022 and ending 06/30/2023 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC	
	1		2	SIGNATURE STATEMENT	
1	Beth	any Morrow	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 Nam	e Bethany Morrow			2
3	Signatory Title	VP OF FINANCE			3
4	Date	11/27/2023 05:09:11 PM			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	HOSPITAL	0	4,280,128	105,506	0	0	1.00
2.00	SUBPROVIDER - IPF	0	40,475	11		0	2.00
3.00	SUBPROVIDER - IRF	0	0	0		0	3.00
5.00	SWING BED - SNF	0	0	0		0	5.00
6.00	SWING BED - NF	0				0	6.00
200.00	TOTAL	0	4,320,603	105,517	0	0	200.00

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

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

SPI1	AL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICAT	FION DATA	Provid	er CCN:		Period: From 07/01/ To 06/30/	2023	Workshe Part I Date/Ti 11/27/2		parec
	1.00		2.00		3.00		4	4.00			
00	Hospital and Hospital Health Care Co										1 1 .
00 00	Street:2001 WEST 86TH STREET City: INDIANAPOLIS		O Box: tate: IN	zin Cod	e:46260-	Count	V. MARTON				1.
00	CITY. INDIANAPOLIS		nent Name	CCN	CBSA	Provider	Date	Payme	nt Syst	om (P	2.
		Compo	nent Name	Number	Number		Certified		, 0, or		
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		V	XVIII		1
			1.00	2.00	3.00	4.00	5.00	6.00	7.00		1
	Hospital and Hospital-Based Componer	nt Identifi	cation:								
00	Hospital		ST. VINCENT	150084	26900	1	07/01/1966	N	Р	0	3.
00	Subprovider – IPF	HOSPITAL ASCENSTON	ST. VINCENT	155084	26900	4	07/07/1992	N	P	0	4.
		STRESS CEN					,,				
00	Subprovider - IRF										5.
00	Subprovider - (Other)										6.
00	Swing Beds - SNF										7.
00	Swing Beds - NF										8.
00	Hospital-Based SNF										9.
	Hospital-Based NF										10.
.00	Hospital-Based OLTC Hospital-Based HHA										11.
	Separately Certified ASC										12.
	Hospital-Based Hospice										14.
	Hospital-Based Health Clinic - RHC										15.
	Hospital-Based Health Clinic - FQHC										16.
.00	Hospital-Based (CMHC) I										17.
.00	Renal Dialysis										18.
.00	Other										19.
							From:		To		-
00	Cost Demonstring Demind (mm (dd (mm m))						1.00		2.0		20
	Cost Reporting Period (mm/dd/yyyy) Type of Control (see instructions)						07/01/20	022	06/30/	2023	20
.00	Type of concrot (see instructions)										21
						1.00	2.00		3.0)0	-
	Inpatient PPS Information					1.00			3.(00	
.00	Does this facility qualify and is it					1.00 Y			3.(00	22.
.00	Does this facility qualify and is it disproportionate share hospital adju	ustment, in	accordance w	ith 42 CFF			2.00		3.(00	22.
.00	Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo	ustment, in or yes or "	accordance w N" for no. Is	ith 42 CFR this			2.00		3.(00	22.
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01 02 03 04	Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim UC this cost reporting period? Enter in for the portion of the cost reporting 1. Enter in column 2, "Y" for yes or cost reporting period occurring on o instructions) Is this a newly merged hospital that determined at cost report settlement 1, "Y" for yes or "N" for no, for th period prior to October 1. Enter in for the portion of the cost reporting Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in c for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital receive a geograph rural as a result of the revised OME adopted by CMS in FY 2015? Enter in c for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital receive a geograph rural as a result of the revised OME adopted by CMS in FY 2021? Enter in for the portion of the cost reporting no for the portion of the cost reporting in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no. Which method is used to determine Me	ustment, in pr yes or " 5412.106(c) pr yes or " CPS, includ n column 1, ng period on r "N" for m or after Oc t requires a t? (see insi- te portion of trequires a t? (see insi- te portion of treclass rds for del column 2, ng period of treclass rds for del to but no 12.105)? En- nic reclass d delineatif column 1, mg period p no for the ter October 100 but no 12.105)? En- nic reclass d delineatif column 1, g period p no for the ter October 100 but no 12.105)? En- nic reclass d delineatif column 1, mg period p no for the ter October 100 but no 12.105)? En- dicaid day of admissi of identif	accordance w N" for no. Is (2) (Pickle am N" for no. ing supplemen "Y" for yes ccurring prio o for the por tober 1. (see a final UCP t tructions) En of the cost r "Y" for yes on n or after Oc ification fro ineating stat Y" for yes or rior to Octob portion of t 1. (see inst t more than 4 ter in column ification fro ons for stati "Y" for yes o rior to Octob portion of t 1. (see inst t more than 4 nter in column s on lines 24 on, 2 if cens ying the days	<pre>ith 42 CFF this endment tal UCPs, or "N" for r to Octob tion of th o be ter in col eporting r "N" for tober 1. m urban tc istical ar r"N" for er 1. Ente he cost ructions) 99 beds (a 3, "Y" for m urban tc stical are r "N" for er 1. Ente he cost ructions) 99 beds (a n 3, "Y" f and/or 25 us days, c in this comparent </pre>	for r no per le umn no, peas lo er sor sor sor sor sor sor sor sor sor so	Y Y N	2.00 N Y N N				22

	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	TA	Provider CC	N: 15-0084	Period:	/01 /2022			et S-2	
					From 07 To 06	/30/2023	Dat		me Pre 023 5:	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid		aid	Ot Med	her icaid ays	
		1.00	2.00	3.00	4.00	5.0		6	.00	
	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6. If this provider is an IRF, enter the in-state				34	8 44	,241		202	24.0
	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.				Urban	/Rural S		e of	Geogr	
						00	Dat	2.0		
6.00	Enter your standard geographic classification (not wa		at the beg	jinning of t			1			26.0
	cost reporting period. Enter "1" for urban or "2" for Enter your standard geographic classification (not we reporting period. Enter in column 1, "1" for urban of enter the effective date of the geographic reclassif If this is a sole community hospital (SCH), enter the	age) status r "2" for r ication in	ural. If ap column 2.	plicable,			1			27.0
	effect in the cost reporting period.		·							
						<u>nning:</u> 00		Endir 2.0		
6.00	Enter applicable beginning and ending dates of SCH s		cript line	36 for numb	per				-	36.
7.00	of periods in excess of one and enter subsequent date If this is a Medicare dependent hospital (MDH), enter		r of period	ls MDH statu	IS	(0			37.
7.01	is in effect in the cost reporting period. Is this hospital a former MDH that is eligible for the accordance with FY 2016 OPPS final rule? Enter "Y" for									37.
8.00	instructions) If line 37 is 1, enter the beginning and ending date:	-								38.
	greater than 1, subscript this line for the number of	f periods i								
	greater than I, subscript this line for the number of enter subsequent dates.	f periods i				Y/N		Y/N		
	Does this facility qualify for the inpatient hospita hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i or "N" for no. (see instructions)	l payment a), (ii), or the mileage ii)? Enter	n excess of djustment f (iii)? Ent requiremer in column 2	for low volu for low volu cer in colum its in 2 "Y" for ye	1 1me 1n 2s	Y/N 00 N		Y/N 2.0 N		
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0.00	Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (if or "N" for no. (see instructions) Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octool no in column 2, for discharges on or after October 1 Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exco pursuant to 42 CFR §412.348(f)? If yes, complete Wkst	l payment a), (ii), or the mileage ii)? Enter n adjustmen ber 1. Ente . (see inst nt for disp eption for	n excess of djustment f (iii)? Ent requiremer in column 2 t? Enter "Y r "Y" for y ructions) roportionat extraordina	For low volu cer in column ts in "Y" for yes of yes or "N" for ce share in ary circumst	accordance	N N V 1.0 R N	0 2	2.0 N VIII .00	0 XIX 3.00	40.
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0.00 5.00 6.00 7.00	Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (if or "N" for no. (see instructions) Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octol no in column 2, for discharges on or after October 1 Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital paymen with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment excep pursuant to 42 CFR §412.348(f)? If yes, complete WkSP Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS of Is the facility electing full federal capital payment	l payment a), (ii), or the mileage ii)? Enter n adjustmen ber 1. Ente . (see inst nt for disp eption for t. L, Pt. I capital? E	n excess of djustment f (iii)? Ent requiremer in column 2 t? Enter "Y r "Y" for y ructions) roportionat extraordina II and wkst nter "Y for	For low volu For low volu ter in colum ts in "Y" for yes res or "N" for te share in ary circumst L-1, Pt. yes or "N'	accordances I through	N N V 1.0 R N N	0 2	2.0 N VIII .00 Y N	0 xIX 3.00 N N	39.1 40.1 45.1 46.1 48.1
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0.00 5.00 6.00 7.00 8.00 6.00	<pre>enter subsequent dates. Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (i or "N" for no. (see instructions) Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octol no in column 2, for discharges on or after October 1 Does this facility qualify and receive Capital payment with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exco pursuant to 42 CFR §412.348(f)? If yes, complete Wksr Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS of Is the facility electing full federal capital payment Teaching Hospitals Is this a hospital involved in training residents in periods beginning prior to December 27, 2020, enter cost reporting periods beginning on or after December the instructions. For column 2, if the response to co involved in training residents in approved GME progra and are you are impacted by CR 11642 (or applicable of "Y" for yes; otherwise, enter "N" for no in column 2 For cost reporting periods beginning prior to December is this the first cost reporting period during which at this facility? Enter "Y" for yes or "N" for no in complete wkst. D, Parts III & IV and D-2, Pt. II, if beginning on or after December 27, 2020, under 42 CFN "N" for no in column 2. If column 2 is "Y", complete complete wkst. D, Parts III & IV and D-2, Pt. II, if beginning on or after December 27, 2020, under 42 CFN</pre>	<pre>1 payment a), (ii), or the mileage ii)? Enter n adjustmen ber 1. Ente . (see inst nt for disp eption for t. L, Pt. I capital? E t? Enter " approved G "Y" for yes r 27, 2020, olumn 1 is ams in the CRS) MA dir er 27, 2020 residents n column 1. cost report e worksheet applicable R 413.77(e</pre>	n excess of djustment f (iii)? Ent requiremer in column 2 t? Enter "Y r "Y" for y ructions) roportionat extraordina II and wkst nter "Y for y" for yes or "N" for under 42 C "Y", or if prior year ect GME pay , if line 5 in approvec If column ing period? E-4. If cc. . For cost)(1)(iv) ar	For low volu for low volu ter in column ts in "Y" for yes of res or "N" for res or "N" for try circumst c. L-1, Pt. yes or "N" for s? For cost to no in colu FR 413.78(b this hospit or penultin ment reduct 56, column 1 d GME progra 1 is "Y", c Penter "Y" olumn 2 is ' reporting p od (v), rega	accordance inn ess for accordance cances I through ' for no. no. reporting umn 1. For (2), see cal was nate year, tion? Ente l, is yes, ums traine id ' for yes 'N", veriods ardless of	N N V 1.0 R N N N N N N N Y R r Y d or		2.0 N N VIII .00 Y N N N N	0 XIX 3.00 N N	40. 45. 46. 47. 48.
0.00 5.00 6.00 7.00 8.00 6.00	<pre>enter subsequent dates. Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet accordance with 42 CFR 412.101(b)(2)(i), (ii), or (if or "N" for no. (see instructions) Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octool no in column 2, for discharges on or after October 1 Does this facility qualify and receive Capital payment with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment excc pursuant to 42 CFR §412.348(f)? If yes, complete Wks Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS of Is the facility electing full federal capital payment Teaching Hospitals Is this a hospital involved in training residents in periods beginning prior to December 27, 2020, enter cost reporting periods beginning on or after December the instructions. For column 2, if the response to con involved in training residents in approved GME progra and are you are impacted by CR 11642 (or applicable "Y" for yes; otherwise, enter "N" for no in column 2 For cost reporting periods beginning prior to December is this the first cost reporting period during which at this facility? Enter "Y" for yes or "N" for no in residents start training in the first month of this of "N" for no in column 2. If column 2 is "Y", complete complete Wkst. D, Parts III & IV and D-2, Pt. II, if</pre>	<pre>1 payment a), (ii), or the mileage ii)? Enter n adjustmen ber 1. Ente . (see inst nt for disp eption for t. L, Pt. I capital? E t? Enter " approved G "Y" for yes r 27, 2020, olumn 1 is ams in the CRS) MA dir er 27, 2020 residents n column 1. cost report e Worksheet applicable R 413.77(e on duty, i ete column</pre>	n excess of djustment f (iii)? Ent requiremer in column 2 t? Enter "Y r "Y" for y ructions) roportionat extraordina II and wkst nter "Y for yes ME programs or "N" for y" for yes ME programs or "N" for under 42 C "Y", or if prior year ect GME pay , if line 5 in approvec If column ing period? E-4. If cc . For cost)(1)(iv) ar f the respc 2, and comp	For low volu er in column ter in column ter in column ter in column ter in column (" for yes or ves or "N" for er share in ary circumst c. L-1, Pt. ryes or "N" or "N" for S? For cost this hospit or penultin ment reduct is GME progra 1 is "Y", co 2 Enter "Y' olumn 2 is ' reporting p onse to line olete worksh	accordance accordance accordance ances I through 'for no. no. reporting umn 1. For)(2), see cal was nate year, cion? Ente ', for yes 'N", periods ardless of e 56 is "Y peet E-4.	N N V 1.0 R N N N N N N N Y R r Y d or		2.0 N N VIII .00 Y N N N N	0 XIX 3.00 N N	40 45 46 47 48 56

	Financial Systems ASCENSION TAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA		Provider CC		In Lie Period:	u of Form CMS-2 Worksheet S-2	
1051 1	AL AND HOUTTAL HEALTH CARE COM ELA IDENTITICATION DA			LN. 19 0004	From 07/01/2022 To 06/30/2023	Part I	pared
					V	XVIII XIX	
9.00	Are costs claimed on line 100 of Worksheet A? If yes	. compl	ete Wkst. D-2	. Pt. I.	1.00	2.00 3.00	59.0
	,	<u>,</u>		NAHE 413.85 Y/N	5 Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
0.00	Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413. instructions) Enter "Y" for yes or "N" for no in col is "Y", are you impacted by CR 11642 (or subsequent C adjustment? Enter "Y" for yes or "N" for no in colum	85? (s umn 1. R) NAHE	see If column 1	Y	Y		60.0
0.01	If line 60 is yes, complete columns 2 and 3 for each instructions)		1. (see		23.00	1	60.0
0.02	If line 60 is yes, complete columns 2 and 3 for each instructions)	program	1. (see		23.01	. 1	60.0
0.03	If line 60 is yes, complete columns 2 and 3 for each instructions)	program	1. (see		23.02	1	60.0
0.04	If line 60 is yes, complete columns 2 and 3 for each instructions)	program	1. (see		23.04	1	60.0
		Y/N	IME	Direct GME		Direct GME	
1 00	Did your hospital receive FTE slots under ACA	1.00 Y	2.00	3.00	4.00	5.00 18.00	61
1.01 1.02 1.03 1.04 1.05	section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions) Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions) Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions) Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions) Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions). Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions) Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.0 61.0 61.0 61.0 61.0
		Pro	ogram Name			Direct GME FTE Count	
1 10	Of the FTEs in line 61.05, specify each new program		1.00	2.00	3.00	4.00	61.
	specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00		61.3

IOSPIT	TAL AND HOSPITAL HEALTH CARE COMP	LEX IDENTIFICATION D	ATA F	Provider CC		Period: From 07/01/2022 To 06/30/2023		pared:
							11/27/2023 5:	09 pm
							1.00	
52.00	ACA Provisions Affecting the Heat Enter the number of FTE resident					riod for which	0.00	62.00
2.01	your hospital received HRSA PCRE Enter the number of FTE resident during in this cost reporting pe	s that rotated from	a Teaching H			o your hospital	0.00	62.03
3 00	Teaching Hospitals that Claim Re Has your facility trained reside				st reporting	period? Enter	Y	63.00
5.00	"Y" for yes or "N" for no in col				7. (see inst	ructions)		05.0
					Unweighted FTEs	Unweighted FTEs in	Ratio (col. 1/ (col. 1 + col.	
					Nonprovider		2))	
					Site	2.00	2.00	
	Section 5504 of the ACA Base Yea	r FTF Residents in N	lonnrovider (Settinas1	1.00 his base vea	2.00	3.00	
	period that begins on or after 3	uly 1, 2009 and befo	ore June 30,	2010.	ing base yea	i is your cost i	eporenig	
4.00		yes, or your facili	ty trained n	residents	5.	58 46.85	0.106428	64.0
	in the base year period, the num resident FTEs attributable to ro							
	settings. Enter in column 2 the	number of unweighte	d non-prima	ry care				
	resident FTEs that trained in yo							
	of (column 1 divided by (column	1 + column 2)). (see Program Name	nstruction Program		Unweighted	Unweighted	Ratio (col. 3/	
		eg. an mane			FTES	FTES in	(col. 3 + col.	
					Nonprovider Site	Hospital	4))	
		1.00	2.0	0	3.00	4.00	5.00	-
5.00	Enter in column 1, if line 63	FAMILY MEDICINE	1350	50	3.0			65.0
	year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
5.01 5.02		GERIATRIC MEDICINE	1351 1400		0.			
5.02		INTERNAL MEDICINE INTERNAL	2755		0.1			
		MEDICINE/FAMILY						
.04		PEDIATRICS	2000		0. Unweighted		0.059083 Ratio (col. 1/	
					FTEs Nonprovider	FTES in	(col. 1 + col. 2))	
						2.00	3.00	
	Section 5504 of the ACA Current	Year FTE Residents i	n Nonprovid	er Settinas				
.00	beginning on or after July 1, 20 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit	D10 unweighted non-prima occurring in all nonp unweighted non-prima cal. Enter in column	ry care rest rovider sett ry care rest 3 the ratio	ident tings. ident	6.			66.0
	(column 1 divided by (column 1 +	Program Name	Prograi	n Code	Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
					Site			

	AL AND HUSPITAL HEALTH CARE COMP	LEX IDENTIFICATION D	ATA Provider (eriod:	Worksheet	5-2
				F	rom 07/01/2022 o 06/30/2023		e Prepar 23 5:09
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (co (col. 3 + 4))	1.3/
		1.00	2.00	3.00	4.00	5.00	
	, , , , , , , , , , , , , , , , , , , ,	FAMILY MEDICINE - GENERAL	1350	1.85	; 22.57	0.0	75758 67
.01		INTERNAL MEDICINE -	1400	0.70	49.41	0.0	13969 67
0.2		GENERAL	1505	0.01	0.00	0.1	11111 0
.02		INTERNAL MEDICINE/FAMILY	1505	0.01	. 0.08	0.1	11111 67
.03		MEDICINE - PEDIATRICS - GENERAL	2000	0.46	16.67	0.03	26853 67
.05		TEDIATRICS GENERAL	2000	0110	10101		
	Direct GME in Accordance with th	ne FY 2023 TPPS Fina	l Rule, 87 FR 49065-49	9072 (August 10	. 2022)	1.00	-
00	For a cost reporting period begi	nning prior to Octob	1 2022				
. 00	MAC to apply the new DGME formul (August 10, 2022)?				49065-49072	Y	68
	MAC to apply the new DGME formul (August 10, 2022)?	a in accordance with					
	MAC to apply the new DGME formul (August 10, 2022)? Inpatient Psychiatric Facility F Is this facility an Inpatient Ps	a in accordance with PPS Sychiatric Facility (n the FY 2023 IPPS Fir	nal Rule, 87 FR	49065-49072		
00	MAC to apply the new DGME formul (August 10, 2022)? Inpatient Psychiatric Facility F Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no If line 70 is yes: Column 1: Did recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Cd program in accordance with 42 CF Column 3: If column 2 is Y, indi (see instructions) Inpatient Rehabilitation Facilit	a in accordance with PPS sychiatric Facility (). I the facility have a before November 15, 2 plumn 2: Did this fac R 412.424 (d)(1)(iii cate which program) Sy PPS	(IPF), or does it cont an approved GME teach 2004? Enter "Y" for y cility train residents i)(D)? Enter "Y" for y year began during this	hal Rule, 87 FR tain an IPF subp ing program in t yes or "N" for r s in a new teach yes or "N" for r s cost reporting	49065-49072 1.00 provider? Y the most N no. (see ing no.		3.00
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. 00 . 00 . 00	MAC to apply the new DGME formul (August 10, 2022)? Inpatient Psychiatric Facility F Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no If line 70 is yes: Column 1: Did recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Cd program in accordance with 42 CF Column 3: If column 2 is Y, indi (see instructions) Inpatient Rehabilitation Facilit	a in accordance with PPS Sychiatric Facility (0) A the facility have a before November 15, 2 Jumn 2: Did this fac R 412.424 (d)(1)(iii cate which program y Phabilitation Facility and "N" for no. I the facility have a ling on or before Now train residents in a er "Y" for yes or "N"	(IPF), or does it cont an approved GME teach 2004? Enter "Y" for y cility train residents i) (D)? Enter "Y" for y year began during this ty (IRF), or does it of an approved GME teach yember 15, 2004? Enter a new teaching program ' for no. Column 3: It	hal Rule, 87 FR tain an IPF subp ing program in t yes or "N" for r s in a new teach yes or "N" for r s cost reporting contain an IRF ing program in t r "Y" for yes or m in accordance f column 2 is Y,	49065-49072 1.00 provider? Y the most N no. (see no. g period. N the most N "N" for with 42	0 2.00 3	3.00 70 0 72
. 00 . 00 . 00	MAC to apply the new DGME formul (August 10, 2022)? Inpatient Psychiatric Facility F Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no If line 70 is yes: Column 1: Did recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Cd program in accordance with 42 CF Column 3: If column 2 is Y, indi (see instructions) Inpatient Rehabilitation Facilit Is this facility an Inpatient Re subprovider? Enter "Y" for yes If line 75 is yes: Column 1: Did recent cost reporting period end no. Column 2: Did this facility CFR 412.424 (d)(1)(iii)(D)? Ente	a in accordance with PPS Sychiatric Facility (0) A the facility have a before November 15, 2 Jumn 2: Did this fac R 412.424 (d)(1)(iii cate which program y Phabilitation Facility and "N" for no. I the facility have a ling on or before Now train residents in a er "Y" for yes or "N"	(IPF), or does it cont an approved GME teach 2004? Enter "Y" for y cility train residents i) (D)? Enter "Y" for y year began during this ty (IRF), or does it of an approved GME teach yember 15, 2004? Enter a new teaching program ' for no. Column 3: It	hal Rule, 87 FR tain an IPF subp ing program in t yes or "N" for r s in a new teach yes or "N" for r s cost reporting contain an IRF ing program in t r "Y" for yes or m in accordance f column 2 is Y,	49065-49072 1.00 provider? Y the most N no. (see no. g period. N the most N "N" for with 42	N	3.00 7(0 7: 75
00 00 00 00	MAC to apply the new DGME formul (August 10, 2022)? Inpatient Psychiatric Facility F Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no If line 70 is yes: Column 1: Did recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Co program in accordance with 42 CF Column 3: If column 2 is Y, indi (see instructions) Inpatient Rehabilitation Facilit Is this facility an Inpatient Re subprovider? Enter "Y" for yes If line 75 is yes: Column 1: Did recent cost reporting period end no. Column 2: Did this facility CFR 412.424 (d)(1)(iii)(D)? Ente indicate which program year bega	a in accordance with PPS ychiatric Facility (0). I the facility have a pefore November 15, 2 plumn 2: Did this fac FR 412.424 (d)(1)(iii) cate which program y PPS habilitation Facility and "N" for no. I the facility have a ling on or before Nov train residents in a re "Y" for yes or "N" in during this cost n	(IPF), or does it cont an approved GME teach 2004? Enter "Y" for y cility train residents i)(D)? Enter "Y" for y year began during this ty (IRF), or does it o an approved GME teach yember 15, 2004? Enter a new teaching program ' for no. Column 3: It reporting period. (see	hal Rule, 87 FR tain an IPF subp ing program in t yes or "N" for r s in a new teach yes or "N" for r s cost reporting contain an IRF ing program in t r "Y" for yes or m in accordance f column 2 is Y, e instructions)	49065-49072 1.00 provider? Y the most N no. (see no. g period. N the most N "N" for with 42	0 2.00 3 N N N 1.00 1.00	3.00 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
00 00 00 00 00 00	MAC to apply the new DGME formul (August 10, 2022)? Inpatient Psychiatric Facility F Is this facility an Inpatient PS Enter "Y" for yes or "N" for no If line 70 is yes: Column 1: Did recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Cd program in accordance with 42 CF Column 3: If column 2 is Y, indi (see instructions) Inpatient Rehabilitation Facilit Is this facility an Inpatient Re subprovider? Enter "Y" for yes If line 75 is yes: Column 1: Did recent cost reporting period end no. Column 2: Did this facility CFR 412.424 (d)(1)(iii)(D)? Ente indicate which program year bega Long Term Care Hospital PPS Is this a long term care hospita Is this a LTCH co-located within "Y" for yes and "N" for no.	a in accordance with PPS sychiatric Facility (0). I the facility have a before November 15, 2 olumn 2: Did this fac R 412.424 (d)(1)(iii cate which program) thabilitation Facility and "N" for no. I the facility have a ling on or before Noo train residents in a er "Y" for yes or "N' in during this cost n (1 (LTCH)? Enter "Y'	(IPF), or does it cont an approved GME teach 2004? Enter "Y" for y cility train residents i)(D)? Enter "Y" for y year began during this ty (IRF), or does it of an approved GME teach yember 15, 2004? Enter a new teaching prograf ' for no. Column 3: It reporting period. (see ' for yes and "N" for	hal Rule, 87 FR tain an IPF subp ing program in t yes or "N" for r s in a new teach yes or "N" for r s cost reporting contain an IRF ing program in t r "Y" for yes or m in accordance f column 2 is Y, e instructions)	49065-49072 1.00 provider? Y the most N no. (see ning no. g period. N the most N with 42 ,	N N N	3.00 7(0 7: 75
00 00 00 00 00	MAC to apply the new DGME formul (August 10, 2022)? Inpatient Psychiatric Facility F Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no If line 70 is yes: Column 1: Did recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(C)) Cc program in accordance with 42 CF Column 3: If column 2 is Y, indi (see instructions) Inpatient Rehabilitation Facility Is this facility an Inpatient Re subprovider? Enter "Y" for yes If line 75 is yes: Column 1: Did recent cost reporting period end no. Column 2: Did this facility CFR 412.424 (d)(1)(iii)(D)? Ente indicate which program year bega Long Term Care Hospital PPS Is this a long term care hospita Is this a LTCH co-located within	a in accordance with PPS ychiatric Facility (0). I the facility have a before November 15, 22 olumn 2: Did this fac FR 412.424 (d)(1)(iii) cate which program y PPS bhabilitation Facility and "N" for no. I the facility have a ling on or before Nov train residents in a r "Y" for yes or "N" an during this cost n I (LTCH)? Enter "Y' a another hospital for CFR Section §413.400 w Other subprovider	(IPF), or does it cont an approved GME teach 2004? Enter "Y" for y cility train residents i)(D)? Enter "Y" for y year began during this ty (IRF), or does it of an approved GME teach yember 15, 2004? Enter a new teaching program ' for no. Column 3: IT reporting period. (see ' for yes and "N" for or part or all of the (f)(1)(i) TEFRA? Enter (excluded unit) under	hal Rule, 87 FR tain an IPF subp ing program in t yes or "N" for r s in a new teach yes or "N" for r s cost reporting contain an IRF ing program in t r "Y" for yes or m in accordance f column 2 is Y e instructions) no. cost reporting er "Y" for yes o	49065-49072 1.00 provider? Y the most N to. (see ning period. N the most N with 42 period? Enter period? Enter	N N N N N N N N N	3.00 7.0 7.1 7.1 7.1 7.1 7.1 7.1 7.1 7.1
. 00 . 00 . 00 . 00 . 00 . 00 . 00 . 00	MAC to apply the new DGME formul (August 10, 2022)? Inpatient Psychiatric Facility F Is this facility an Inpatient PS Enter "Y" for yes or "N" for no If line 70 is yes: Column 1: Did recent cost report filed on or b 42 CFR 412.424(d)(1)(iii)(c)) Cd program in accordance with 42 CF Column 3: If column 2 is Y, indi (see instructions) Inpatient Rehabilitation Facilit Is this facility an Inpatient Re subprovider? Enter "Y" for yes If line 75 is yes: Column 1: Did recent cost reporting period end no. Column 2: Did this facility CFR 412.424 (d)(1)(iii)(D)? Entee indicate which program year bega Long Term Care Hospital PPS Is this a long term care hospita Is this a long term care hospita Is this a LTCH co-located within "Y" for yes and "N" for no. TEFRA Providers Is this a new hospital under 42 Did this facility establish a ne §413.40(f)(1)(ii)? Enter "Y" fo	a in accordance with PPS sychiatric Facility (0) I the facility have a before November 15, 2 Jumn 2: Did this fac R 412.424 (d)(1)(iii cate which program y babilitation Facilit and "N" for no. I the facility have a bing on or before Noo train residents in a er "Y" for yes or "N' in during this cost n I (LTCH)? Enter "Y' a another hospital for CFR Section §413.400 wo Other subprovider or yes and "N" for no plastic disease care	(IPF), or does it cont an approved GME teach 2004? Enter "Y" for y cility train residents i)(D)? Enter "Y" for y year began during this ty (IRF), or does it of an approved GME teach yember 15, 2004? Enter a new teaching prograr ' for no. Column 3: It reporting period. (see ' for yes and "N" for or part or all of the (f)(1)(i) TEFRA? Enter (excluded unit) under o.	hal Rule, 87 FR tain an IPF subp ing program in t yes or "N" for r s in a new teach yes or "N" for r s cost reporting contain an IRF ing program in t r "Y" for yes or m in accordance f column 2 is Y, e instructions) no. cost reporting er "Y" for yes or r 42 CFR Sectior	49065-49072 1.00 provider? Y the most N to. (see ning period. N the most N with 42 period? Enter period? Enter	N N N N N N N N N N N N N	3.00 3.00 70 71 71 72 72 72 72 72 72 72 72 72 72
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OSPIT	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CC		Period: From 07/01/2022 To 06/30/2023	11/27/2023 5:	epared:
			Wkst. A Lin No.	e Effective Date	Approved Permanent Adjustment Amount Per Discharge	
			1.00	2.00	3.00	
9.00	Column 1: If line 88, column 1 is Y, enter the worksheet A li on which the per discharge permanent adjustment approval was Column 2: Enter the effective date (i.e., the cost reporting beginning date) for the permanent adjustment to the TEFRA tar per discharge. Column 3: Enter the amount of the approved permanent adjustme TEFRA target amount per discharge.	based. period get amount	0.	00	(89.0
				V 1.00	XIX 2.00	-
	Title V and XIX Services			1.00	2.00	
0.00	Does this facility have title V and/or XIX inpatient hospital	services? En	nter "Y" for	N	Y	90.0
1.00	yes or "N" for no in the applicable column. Is this hospital reimbursed for title V and/or XIX through th full or in part? Enter "Y" for yes or "N" for no in the appli			N	Y	91.0
2.00	Are title XIX NF patients occupying title XVIII SNF beds (dua instructions) Enter "Y" for yes or "N" for no in the applicab		ion)? (see		Ν	92.0
3.00	Does this facility operate an ICF/IID facility for purposes o "Y" for yes or "N" for no in the applicable column.		d XIX? Enter	Ν	N	93.0
4.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, a applicable column.	nd "N" for no	o in the	N	Ν	94.0
	If line 94 is "Y", enter the reduction percentage in the appl Does title V or XIX reduce operating cost? Enter "Y" for yes			0.00 N	0.00 N	95.0 96.0
8.00	applicable column. If line 96 is "Y", enter the reduction percentage in the appl Does title V or XIX follow Medicare (title XVIII) for the int stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" fo	erns and res	idents post	0.00 N	0.00 N	97.0 98.0
8.01	column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for the rep C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for tit				Y	98.0
8.02	title XIX. Does title V or XIX follow Medicare (title XVIII) for the cal bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or for title V, and in column 2 for title XIV.			Ν	Y	98.0
8.03	for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a criti reimbursed 101% of inpatient services cost? Enter "Y" for yes				Ν	98.0
8.04	for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a CAH r outpatient services cost? Enter "Y" for yes or "N" for no in in column 2 for title XIX			N	Ν	98.0
	in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) and add bac Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in co				Y	98.0
8.06	column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) when cost r Pts. I through IV? Enter "Y" for yes or "N" for no in column column 2 for title XIX.			Ν	Y	98.0
05 00	Rural Providers Does this hospital qualify as a CAH?			N		105.0
	If this facility qualifies as a CAH, has it elected the all-i	nclusive meth	nod of paymen	t N		105.0
07.00	for outpatient services? (see instructions) Column 1: If line 105 is Y, is this facility eligible for cos training programs? Enter "Y" for yes or "N" for no in column Column 2: If column 1 is Y and line 70 or line 75 is Y, do y approved medical education program in the CAH's excluded IPF	1. (see inst ou train I&Rs and/or IRF u	ructions) s in an	Ν		107.0
08.00	Enter "Y" for yes or "N" for no in column 2. (see instructio Is this a rural hospital qualifying for an exception to the C CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		dule? See 42	Ν		108.0
		Physical	Occupationa		Respiratory	
00.00	The this boship and lifing as a full and such any its	1.00	2.00	3.00	4.00	100.0
U9.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y"					109.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider	CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023		repared
10.00 Did this hospital participate in the Rural Community Hospital Demonstra Demonstration) for the current cost reporting period? Enter "Y" for yes complete worksheet E, Part A, lines 200 through 218, and worksheet E-2, applicable.	or "N" for no.	If yes,	1.00 N	110.0
		1.00	2.00	-
11.00 If this facility qualifies as a CAH, did it participate in the Frontier Health Integration Project (FCHIP) demonstration for this cost reportin "Y" for yes or "N" for no in column 1. If the response to column 1 is Y integration prong of the FCHIP demo in which this CAH is participating Enter all that apply: "A" for Ambulance services; "B" for additional be for tele-health services.	g period? Enter , enter the in column 2.	N		111.0
	1.00	2.00	3.00	-
12.00 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 th demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.0
Miscellaneous Cost Reporting Information L5.00 Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.)			0115.0
16.00 Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.
L7.00 Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		2		117.
18.00 Is the malpractice insurance a claims-made or occurrence policy? Enter if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118.
	Premiums	Losses	Insurance	
18.01List amounts of malpractice premiums and paid losses:	1.00	2.00	3.00	0118.0
	7,354,0			
8.02 Are malpractice premiums and paid losses reported in a cost center othe	r than the	1.00 N	2.00	118.
Administrative and General? If yes, submit supporting schedule listing and amounts contained therein. 9.00 DO NOT USE THIS LINE				119.
 (0.00] Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless p §3121 and applicable amendments? (see instructions) Enter in column 1, "N" for no. Is this a rural hospital with < 100 beds that qualifies for Hold Harmless provision in ACA §3121 and applicable amendments? (see in Enter in column 2, "Y" for yes or "N" for no. 	"Y" for yes or the Outpatien1		N	120.
1.00 Did this facility incur and report costs for high cost implantable devi	ces charged to	Y		121.
patients? Enter "Y" for yes or "N" for no. 2.00 Does the cost report contain healthcare related taxes as defined in §19 Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", en			5.00	122.
the Worksheet A line number where these taxes are included. 2.00Did the facility and/or its subproviders (if applicable) purchase profe	l, and/or			123.
<pre>services, e.g., legal, accounting, tax preparation, bookkeeping, payrol management/consulting services, from an unrelated organization? In colu for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater th professional services expenses, for services purchased from unrelated o leaved is a context of the residue of the expension.</pre>	rganizations			
<pre>management/consulting services, from an unrelated organization? In colu for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater th professional services expenses, for services purchased from unrelated o located in a CBSA outside of the main hospital CBSA? In column 2, enter "N" for no. Certified Transplant Center Information</pre>	rganizations "Y" for yes on	•		
<pre>management/consulting services, from an unrelated organization? In colu for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater th professional services expenses, for services purchased from unrelated o located in a CBSA outside of the main hospital CBSA? In column 2, enter "N" for no. Certified Transplant Center Information 25.00 Does this facility operate a Medicare-certified transplant center? Enter</pre>	rganizations "Y" for yes on			125.
<pre>management/consulting services, from an unrelated organization? In colu for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater th professional services expenses, for services purchased from unrelated o located in a CBSA outside of the main hospital CBSA? In column 2, enter "N" for no. Certified Transplant Center Information 25.00 Does this facility operate a Medicare-certified transplant center? Ente and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below. 26.00 If this is a Medicare-certified kidney transplant program, enter the ce</pre>	rganizations "Y" for yes on r "Y" for yes	Y		
<pre>management/consulting services, from an unrelated organization? In colu for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater th professional services expenses, for services purchased from unrelated o located in a CBSA outside of the main hospital CBSA? In column 2, enter "N" for no. Certified Transplant Center Information 55.00 Does this facility operate a Medicare-certified transplant center? Ente and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below. 26.00 If this is a Medicare-certified kidney transplant program, enter the ce in column 1 and termination date, if applicable, in column 2. 27.00 If this is a Medicare-certified heart transplant program, enter the cer</pre>	rganizations "Y" for yes on r "Y" for yes rtification dat	Y 108/17/2010		126.
<pre>management/consulting services, from an unrelated organization? In colu for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater th professional services expenses, for services purchased from unrelated o located in a CBSA outside of the main hospital CBSA? In column 2, enter "N" for no. Certified Transplant Center Information 25.00 Does this facility operate a Medicare-certified transplant center? Ente and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below. 26.00 If this is a Medicare-certified kidney transplant program, enter the ce in column 1 and termination date, if applicable, in column 2.</pre>	rganizations "Y" for yes or r "Y" for yes rtification dat tification date	Y 108/17/2010 07/20/2009		125. 126. 127. 128.
<pre>management/consulting services, from an unrelated organization? In colu for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater th professional services expenses, for services purchased from unrelated o located in a CBSA outside of the main hospital CBSA? In column 2, enter "N" for no. Certified Transplant Center Information 25.00 Does this facility operate a Medicare-certified transplant center? Ente and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below. 26.00 If this is a Medicare-certified kidney transplant program, enter the ce in column 1 and termination date, if applicable, in column 2. 27.00 If this is a Medicare-certified heart transplant program, enter the cer</pre>	rganizations "Y" for yes or r "Y" for yes rtification dat tification date	Y 108/17/2010 07/20/2009		126. 127.

ealth Financial Systems HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	ASCENSION ST. Y	Provider CC	N: 15-0084	From 07	7/01/2022 5/30/2023	Worksheet S-2 Part I Date/Time Pre 11/27/2023 5:	epared:
					1.00	2.00	-
31.00 If this is a Medicare-certified ir	itestinal transplant prog	gram, enter the c	ertificat				131.00
date in column 1 and termination of 32.00 If this is a Medicare-certified is	let transplant program,	enter the certif	ication da	ate			132.00
in column 1 and termination date, 33.00 Removed and reserved	it applicable, in column	n 2.					133.0
34.00 If this is a hospital-based organ in column 1 and termination date,			e OPO numl	ber			134.0
40.00 Are there any related organization chapter 10? Enter "Y" for yes or ' are claimed, enter in column 2 the	'N" for no in column 1. :	If yes, and home	office cos		Y	15н046	140.0
1.00		2.00			3.00		
If this facility is part of a chai				e name and	address	of the	
home office and enter the home off 41.00Name: ASCENSION ST. VINCENT	Contractor's Name:			actor's Nu	mbor: 0800	11	141.0
42.00 Street: 250 WEST 96TH SREET, STE 22		WFJ	Concre			1	142.0
43.00 City: INDIANAPOLIS		IN	zip Co	ode:	4626	60	143.0
						1.00	
44.00 Are provider based physicians' cos	sts included in Workshee	τ Α?				Y	144.0
					1.00	2.00	-
45.00 If costs for renal services are cl	laimed on Wkst. A. line	74, are the costs	for		Y	2.00	145.0
inpatient services only? Enter "Y" no, does the dialysis facility inc period? Enter "Y" for yes or "N" 46.00 Has the cost allocation methodolog	lude Medicare utilization for no in column 2. Ay changed from the prev	on for this cost	reporting report?		N		146.0
yes, enter the approval date (mm/c	i column 1. (See CMS Pub dd/yyyy) in column 2.	. 15-2, chapter 4	0, §4020)	If			
yes, enter the approval date (mm/c 47.00 was there a change in the statisti 48.00 was there a change in the order of	dd/yyyy) in column 2. ical basis? Enter "Y" fou f allocation? Enter "Y" f	r yes or "N" for for yes or "N" fo	no. or no.			1.00 Y N N	147.0 148.0 149.0
yes, enter the approval date (mm/c 47.00was there a change in the statisti 48.00was there a change in the order of	dd/yyyy) in column 2. ical basis? Enter "Y" fou f allocation? Enter "Y" f	r yes or "N" for for yes or "N" fo	no. or no.	for no.	itle v	Y N	148.0
yes, enter the approval date (mm/c 7.00 was there a change in the statisti 18.00 was there a change in the order of 19.00 was there a change to the simplifi	dd/yyyy) in column 2. ical basis? Enter "Y" foi F allocation? Enter "Y" f ied cost finding method?	r yes or "N" for for yes or "N" fo Enter "Y" for ye Part A 1.00	no. or no. s or "N" - Part B 2.00	for no.	3.00	Y N N Title XIX 4.00	148.0
yes, enter the approval date (mm/c 17.00 was there a change in the statisti 18.00 was there a change in the order of 19.00 was there a change to the simplifi Does this facility contain a provi	dd/yyyy) in column 2. ical basis? Enter "Y" for f allocation? Enter "Y" f ied cost finding method? ider that qualifies for a	r yes or "N" for for yes or "N" fo Enter "Y" for ye Part A 1.00 an exemption from	no. or no. s or "N" - Part B 2.00 n the appl	for no. B T [.]	3.00 the lowe	Y N Title XIX 4.00 er of costs	148.0
yes, enter the approval date (mm/c 17.00 Was there a change in the statisti 18.00 Was there a change in the order of 19.00 Was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or '	dd/yyyy) in column 2. ical basis? Enter "Y" for f allocation? Enter "Y" f ied cost finding method? ider that qualifies for a	r yes or "N" for for yes or "N" fo Enter "Y" for ye Part A 1.00 an exemption from coment for Part A	no. s or "N" Part F 2.00 the appl and Part	for no. B T [.]	3.00 the lowe CFR §413	Y N Title XIX 4.00 er of costs 5.13)	148.0 149.0
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yes, enter the approval date (mm/c 47.00 was there a change in the statisti 48.00 was there a change in the order of 49.00 was there a change to the simplifi Does this facility contain a provi or charges? Enter "Y" for yes or ' 55.00 Hospital 56.00 Subprovider - IPF 57.00 Subprovider - IRF	dd/yyyy) in column 2. ical basis? Enter "Y" for f allocation? Enter "Y" f ied cost finding method? ider that qualifies for a	r yes or "N" for for yes or "N" fo Enter "Y" for ye Part A 1.00 an exemption from ponent for Part A N	no. Ir no. S or "N" Part F 2.00 In the appl and Part N	for no. B T [.]	3.00 the lowe CFR §413	Y N Title XIX 4.00 r of costs 3.13) N	148.0 149.0 155.0 156.0 157.0
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Health Financial Systems	ASCENSION ST. VINC	ENT HOSPITAL	In Lie	u of Form CMS-	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA		Period: From 07/01/2022		
			то 06/30/2023	Date/Time Pre 11/27/2023 5:	
			Beginning	Ending	
			1.00	2.00	
170.00 Enter in columns 1 and 2 the EHR be period respectively (mm/dd/yyyy)	ginning date and ending dat	te for the reporting			170.00
			1.00	2.00	
171.00 If line 167 is "Y", does this provi			N	C	171.00
section 1876 Medicare cost plans re					
"Y" for yes and "N" for no in colum		nter the number of section	1		
1876 Medicare days in column 2. (se	e instructions)				

OSPIT	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Date/Time Pr	epared:
				V/N	11/27/2023 5	:09 pm
				Y/N 1.00	Date 2.00	
	PART II - HOSPITAL AND HOSPITAL HEATHCARE COMPLEX REIMBURSE	MENT QUESTION	AIRE	1.00	2100	
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	I for all NO re	esponses. Ento	er all dates in t	the	
	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 c		instructions			1.0
			Y/N 1.00	Date 2.00	V/I 3.00	
.00	Has the provider terminated participation in the Medicare F yes, enter in column 2 the date of termination and in colum		N N	2.00	3.00	2.0
.00	voluntary or "I" for involuntary. Is the provider involved in business transactions, includir contracts, with individuals or entities (e.g., chain home or or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members of of directors through ownership, control, or family and othe relationships? (see instructions)	offices, drug der or its of the board	Y			3.0
			Y/N	Туре	Date	
			1.00	2.00	3.00	_
.00	Financial Data and Reports Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" f or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	for Compiled, ailable in	Y	A		4.0
.00	Are the cost report total expenses and total revenues diffe those on the filed financial statements? If yes, submit rec		N			5.0
				Y/N 1.00	Legal Oper. 2.00	
.00	Approved Educational Activities Column 1: Are costs claimed for a nursing program? Column the legal operator of the program?	2: If yes, is	s the provide	r N		6.0
.00 .00	Are costs claimed for Allied Health Programs? If "Y" see ir Were nursing programs and/or allied health programs approve cost reporting period? If yes, see instructions.		wed during the	e N		7.0 8.0
.00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction		cal education	Y		9.0
0.00	Was an approved Intern and Resident GME program initiated c cost reporting period? If yes, see instructions.	or renewed in t		Ν		10.0
1.00	Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	E & R in an App	proved	N		11.0
					Y/N 1.00	
	Bad Debts					
	Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection p			ost reporting	Y N	12.0 13.0
4.00	period? If yes, submit copy. If line 12 is yes, were patient deductibles and/or coinsura instructions.	ance amounts wa	aived? If yes	, see	N	14.0
5 00	Bed Complement Did total beds available change from the prior cost reporti	ing period? If	ves see ins	tructions	Y	15.0
			rt A		't B	
		Y/N	Date	Y/N	Date	
	PS&R Data	1.00	2.00	3.00	4.00	
6.00		Y	10/06/2023	Y	10/06/2023	16.0
7.00	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	N		Ν		17.0
3.00	in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		Ν		18.0
9.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		Ν		19.0

Health	Financial	Systems
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In Lieu of Form CMS-2552-10

Health	Financial Systems	ASCENSION ST. V	INCENT HOSPITAL		In Li	eu of Form CMS-	2552-10		
HOSPIT	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT	QUESTIONNAIRE	Provider Co	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023		epared:		
			Descr	iption	Y/N	Y/N			
			()	1.00	3.00			
20.00	If line 16 or 17 is yes, were adjustments Report data for Other? Describe the other				N	N	20.00		
			Y/N	Date	Y/N	Date			
	1		1.00	2.00	3.00	4.00			
21.00	Was the cost report prepared only using t records? If yes, see instructions.	he provider's	N		N		21.00		
						1.00			
	COMPLETED BY COST REIMBURSED AND TEFRA HO	SPITALS ONLY (EXC	EPT CHILDRENS H	OSPITALS)		1.00			
	Capital Related Cost	<u>, , , , , , , , , , , , , , , , , , , </u>					1		
22.00	Have assets been relifed for Medicare pur	poses? If yes, se	e instructions				22.00		
23.00	Have changes occurred in the Medicare dep reporting period? If yes, see instruction		due to apprais	als made duri	ing the cost		23.00		
24.00	Were new leases and/or amendments to exis If yes, see instructions		ed into during	this cost rep	oorting period?		24.00		
25.00	Have there been new capitalized leases en	itered into during	the cost repor	ting period?	If yes, see		25.00		
26.00	instructions. Were assets subject to Sec.2314 of DEFRA	acquired during t	he cost reporti	ng period? If	f yes, see		26.00		
27.00	instructions. Has the provider's capitalization policy	changed during th	e cost reportin	g period? If	yes, submit		27.00		
	copy. Interest Expense						-		
	0 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.								
29.00									
30.00	Has existing debt been replaced prior to			debt? If yes,	see		30.00		
31.00	instructions. Has debt been recalled before scheduled m	aturity without i	ssuance of new	debt? If yes,	see		31.00		
	instructions. Purchased Services						-		
32.00	Have changes or new agreements occurred i arrangements with suppliers of services?			d through cor	ntractual		32.00		
33.00	If line 32 is yes, were the requirements no, see instructions.			g to competit	ive bidding? If	:	33.00		
	Provider-Based Physicians					1			
34.00	Were services furnished at the provider f	acility under an	arrangement wit	h provider-ba	ased physicians?	,	34.00		
	If yes, see instructions.								
35.00	If line 34 is yes, were there new agreeme physicians during the cost reporting peri			ts with the p	provider-based		35.00		
	in the cost reporting per	2 2. 900, 500 1			Y/N	Date			
					1.00	2.00			
	Home Office Costs								
	Were home office costs claimed on the cos If line 36 is yes, has a home office cost		repared by the	home office?			36.00		
	If yes, see instructions. If line 36 is yes , was the fiscal year e						38.00		
	the provider? If yes, enter in column 2 t If line 36 is yes, did the provider rende	he fiscal year en	d of the home o	ffice.			39.00		
	see instructions.								
40.00	If line 36 is yes, did the provider rende instructions.	er services to the	nome office?	i yes, see			40.00		
			1.	00	2	.00	-		
	Cost Report Preparer Contact Information								
41.00	Enter the first name, last name and the t held by the cost report preparer in colum	ame and the title/position GREGORY KRUPINSKI					41.00		
42.00	respectively. Enter the employer/company name of the co		ASCENSION				42.00		
	preparer. Enter the telephone number and email addr		317-583-3282			SKI@ASCENSION.	43.00		
	report preparer in columns 1 and 2, respe				ORG				

Health	Financial Systems ASCENSION ST. V	/INCE	ENT HOSPITAL		In Lieu of Form CMS-2552-10			
HOSPIT	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0084		Period: From 07/01/2022	Worksheet S-2 Part II		
		_			ro 06/30/2023			
			3.00					
	Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position	SEN	NIOR DIRECTOR NET REVE	NUE			41.00	
	held by the cost report preparer in columns 1, 2, and 3,	MGN	МТ					
	respectively.							
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.							

HOSPIT	Financial Systems AS	CENSION ST. VI AL DATA	Provider CO	N: 15-0084	Period:	u of Form CMS-2552-1 Worksheet S-3	
					From 07/01/2022 To 06/30/2023	Part I Date/Time Pre	pared:
						11/27/2023 5: I/P Days / O/P	
						Visits / Trips	
	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH/REH Hours	Title V	
		1.00	2.00	3.00	4.00	5.00	
	PART I - STATISTICAL DATA					-	
L.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2	30.00	505	184,18	0.00	0	1.00
	for the portion of LDP room available beds)						2.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider					0	4.00
5.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		505	184,18	0.00	0	
3.00	INTENSIVE CARE UNIT	31.00	104	37,96	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	57,50	0.00	0	
9.01	CARDIOTHORACIC VASCULAR TRANSPL	32.01	32	11,68		0	
0.00	BURN INTENSIVE CARE UNIT	33.00	8	2,92		0	10.0
0.01	PEDIATRIC INTENSIVE CARE UNIT	33.01	15	5,44		0	10.0
L1.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	-,	0 0.00	0	11.00
1.01	NEONATAL INTENSIVE CARE UNIT	34.01	92	33,58	0.00	0	11.0
L2.00	OTHER SPECIAL CARE (SPECIFY)			,			12.00
L3.00	NURSERY	43.00				0	13.00
L4.00	Total (see instructions)		756	275,76	6 0.00	0	14.00
L5.00	CAH visits					0	15.00
L5.10	REH hours and visits						15.10
L6.00	SUBPROVIDER - IPF	40.00	62	22,63	0	0	16.00
7.00	SUBPROVIDER - IRF						17.0
L8.00	SUBPROVIDER						18.00
L9.00	SKILLED NURSING FACILITY						19.0
20.00	NURSING FACILITY						20.0
21.00	OTHER LONG TERM CARE						21.0
2.00	HOME HEALTH AGENCY						22.0
3.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.0
4.00	HOSPICE						24.0
24.10	HOSPICE (non-distinct part)	30.00					24.1
25.00	CMHC - CMHC						25.0
26.00	RURAL HEALTH CLINIC						26.0
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00	01.0			0	26.2
7.00	Total (sum of lines 14-26)		818			0	27.0
8.00	Observation Bed Days					0	
9.00	Ambulance Trips						29.0
1.00	Employee discount days (see instruction)						30.0
2.00	Employee discount days - IRF Labor & delivery days (see instructions)		0	2,92	0		
2.00			8	2,92	U		32.0
2.01	Total ancillary labor & delivery room outpatient days (see instructions)						52.0
3.00	LTCH non-covered days						33.0
	LTCH non-covered days LTCH site neutral days and discharges						33.0
33.01							

JSPII	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CO	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part I Date/Time Pre 11/27/2023 5:	pare
		I/P Days	/ O/P Visits	/ Trips	Full Time E	Equivalents	
	Component	Title XVIII	Title XIX	Total All	Total Interns		
		6.00	7.00	Patients 8.00	& Residents 9.00	Payroll 10.00	
	PART I - STATISTICAL DATA	0.00	7.00	0.00	9.00	10.00	
00	Hospital Adults & Peds. (columns 5, 6, 7 and	29,025	5,823	109,95	6		1 1.
	8 exclude Swing Bed, Observation Bed and	- ,	- ,	,			
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
00	HMO and other (see instructions)	35,047	48,515				2.
00	HMO IPF Subprovider	1,422	4,728				3.
00	HMO IRF Subprovider	0	0				4.
00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5
00	Hospital Adults & Peds. Swing Bed NF		0		0		6
00	Total Adults and Peds. (exclude observation	29,025	5,823	109,95	6		7
	beds) (see instructions)						
00	INTENSIVE CARE UNIT	6,464	937	23,61	.8		8
00	CORONARY CARE UNIT	0	0		0		9
01	CARDIOTHORACIC VASCULAR TRANSPL	1,587	248	6,36	50		9
.00	BURN INTENSIVE CARE UNIT	168	89	1,50			10
.01	PEDIATRIC INTENSIVE CARE UNIT	6	229	2,56	54		10
.00	SURGICAL INTENSIVE CARE UNIT	0	0	,	0		11
01	NEONATAL INTENSIVE CARE UNIT	0	3,516	25,64	1		11
.00	OTHER SPECIAL CARE (SPECIFY)	-	- ,	- , -			12
.00	NURSERY		2,765	4,56	50		13
.00	Total (see instructions)	37,250	13,607	174,20		3,793.59	
.00	CAH visits	0	0		0	5,100100	15
.10	REH hours and visits		Ŭ.				15
.00	SUBPROVIDER - IPF	1,494	675	13,19	0.00	66.83	
.00	SUBPROVIDER - IRF	1,151	07.5	10,10	0.000	00105	17
.00	SUBPROVIDER						18
0.00	SKILLED NURSING FACILITY						19
.00	NURSING FACILITY						20
.00	OTHER LONG TERM CARE						21
2.00	HOME HEALTH AGENCY						22
.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	50.92	
.00	HOSPICE				0.00	50152	24
.10	HOSPICE (non-distinct part)			28	32		24
.00	CMHC - CMHC			20			25
.00	RURAL HEALTH CLINIC						26
5.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00	0.00	
2.00	Total (sum of lines 14-26)	U U	0		164.14	3,911.34	
.00	Observation Bed Days		1,169	15,91		5,511.54	28
.00	Ambulance Trips	332	1,109	13,91	-1		29
.00		552		1 07			30
.00	Employee discount days (see instruction) Employee discount days - IRF			1,92	0		31
2.00		0	202	1,29	Ŭ,		31
	Labor & delivery days (see instructions)	0	202	,			
2.01	Total ancillary labor & delivery room outpatient days (see instructions)			1,33	94		32
3.00	LTCH non-covered days	0					33
3.00	LTCH non-covered days LTCH site neutral days and discharges	0					33
							1 33

IOSPI ⁻	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider	CCI	N: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet S-3 Part I Date/Time Prep 11/27/2023 5:0	pared:
		Full Time			Dis	charges		
	Component	Equivalents Nonpaid Workers	Title V		Title XVIII	Title XIX	Total All Patients	
		11.00	12.00		13.00	14.00	15.00	
	PART I - STATISTICAL DATA							
.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2			0	6,06	56 1,265	27,408	1.0
2.00	for the portion of LDP room available beds) HMO and other (see instructions)				4,60	5,759		2.0
3.00	HMO IPF Subprovider					845		3.0
1.00	HMO IRF Subprovider					0		4.0
5.00	Hospital Adults & Peds. Swing Bed SNF							5.0
5.00	Hospital Adults & Peds. Swing Bed NF							6.0
.00	Total Adults and Peds. (exclude observation beds) (see instructions)							7.0
3.00	INTENSIVE CARE UNIT							8.0
00.0	CORONARY CARE UNIT							9.0
.01	CARDIOTHORACIC VASCULAR TRANSPL							9.0
.0.00	BURN INTENSIVE CARE UNIT							10.0
0.01	PEDIATRIC INTENSIVE CARE UNIT							10.0
1.00	SURGICAL INTENSIVE CARE UNIT							11.0
1.01	NEONATAL INTENSIVE CARE UNIT							11.0
.2.00	OTHER SPECIAL CARE (SPECIFY)							12.0
.3.00	NURSERY							13.0
4.00	Total (see instructions)	0.00		0	6,06	56 1,265	27,408	
5.00	CAH visits							15.0
5.10	REH hours and visits							15.1
6.00	SUBPROVIDER - IPF	0.00		0	14	41 159	2,259	
7.00	SUBPROVIDER - IRF							17.0
8.00	SUBPROVIDER							18.0
9.00	SKILLED NURSING FACILITY							19.0
0.00	NURSING FACILITY							20.0
1.00	OTHER LONG TERM CARE							21.0
2.00	HOME HEALTH AGENCY	0.00						22.0
3.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.0
4.00	HOSPICE HOSPICE (non-distinct part)							24.0
5.00	CMHC - CMHC							24.1
6.00	RURAL HEALTH CLINIC							26.0
6.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.2
7.00	Total (sum of lines 14-26)	0.00						27.0
8.00	Observation Bed Days	0.00						28.0
9.00	Ambulance Trips							29.0
0.00	Employee discount days (see instruction)							30.0
1.00	Employee discount days (see first detroit)							31.0
2.00	Labor & delivery days (see instructions)							32.0
2.00	Total ancillary labor & delivery room							32.0
01	outpatient days (see instructions)							52.0
3.00	LTCH non-covered days					0		33.0
3.01						0		33.0
	Temporary Expansion COVID-19 PHE Acute Care			- 1		-1		34.0

ITAL WAGE INDEX INFORMATION			Provider CC	F	rom 07/01/2022 o 06/30/2023		par
	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)		Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA SALARIES							-
Total salaries (see	200.00	402,921,214	0	402,921,214	8,135,579.00	49.53	1 :
instructions)							
Non-physician anesthetist Part		C	0	0	0.00	0.00	
Non-physician anesthetist Part		C	0 0	0	0.00	0.00	
B Physician-Part A -		958,759	0	958,759	8,937.00	107.28	
Administrative							
Physicians - Part A - Teaching Physician and Non		5,703,275 45,440,534		5,703,275 45,440,534			
Physician-Part B		+5,++0,554	0	45,440,554	576,612.00	119.90	
Non-physician-Part B for		C	0 0	0	0.00	0.00	
hospital-based RHC and FQHC services							
Interns & residents (in an	21.00	C	10,902,592	10,902,592	357,234.00	30.52	
approved program) Contracted interns and		0		C	0.00	0.00	
residents (in an approved				·			
programs) Home office and/or related		2,367,196		2,367,196	11,069.00	213.86	
organization personnel		2,507,150		2,507,150	11,005.00	213.00	1
SNF D Excluded area salaries (see	44.00	71 002 420		0	0.00		
<pre>D Excluded area salaries (see instructions)</pre>		71,093,439	-2,704,866	68,388,573	1,306,046.00	52.30	1
OTHER WAGES & RELATED COSTS		4.4.042.4.4		4.4. 0.4.2. 4.4.0	455 500 00	05.01	
Contract labor: Direct Patient Care		14,813,140	0 0	14,813,140	155,588.00	95.21	1
Contract labor: Top level		C	0 0	0	0.00	0.00	1
management and other management and administrative							
services							
Contract labor: Physician-Part A - Administrative		5,068,279	0	5,068,279	16,171.00	313.42	1
D Home office and/or related		C	0	0	0.00	0.00	1
organization salaries and wage-related costs							
1 Home office salaries		72,970,371	0	72,970,371	1,385,303.00	52.67	1
2 Related organization salaries		C	0	0	0.00		
Home office: Physician Part A - Administrative		C	0	C	0.00	0.00	
O Home office and Contract		C	0 0	0	0.00	0.00	1
Physicians Part A - Teaching 1 Home office Physicians Part A		0	0	C	0.00	0.00	1
- Teaching			Ĭ	-			
2 Home office contract Physicians Part A - Teaching		718,193	0	718,193	5,116.00	140.38	1
WAGE-RELATED COSTS					1	1	
<pre>Wage-related costs (core) (see instructions)</pre>		61,349,602	0	61,349,602			1
) Wage-related costs (other)							1
(see instructions) D Excluded areas		11 200 400		14 206 400			1
) Excluded areas) Non-physician anesthetist Part		14,286,468 0	0	14,286,468 0			1
A		-		-			
O Non-physician anesthetist Part B		Ŭ	0	ŭ			2
D Physician Part A -		149,400	0	149,400			2
Administrative 1 Physician Part A - Teaching		853,900	0	853,900			2
O Physician Part B		6,837,966		6,837,966			2
0 Wage-related costs (RHC/FQHC) 0 Interns & residents (in an		0 3,086,587		0 3,086,587			2
approved program)							
<pre>D Home office wage-related (core)</pre>		23,875,693	0	23,875,693			2
1 Related organization		C	0	C			2
wage-related (core)		~		~			_
2 Home office: Physician Part A - Administrative -		C	0	C			2
wage-related (core)							L

Health	Financial Systems	AS	CENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPIT	AL WAGE INDEX INFORMATION			Provider C	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023		pared:
		Wkst. A Line Number		Reclassificati on of Salaries (from Wkst. A-6)		Related to	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0			0		25.53
	OVERHEAD COSTS - DIRECT SALARI			-				
26.00	Employee Benefits Department	4.00	5,408,200		5,408,20	,		
27.00	Administrative & General	5.00	10,330,133	, ,		,		
28.00	Administrative & General under		6,724,154	0	6,724,15	39,927.00	168.41	28.00
	contract (see inst.)							
29.00	Maintenance & Repairs	6.00	0	0		0.00		29.00
30.00	Operation of Plant	7.00	30,886	0	30,88	,		
31.00	Laundry & Linen Service	8.00	0	0		0.00		
32.00	Housekeeping	9.00	0	0		0.00		
33.00	Housekeeping under contract (see instructions)		11,753,937	0	11,753,93	397,767.00	29.55	33.00
34.00	Dietary	10.00	0	0		0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,375,026	0	3,375,02	106,038.00		35.00
36.00	Cafeteria	11.00	0	0		0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0		0.00	0.00	37.00
38.00	Nursing Administration	13.00	10,505,685	0	10,505,68	282,865.00	37.14	38.00
39.00	Central Services and Supply	14.00	4,402,595	0	4,402,59	159,839.00	27.54	39.00
40.00	Pharmacy	15.00	14,546,725	-552,995	13,993,73	257,082.00	54.43	40.00
41.00	Medical Records & Medical Records Library	16.00	73,046	0	73,04	3,808.00	19.18	41.00
42.00	Social Service	17.00	5,330,241	0	5,330,24	128,499.00	41.48	42.00
43.00	Other General Service	18.00	0	0		0 0.00	0.00	43.00

Health	Financial Systems	AS	CENSION ST. VI	INCENT HOSPITAL		In Lieu of Form CMS-2552-10			
HOSPIT	AL WAGE INDEX INFORMATION			Provider CO	-	Period: From 07/01/2022 To 06/30/2023			
		Worksheet A		Reclassificati			Average Hourly		
		Line Number	Reported	on of Salaries (from	Salaries (col.2 ± col.		Wage (col. 4 ÷ col. 5)		
				Worksheet A-6)		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		371,263,326	-10,902,592	360,360,73	4 7,885,450.00	45.70	1.00	
	instructions)								
2.00	Excluded area salaries (see instructions)		71,093,439	-2,704,866	68,388,57	3 1,306,046.00	52.36	2.00	
3.00	Subtotal salaries (line 1 minus line 2)		300,169,887	-8,197,726	291,972,16	1 6,579,404.00	44.38	3.00	
4.00	Subtotal other wages & related costs (see inst.)		92,851,790	0	92,851,79	0 1,557,062.00	59.63	4.00	
5.00	Subtotal wage-related costs (see inst.)		85,374,695	0	85,374,69	5 0.00	29.24	5.00	
6.00	Total (sum of lines 3 thru 5)		478,396,372	-8,197,726	470,198,64	6 8,136,466.00	57.79	6.00	
7.00	Total overhead cost (see		72,480,628	-3,689,037	68,791,59	1 1,507,832.00	45.62	7.00	
	instructions)								

OSPIT	AL WAGE RELATED COSTS	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Date/Time Pre	pare
				11/27/2023 5:0	09 r
				Amount	
				Reported	-
				1.00	-
	PART IV - WAGE RELATED COSTS				1
	Part A - Core List				ł
00	RETIREMENT COST 401K Employer Contributions			15,512,387	1 1
00	Tax Sheltered Annuity (TSA) Employer Contribution			15,512,587	
	Nonqualified Defined Benefit Plan Cost (see instructions)			0	
00 00	Oualified Defined Benefit Plan Cost (see instructions)			0	
50	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			0	4
00	401K/TSA Plan Administration fees			0	5
00	Legal/Accounting/Management Fees-Pension Plan			0	-
00	Employee Managed Care Program Administration Fees			1,855,014	× ۱
00	HEALTH AND INSURANCE COST			1,055,014	1
00	Health Insurance (Purchased or Self Funded)			0	1 8
01	Health Insurance (Self Funded without a Third Party Administr	rator)		0	-
02	Health Insurance (Self Funded with a Third Party Administrate			26,829,999	-
02	Health Insurance (Purchased)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20,829,999	
00	Prescription Drug Plan			11,139,976	
.00	Dental, Hearing and Vision Plan			900,214	
.00	Life Insurance (If employee is owner or beneficiary)			306,860	
.00	Accident Insurance (If employee is owner or beneficiary)			300,800	
.00	Disability Insurance (If employee is owner or beneficiary)			2,707,598	
.00	Long-Term Care Insurance (If employee is owner or beneficiary	0		2,707,398	
.00	'Workers' Compensation Insurance	()		4.949	
.00	Retirement Health Care Cost (Only current year, not the extra	ondinany accrual noguin	d by FACR 106	4,949	
.00	Noncumulative portion)	auturnary accruar require	EU DY FASE 100.	0	10
00	FICA-Employers Portion Only			26,646,398	17
.00	Medicare Taxes - Employers Portion Only			20,040,550	
.00	Unemployment Insurance			0	
	State or Federal Unemployment Taxes			206,995	
.00	OTHER			200,333	20
00	Executive Deferred Compensation (Other Than Retirement Cost F	Reported on lines 1 through	igh 4 above (see	31,378	21
	instructions))		.g , usove, (see	51,570	
.00	Day Care Cost and Allowances			0	22
	Tuition Reimbursement			422,155	
.00	Total Wage Related cost (Sum of lines 1 -23)			86,563,923	
	Part B - Other than Core Related Cost			,,	1

Health	Financial Systems	ASCENSION ST. VINCE	ENT HOSPITAL	In Lie	u of Form CMS-2	2552-10
HOSPIT	AL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0084	Period:	Worksheet S-3	
				From 07/01/2022		nanad.
				то 06/30/2023	Date/Time Pre 11/27/2023 5:	
	Cost Center Description		L	Contract Labor		
	·			1.00	2.00	
	PART V - Contract Labor and Benefit Cost					
	Hospital and Hospital-Based Component Ider	ntification:				
1.00	Total facility's contract labor and benef	it cost		14,813,140	86,563,923	1.00
2.00	Hospital			14,813,140	61,349,602	2.00
3.00	SUBPROVIDER - IPF			0	0	3.00
4.00	SUBPROVIDER - IRF					4.00
5.00	Subprovider - (Other)			0	0	5.00
6.00	Swing Beds - SNF			0	0	6.00
7.00	Swing Beds - NF			0	0	7.00
8.00	SKILLED NURSING FACILITY					8.00
9.00	NURSING FACILITY					9.00
10.00	OTHER LONG TERM CARE I					10.00
11.00	Hospital-Based HHA					11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			0	0	12.00
13.00	Hospital-Based Hospice					13.00
14.00	Hospital-Based Health Clinic RHC					14.00
15.00	Hospital-Based Health Clinic FQHC					15.00
16.00	Hospital-Based-CMHC					16.00
17.00	RENAL DIALYSIS I			0	0	17.00
18.00	Other			0	25,214,321	18.00

Health	th Financial Systems ASCENSION ST. VINCENT HOSPITAL In Lieu of Form						
HOSPIT	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CC	N: 15-0084	Period:	Worksheet S-1	0	
				From 07/01/2022 To 06/30/2023	Date/Time Pre 11/27/2023 5:		
	the sum and so it is discussed as a sum the side of				1.00		
1.00	Uncompensated and indigent care cost computation Cost to charge ratio (Worksheet C, Part I line 202 column 3 div	idad by lir		8)	0.200888	1.00	
1.00	Medicaid (see instructions for each line)	Tueu by Th	le 202 Column	1 6)	0.200888	1 1.00	
2.00	Net revenue from Medicaid				199,720,186	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplement	al payments	s from Medica	id?	Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from		0	5.00			
6.00	Medicaid charges				1,222,829,504		
7.00	Medicaid cost (line 1 times line 6)		C J ·		245,651,773		
8.00	Difference between net revenue and costs for Medicaid program (line / minu	is sum of lir	ies 2 and 5; if	45,931,587	8.00	
	<pre>< zero then enter zero) Children's Health Insurance Program (CHIP) (see instructions for </pre>	r each line	N				
9.00	Net revenue from stand-alone CHIP	i each inte	.,		0	9.00	
10.00					0 0		
11.00	Stand-alone CHIP cost (line 1 times line 10)				0		
12.00		line 11 mir	us line 9; i	f < zero then	0	12.00	
	enter zero)						
	Other state or local government indigent care program (see inst						
13.00	Net revenue from state or local indigent care program (Not incl				0		
14.00	Charges for patients covered under state or local indigent care 10)	program (N	Not included	in lines 6 or	0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local ind	igent care	program (lir	ie 15 minus line	0	16.00	
	13; if < zero then enter zero)		/7 7				
	Grants, donations and total unreimbursed cost for Medicaid, CHI instructions for each line)	P and state	e/local indig	ent care progra	ns (see		
17.00		nding chari	ity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of h	ospital ope	erations		0	18.00	
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16)	indigent o	care programs	(sum of lines	45,931,587	19.00	
			Uninsured	Insured	Total (col. 1		
		_	patients	patients	+ col. 2)		
	Uncomponented Core (and instructions for each line)		1.00	2.00	3.00		
20.00	Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire fac	ility	78,312,11	4,815,893	83,128,004	20.00	
20.00	(see instructions)	lincy	70,512,11	4,015,055	05,120,004	20.00	
21.00		nts (see	15,731,90	4,815,893	20,547,856	21.00	
	instructions)						
22.00		off as		0 0	0	22.00	
23.00	charity care Cost of charity care (line 21 minus line 22)		15,731,90	4,815,893	20,547,856	23.00	
		1		.,,			
		<u> </u>			1.00		
24.00	Does the amount on line 20 column 2, include charges for patien imposed on patients covered by Medicaid or other indigent care		ond a length	of stay limit	N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond th	's length of	0	25.00			
	stay limit						
26.00					52,505,168		
27.00	Medicare reimbursable bad debts for the entire hospital complex	891,014 1,370,791					
27.01 28.00							
28.00	Cost of non-Medicare and non-reimbursable Medicare bad debt exp	ense (see i	instructions		51,134,377 10,752,060		
30.00					31,299,916		
	Total unreimbursed and uncompensated care cost (line 19 plus li	ne 30)			77,231,503		

CLASS	IFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provider C		Period:	Worksheet A	
					From 07/01/2022 To 06/30/2023		
	Cost Conton Description	Salaries	Othor		L Reclassificati	11/27/2023 5: Reclassified	09 p
	Cost Center Description	Salaries	Other	+ col. 2	ons (See A-6)	Trial Balance	
				+ con. 2)	0113 (SEE A-0)	(col. 3 +-	
						col. 4)	
		1.00	2.00	3.00	4.00	5.00	
G	ENERAL SERVICE COST CENTERS					•	
0 0	0100 CAP REL COSTS-BLDG & FIXT		26,585,042	26,585,04	2 283,053	26,868,095] 1
01 0	0101 NEW CAP REL COSTS-BLDG-STRESS		629,447	629,44	7 0	629,447	1
0 0	0200 CAP REL COSTS-MVBLE EQUIP		21,343,857	21,343,85	7 0	21,343,857	2
0 0	0300 OTHER CAP REL COSTS		0		0 0	0	3
0 0	0400 EMPLOYEE BENEFITS DEPARTMENT	5,408,200	62,321,178	67,729,37	8 -283,053	67,446,325	4
0 0	0500 ADMINISTRATIVE & GENERAL	10,330,133	310,769,652	321,099,78	5 -6,183,059	314,916,726	5
0 0	0700 OPERATION OF PLANT	30,886	33,466,531	33,497,41	7 0	33,497,417	
0 0	0800 LAUNDRY & LINEN SERVICE	0	2,683,069	2,683,06	9 0	2,683,069	8
	00900 HOUSEKEEPING	0	13,059,821			13,059,821	
	1000 DIETARY	0	15,448,927	15,448,92			
	1100 CAFETERIA	0	0		0 10,695,079		
	1300 NURSING ADMINISTRATION	10,505,685	4,353,879				
	1400 CENTRAL SERVICES & SUPPLY	4,402,595	5,851,705			, ,	
	1500 PHARMACY	14,546,725	61,895,126				
	1600 MEDICAL RECORDS & LIBRARY	73,046	1,171			,	
	1700 SOCIAL SERVICE	5,330,241	925,054			-,,	
	2100 I&R SERVICES-SALARY & FRINGES A	0	0		0 10,902,592		
	2200 I&R SERVICES-OTHER PRGM COSTS A	23,140,821	8,557,080				
	2300 PARAMED ED PRGM- PHARMACY	483,852	64,065	· · · ·			
	2301 PARAMED ED PRGM - CPE	463,876	45,394				
	2302 PARAMED ED PRGM - RADIOLOGY	202,512	-26,475	176,03	7 234,345	410,382	
	2303 PARAMED ED PRGM - EMS	0	0		0 0	0	1
	2304 PARAMED ED PRGM- SONOGRAPHY	259,984	52,060	312,04	4 222,346	534,390	23
	NPATIENT ROUTINE SERVICE COST CENTERS				_		
	3000 ADULTS & PEDIATRICS	88,724,750	27,059,641				
	3100 INTENSIVE CARE UNIT	17,830,166	7,362,033	25,192,19	9 -1,219,227	23,972,972	
	3200 CORONARY CARE UNIT	0	0		0 0	-	
	3201 CARDIOTHORACIC VASCULAR TRANSPL	6,262,622	1,707,170				
	3300 BURN INTENSIVE CARE UNIT	1,915,304	583,028			2,345,031	
	2080 PEDIATRIC INTENSIVE CARE UNIT	4,458,580	1,218,085	5,676,66	5 -216,111		
	3400 SURGICAL INTENSIVE CARE UNIT	0	0		0 0	0	-
	2060 NEONATAL INTENSIVE CARE UNIT	24,596,640	4,908,466				
	04000 SUBPROVIDER - IPF	6,567,501	788,889			7,356,390	
	V4300 NURSERY	1,344,711	187,825	1,532,53	6 1,916,536	3,449,072	43
	NCILLARY SERVICE COST CENTERS	29,275,828	46,990,672	76,266,50	0 -26,751,710	49,514,790	50
	5200 DELIVERY ROOM & LABOR ROOM	6,232,361	1,619,518		, ,	, ,	
	5400 RADIOLOGY-DIAGNOSTIC	7,417,387	6,486,673				
	15402 AMBULATORY CARDIOVASCULAR SVC	3,381,770	1,353,749				
	15403 ULTRASOUND	1,390,310	268,151				
	5404 ECHOCARDIOLOGY	866,328	609,282				
	05401 ONCOLOGY	4,226,283	4,529,350		,		
	05700 CT SCAN	1,925,533	793,943				
	55800 MRI	1,118,077	404,509				
	5500 CARDIAC CATHETERIZATION	5,706,009	19,412,254				
	5901 CARDIAC REHAB	589,968	232,195		, ,	, ,	
	16000 LABORATORY	0	32,143,981				
	06500 RESPIRATORY THERAPY	8,006,908	4,744,602				
	06600 PHYSICAL THERAPY	3,271,251	9,487,417				
	06700 OCCUPATIONAL THERAPY	1,169,879	2,220,767				
	06800 SPEECH PATHOLOGY	461,386	1,188,028				
	06900 ELECTROCARDIOLOGY	1,217,332	1,126,075				
	07000 ELECTROENCEPHALOGRAPHY	1,965,951	13,737,604				
	7100 MEDICAL SUPPLIES CHARGED TO PAT	1,505,551	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		64,758,894		
	7200 IMPL. DEV. CHARGED TO PATIENTS	0	67,038,981			67,038,981	
	7300 DRUGS CHARGED TO PATIENTS	0	0		57,807,788		
	7400 RENAL DIALYSIS	0	4,734,300				
	7500 ASC (NON-DISTINCT PART)	Ő	0		0 0		
	3330 ENDOSCOPY	2,686,233	4,053,813	6,740,04		-	
	UTPATIENT SERVICE COST CENTERS	, , , , , , , , , , , , , , , , , , , ,	, ,	. , ., .	, , , , , , , , , , , , , , , , , , , ,		1
	99000 CLINIC	10,521	-72,423	-61,90	2 8,062,076	8,000,174	90
	9001 PARTIAL HOSPITALIZATION	2,979,611	-256,737				
	99002 COVID-19 VACCINE CLINIC	21,701	1,953				
	99003 BURN CLINIC	221,457	157,216			,	
	99100 EMERGENCY	22,284,804	23,295,400				
	99101 WOUND CARE 002	868,851	1,083,115				
	99102 WOUND CARE 001	520,003	114,828				
	9103 LAFAYETTE RD CLINIC	0	114,020		0 0		
	99104 ZIONSVILLE CLINIC	268,023	285,449		-	553,472	
04 0			203,773	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 0	JJJ, 712	1 21
	9105 BROWNSBURG CLINIC	0	, U		0 0	0	91

Health Financial Systems AS	CENSION ST. VIN	CENT HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider C	CN: 15-0084	Period:	Worksheet A	
				From 07/01/2022	Data /Tima Dra	nanad.
				то 06/30/2023	Date/Time Pre 11/27/2023 5:	pared: 09 nm
Cost Center Description	Salaries	Other	Total (col.	l Reclassificati	Reclassified	o o pin
	Sururres	ocher	+ col. 2)	ons (See A-6)		
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	380,614	653,084	1,033,69	8 0	1,033,698	91.07
91.08 04040 FAMILY PRACTICE	3,971,662	3,748,214	7,719,87	6 -5,961	7,713,915	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	6,387,084	1,414,574	7,801,65	8 -76,149	7,725,509	95.00
98.00 09853 GERIATRIC CLINIC	0	0		0 0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0		0 0	0	98.01
98.02 09852 DIABETES EDUCATION	296,141	21,499	317,64	0 0	317,640	98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	3,661,663	7,016,796	10,678,45	9 -2,802,100	7,876,359	105.00
106.00 10600 HEART ACQUISITION	3,373,538	4,720,605	8,094,14	3 -3,229,525		
112.00 08600 PANCREAS ACQUISITION	0	0		0 0		112.00
113.00 11300 INTEREST EXPENSE		0		0 0		113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	4,184,452	9,803,626			13,988,078	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	357,708,378	887,136,356	1,244,844,73	4 0	1,244,844,734	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	916,320	916,32		916,320	
191.00 19100 RESEARCH	379,664	2,359	382,02		382,023	
192.00 19200 PHYSICIANS PRIVATE OFFICES	38,165,887	13,377,354	51,543,24	1 0	51,543,241	
193.00 19300 NONPAID WORKERS	0	0		0 0		193.00
193.01 19304 MARKETING	0	0		0 0		193.01
193.02 19305 MISSION SERVICES	422,431	465,207	887,63	8 0	887,638	
193.03 19306 FOUNDATION	0	0		0 0		193.03
193.04 19307 WELLNESS	1,896,951	172,346	2,069,29	7 0	2,069,297	
193.05 19301 NETWORK DEVELOPMENT	0	0		0 0		193.05
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0		0 0		193.06
193.07 19310 BILLING	0	26,488,388			26,488,388	
193.08 19308 OCCUPATIONAL HEALTH	619	298	91	.7 0		193.08
193.09 19312 LIFELINE	0	0		0 0		193.09
193.10 19313 MARTEN HOUSE	0	0		0 0		193.10
193.14 19302 VACANT SPACE	0	0		0 0		193.14
193.16 19316 SETON BOARD	0	0		0 0		193.16
193.19 19319 SPORTS PERFORMANCE	3,628,095	1,674,160			5,302,255	
194.00 07950 RETAIL PHARMACY	719,189	6,035,521			6,754,710	
200.00 TOTAL (SUM OF LINES 118 through 199)	402,921,214	936,268,309	1,339,189,52	3 0	1,339,189,523	200.00

ECLASS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANC	E OF EXPENSES	Provider CCN: 15-0084	Period: From 07/01/2022	Worksheet A
				то 06/30/2023	Date/Time Prepar 11/27/2023 5:09
	Cost Center Description	Adjustments	Net Expenses		11/2//2023 5.09
		(See A-8)	For Allocation		
	GENERAL SERVICE COST CENTERS	6.00	7.00		
	00100 CAP REL COSTS-BLDG & FIXT	-5,592,880	21,275,215		
1	00101 NEW CAP REL COSTS-BLDG-STRESS	-210,289			
00	00200 CAP REL COSTS-MVBLE EQUIP	-69,838	21,274,019		
	00300 OTHER CAP REL COSTS	C	-		
	00400 EMPLOYEE BENEFITS DEPARTMENT	6,818,061			
	00500 ADMINISTRATIVE & GENERAL	-80,528,144			
	00700 OPERATION OF PLANT	-555,711			
	00800 LAUNDRY & LINEN SERVICE	0	_,,		
	00900 HOUSEKEEPING	122.174	,		
	01000 DIETARY	-132,174			1
	01100 CAFETERIA	-2,101,097			1
	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	-869,340			
	01400 CENTRAL SERVICES & SUPPLY	-7,455,761			1
	01600 MEDICAL RECORDS & LIBRARY	-227			1
	01700 SOCIAL SERVICE	-206,597			1
	02100 I&R SERVICES-SALARY & FRINGES A	200,337			2
	02200 I&R SERVICES-OTHER PRGM COSTS A	-4,927,034			2
	02300 PARAMED ED PRGM- PHARMACY	-97.000			2
	02301 PARAMED ED PRGM - CPE	-6,450	,		2
	02302 PARAMED ED PRGM - RADIOLOGY	-38,484			2
	02303 PARAMED ED PRGM - EMS	0			2
	02304 PARAMED ED PRGM- SONOGRAPHY	-92,717	441,673		2
	INPATIENT ROUTINE SERVICE COST CENTERS				
.00	03000 ADULTS & PEDIATRICS	-28,981,024	85,695,829		3
.00	03100 INTENSIVE CARE UNIT	-6,046	23,966,926		3
.00	03200 CORONARY CARE UNIT	C	0		3
	03201 CARDIOTHORACIC VASCULAR TRANSPL	-1,015,957	14,133,836		3
	03300 BURN INTENSIVE CARE UNIT	C	2,345,031		3
.01	02080 PEDIATRIC INTENSIVE CARE UNIT	-2,090,646	3,369,908		3
.00	03400 SURGICAL INTENSIVE CARE UNIT	C	0		34
.01	02060 NEONATAL INTENSIVE CARE UNIT	-10,202,554	17,936,984		34
	04000 SUBPROVIDER - IPF	-2,681,874			4
	04300 NURSERY	-1,335,456	2,113,616		4
	ANCILLARY SERVICE COST CENTERS	C 010 01			
	05000 OPERATING ROOM	-6,019,917			5
	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	-25,978 -1,922,055			5
	05400 AMBULATORY CARDIOVASCULAR SVC	-53,257			5
	05403 ULTRASOUND	-55,257			5
	05404 ECHOCARDIOLOGY		1,603,166		5
	05401 ONCOLOGY	-107,460			5
	05700 CT SCAN	107,100	2,192,770		5
	05800 MRI	-542			5
	05900 CARDIAC CATHETERIZATION	-6,000			5
	05901 CARDIAC REHAB	0,000			5
	06000 LABORATORY				6
	06500 RESPIRATORY THERAPY	1,159	,		6
	06600 PHYSICAL THERAPY	-375,568			6
	06700 OCCUPATIONAL THERAPY	0	4,754,025		6
	06800 SPEECH PATHOLOGY	-293			6
	06900 ELECTROCARDIOLOGY	C	2,051,276		6
	07000 ELECTROENCEPHALOGRAPHY	-11,899,257			7
.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	C	64,758,894		7
	07200 IMPL. DEV. CHARGED TO PATIENTS	C	67,038,981		7
	07300 DRUGS CHARGED TO PATIENTS	-1,167	57,806,621		7
	07400 RENAL DIALYSIS	C	4,734,151		7
	07500 ASC (NON-DISTINCT PART)	C			7
	03330 ENDOSCOPY	C	3,676,407		7
	OUTPATIENT SERVICE COST CENTERS				
	09000 CLINIC	0	-,,		90
	09001 PARTIAL HOSPITALIZATION	0	, ,-		90
	09002 COVID-19 VACCINE CLINIC	0	20,001		90
	09003 BURN CLINIC	123,011			90
	09100 EMERGENCY	-15,379,530			9
	09101 WOUND CARE 002	-1,825			9
	09102 WOUND CARE 001	0	567,316		9
	09103 LAFAYETTE RD CLINIC	C	0		9
	09104 ZIONSVILLE CLINIC	C	553,472		9
	09105 BROWNSBURG CLINIC	C	0		9
	09106 OP ANTICOAGULATION CLINIC	-5,531			9
.07	09107 ST VINCENT OUTPATIENT TREATMENT	C	1,033,698		9
	04040 FAMILY PRACTICE	-4,312,398	3,401,517		9

Health Financial Systems AS	SCENSION ST. V	INCENT HOSPITAL		In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider C	CN: 15-0084	Period:	Worksheet A
				From 07/01/2022 To 06/30/2023	Date/Time Prepared:
				10 00/30/2023	11/27/2023 5:09 pm
Cost Center Description	Adjustments	Net Expenses			
	(See A-8)	For Allocation	<u>l</u>		
	6.00	7.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT					92.00
OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES	(7,725,509			95.00
98.00 09853 GERIATRIC CLINIC		1,723,309			98.00
98.00 09853 GERIATRIC CLINIC 98.01 09851 ELECTROCONVULSIVE THERAPY					98.00
98.02 09852 DIABETES EDUCATION		317,640			98.02
SPECIAL PURPOSE COST CENTERS		<u> </u>			50.02
105.00 10500 KIDNEY ACQUISITION	-462,860	7,413,499)		105.00
106.00 10600 HEART ACQUISITION	-119,950				106.00
112.00 08600 PANCREAS ACQUISITION	(0			112.00
113.00 11300 INTEREST EXPENSE	0	0 0			113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	-162,300	13,825,778			115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-183,088,977	1,061,755,757	•		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	916,320			190.00
191.00 19100 RESEARCH	0	382,023	•		191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	51,543,241	-		192.00
193.00 19300 NONPAID WORKERS	0	0 0			193.00
193.01 19304 MARKETING	0	0 0			193.01
193.02 19305 MISSION SERVICES	0	887,638			193.02
193.03 19306 FOUNDATION	0	0 0			193.03
193.04 19307 WELLNESS	0	2,069,297			193.04
193.05 19301 NETWORK DEVELOPMENT	(193.05
193.06 19303 JOINT VENTUREJOINT VENTURE					193.06
193.07 19310 BILLING		26,488,388	•		193.07
193.08 19308 OCCUPATIONAL HEALTH		917			193.08
193.09 19312 LIFELINE 193.10 19313 MARTEN HOUSE					193.09 193.10
193.14 19302 VACANT SPACE					193.10
193.16 19316 SETON BOARD					193.14
193.19 19319 SPORTS PERFORMANCE		5,302,255			193.10
194.00 07950 RETAIL PHARMACY		6,754,710			193.19
200.00 TOTAL (SUM OF LINES 118 through 199)	-183.088 977	1,156,100,546			200.00
	100,000,000	, _, _, _, _, _, _, _, _, _, _, _, _,	1		1200100

Health	Financial Systems	A	SCENSION ST. V	INCENT HOSPITA	L	In Lie	u of Form CMS-2552-10
RECLAS	SIFICATIONS			Provider (CCN: 15-0084	Period: From 07/01/2022	Worksheet A-6
						To 06/30/2023	Date/Time Prepared:
		T					11/27/2023 5:09 pm
	Cost Center	Increases Line #	Salary	Other	-		
	2.00	3.00	4.00	5.00	-		
	A - Pharmacy						
1.00	DRUGS_CHARGED_TO_PATIENTS	73.00	0	56,644,392			1.00
	TOTALS		0	56,644,392			
1.00	B - Drugs Directly Assigned DRUGS CHARGED TO PATIENTS	73.00		1,163,396			1.00
2.00	DRUGS CHARGED TO PATIENTS	75.00		1,105,550			2.00
3.00							3.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00 8.00							7.00
9.00							9.00
10.00							10.00
11.00							11.00
12.00							12.00
13.00							13.00
14.00 15.00							14.00 15.00
16.00							16.00
17.00							17.00
18.00							18.00
19.00							19.00
20.00							20.00
21.00							21.00
22.00 23.00							22.00 23.00
24.00							24.00
25.00							25.00
26.00							26.00
27.00					-		27.00
	C Ned Ed Director		0	1,163,396			
1.00	C - Med Ed Director I&R SERVICES-OTHER PRGM	22.00	4,946		1		1.00
1.00	COSTS A	22.00	+, 5+0				1.00
			4,946	ō	-		
	D - Nursery				1		
1.00	NURSERY	43.00	1,677,976				1.00
	- Duilding Dont		1,677,976	238,560			
1.00	E - Building Rent CAP REL_COSTS-BLDG & FIXT	1.00		283,053			1.00
1.00				283,053			1.00
	F - Rental Beds		- 1	,			
1.00	MEDICAL SUPPLIES CHARGED TO	71.00		1,552,334			1.00
	PAT				-		
	G – Sonography		0	1,552,334			
1.00	PARAMED ED PRGM- SONOGRAPHY	23.04	222,346				1.00
1.00			222,346		-		2100
	H - Resident Salaries						
1.00	I&R SERVICES-SALARY &	21.00	10,902,592				1.00
	FRINGES A				-		
	I - Radiology Paramed		10,902,592	0			
1.00	PARAMED ED PRGM - RADIOLOGY	23.02	234,345				1.00
1.00			234,345		-		1.00
	J - Pharmacy Paramed						
1.00	PARAMED ED PRGM- PHARMACY	23.00	655,467		_		1.00
			655,467	0			
1 00	K - Pharmacy Year 2	15 00	152.274	20, 102	1		1 00
1.00	PHARMACY	<u>15.00</u>	<u> </u>				1.00
	L - CPE Paramed		132,274	20,102	I		
1.00	PARAMED ED PRGM - CPE	23.01	3,741				1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	232,564	22,776			2.00
			236,305				
_	M - Organ Acquisition				1		
1.00	KIDNEY ACQUISITION	105.00	49,802	0			1.00
2.00 3.00	KIDNEY ACQUISITION KIDNEY ACQUISITION	105.00 105.00	0	77,250 33,088			2.00 3.00
3.00 4.00	CARDIOTHORACIC VASCULAR	32.01	748,283	33,088 1,326,141			4.00
	TRANSPL	52.01	770,203	1,520,141			+.00
5.00	KIDNEY ACQUISITION	105.00	126,041				5.00
6.00	HEART ACQUISITION	106.00	0	69,820			6.00

ASSIFICATIONS			Provider CCN: 15-008	A Period:	Worksheet A-6
				From 07/01/2022 To 06/30/2023	Date/Time Prepare
	Increases				11/27/2023 5:09 p
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
HEART ACQUISITION	106.00	0	35,381		7.
CARDIOTHORACIC VASCULAR	32.01	2,096,543	1,817,756		8.
TRANSPL					
CARDIOTHORACIC VASCULAR	32.01	1,013,857	0		9.
TRANSPL	+	4,034,526	3,359,436		
N - Dietary		4,034,320	5,559,450		
CAFETERIA	11.00		10,695,079		1.
			10,695,079		
0 - Medical Supplies	1	· · · ·	- , , ,		
MEDICAL SUPPLIES CHARGED TO	71.00	0	63,206,560		1.
PAT					
	0.00	0	0		2
	0.00	0	0		3
	0.00	0	0		4
	0.00 0.00	0	0		5
	0.00	0	0		6
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)	0.00	Ő	o		10
)	0.00	0	0		11
	0.00	0	0		12
	0.00	o	0		13
)	0.00	0	0		14
	0.00	0	0		15
	0.00	0	0		16
	0.00	0	0		17
	0.00 0.00	0	0		18
	0.00	0	0		20
	0.00	0	0		20
	0.00	Ő	0		22
	0.00	0	õ		23
TOTALS			63,206,560		
P - Therapy					
OCCUPATIONAL THERAPY	67.00	489,154	902,175		1
SPEECH_PATHOLOGY	68.00	53 <u>1,5</u> 35	98 <u>0,3</u> 39		2
		1,020,689	1,882,514		
Q - Cardaic Admin	20.00	120 700	202 462		
ADULTS & PEDIATRICS	30.00	428,789	382,463		1
INTENSIVE CARE UNIT CARDIOTHORACIC VASCULAR	31.00 32.01	296,312 367,130	264,298 327,465		2
TRANSPL	52.UI	507,150	521,405		3
OPERATING ROOM	50.00	484,911	432,521		4
AMBULATORY CARDIOVASCULAR	54.01	131,415	117,217		5
SVC			-		
ECHOCARDIOLOGY	54.03	67,420	60,136		6
CARDIAC CATHETERIZATION	59.00	1,070,074	954,463		7
CARDIAC REHAB	59.01	37,883	33,790		8
ELECTROCARDIOLOGY	69.00	107,977	96,311		9
) HEART_ACQUISITION	106.00	372,954	332,660		10
		3,364,865	3,001,324		
R - Clinic CLINIC	90.00	3,114,641	4,743,791		1
CLINIC	90.00	5,114,041	208,996		2
TOTALS		3,114,641	4,952,787		
00 Grand Total: Increases		25,620,972	147,022,373		500

RECLAS	STEICALIONS			Provider C	CN: 15-0084	From 07/01/2022 To 06/30/2023	Date/Time Prepar 11/27/2023 5:09	
		Decreases						
	Cost Center 6.00	<u>Line #</u> 7.00	Salary 8.00	Other N 9.00	<u>wkst. A-7 Ref</u> 10.00	·		
	A - Pharmacy	7.00	0.00	5.00	10.00			
1.00	PHARMACY	15.00	0	56,644,392		0		1.00
	TOTALS		0	56,644,392				
1 00	B - Drugs Directly Assigned ADULTS & PEDIATRICS	30.00		2 254		1		1 00
1.00 2.00	INTENSIVE CARE UNIT	31.00		2,254 368				1.00 2.00
3.00	CARDIOTHORACIC VASCULAR	32.01		11				3.00
	TRANSPL							
4.00	PEDIATRIC INTENSIVE CARE	33.01		36				4.00
5.00	UNIT	34.01		162				5.00
6.00	NEONATAL INTENSIVE CARE UNIT OPERATING ROOM	50.00		347,538				6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00		12,200				7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00		36,258				8.00
9.00	AMBULATORY CARDIOVASCULAR	54.01		87,515				9.00
	SVC							
10.00	ULTRASOUND	54.02		3				10.00
11.00 12.00	ONCOLOGY MRI	54.04 58.00		9,198 1,421				11.00
12.00	CARDIAC CATHETERIZATION	59.00		1,421				13.00
14.00	CARDIAC REHAB	59.01		252				14.00
15.00	LABORATORY	60.00		13,346				15.00
16.00	RESPIRATORY THERAPY	65.00		4,463				16.00
17.00	SPEECH PATHOLOGY	68.00		37			1	17.00
18.00	ELECTROCARDIOLOGY	69.00		496,419				18.00
19.00	RENAL DIALYSIS	74.00		149				19.00
20.00	ENDOSCOPY	75.01		1,409				20.00
21.00		90.00		5,352				21.00
22.00 23.00	BURN CLINIC EMERGENCY	90.03 91.00		26,387 9,632				22.00
24.00	WOUND CARE 002	91.00		29,860				24.00
25.00	OP ANTICOAGULATION CLINIC	91.06		278				25.00
26.00	FAMILY PRACTICE	91.08		1,015				26.00
27.00	AMBULANCE_SERVICES	95.00		76,149			2	27.00
			0	1,163,396				
1.00	C - Med Ed Director FAMILY PRACTICE	91.08	4,946					1.00
1.00			4,946	0		-		1.00
	D - Nursery	I	, , , , , , , , , , , , , , , , , , , ,					
1.00	ADULTS & PEDIATRICS		1,677,976	238,560		_		1.00
			1,677,976	238,560				
1 00	E - Building Rent	4 00		202.052	1	0		1 00
1.00	EMPLOYEE BENEFITS DEPARTMENT			<u>283,053</u> 283,053	L	.0		1.00
	F - Rental Beds		V	203,033				
1.00	CENTRAL SERVICES & SUPPLY	14.00		1,552,334				1.00
				1,552,334		-		
	G – Sonography					J		
1.00	ULTRASOUND	54.02	222,346					1.00
			222,346	0				
1 00	H - Resident Salaries	22.00	10 002 502					1 00
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	10,902,592					1.00
		+	10,902,592	₀		-		
	I - Radiology Paramed	I	10,001,001					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	234,345					1.00
			234,345	0				
	J - Pharmacy Paramed							
1.00	PHARMACY		655,467			_		1.00
			655,467	0				
1.00	K - Pharmacy Year 2 PARAMED ED PRGM- PHARMACY	23.00	152,274	20,162				1.00
1.00		23.00	152,274	20,102		-		1.00
	L - CPE Paramed		152,271	20,102				
1.00	ADMINISTRATIVE & GENERAL	5.00	3,741					1.00
2.00	PARAMED ED PRGM - CPE	23.01	232,564	22,776				2.00
			236,305	22,776				
1 00	M - Organ Acquisition	45.00	40,000	-		0		1
1.00 2.00	PHARMACY	15.00 10.00	49,802	0 77 250		0		1.00
2.00	DIETARY ADMINISTRATIVE & GENERAL	5.00	0	77,250 33,088		0		2.00
4.00	KIDNEY ACQUISITION	105.00	748,283	1,326,141		0		4.00
5.00	HEART ACQUISITION	106.00	126,041	, ,		0		5.00
6.00	DIFTARY	10.00	0	69.820		0		6.00

ASCENSION ST. VINCENT HOSPITAL

In Lieu of Form CMS-2552-10

Provider CCN: 15-0084 Period: Worksheet A-6

HEART ACQUISITION DIETARY 106.00 126,041 5.00 0 6.00 10.00 11/27/2023 5:09 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall Cost Reports\86th Street HFS\28500-23.mcrx

Health Financial Systems

RECLASSIFICATIONS

0

69,820

6.00

ECLAS	SIFICATIONS			Provider	CCN: 15-0084	Period:	Worksheet A-6	
						From 07/01/2022 To 06/30/2023	Date/Time Prep	are
		Decreases					11/27/2023 5:0	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Re	f		
	6.00	7.00	8.00	9.00	10.00	<u>.</u>		
.00	ADMINISTRATIVE & GENERAL	5.00	0.00	35,381		0		7.
.00	HEART ACQUISITION	106.00	2,096,543	1,817,756		0		8.
.00	KIDNEY ACQUISITION	105.00	1,013,857	2,021,100		0		9.
	TOTALS		4,034,526	3,359,436				
	N - Dietary	I	.,	-,,				
.00	DIETARY	10.00		10,695,079)			1
		+	0	10,695,079		1		
	O - Medical Supplies		•					
00	CENTRAL SERVICES & SUPPLY	14.00	0	295,419)	0		1
00	PHARMACY	15.00	0	1,629,317	,	0		2
00	INTENSIVE CARE UNIT	31.00	0	1,779,469		0		3
00	CARDIOTHORACIC VASCULAR	32.01	0	517,163		0		4.
	TRANSPL							
.00	BURN INTENSIVE CARE UNIT	33.00	0	153,301		0		5
00	PEDIATRIC INTENSIVE CARE	33.01	0	216,075	5	0		6
	UNIT							
.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	1,365,406		0		7
.00	OPERATING ROOM	50.00	0	27,321,604		0		8
.00	DELIVERY ROOM & LABOR ROOM	52.00	0	539,145		0		9
0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	565,170		0		10
.00	AMBULATORY CARDIOVASCULAR	54.01	0	129,147	7	0		11
	SVC							
.00	ULTRASOUND	54.02	0	153,176		0		12
.00	ONCOLOGY	54.04	0	498,140		0		13
.00	CT SCAN	57.00	0	526,706		0		14
.00	MRI	58.00	0	265,665		0		15
5.00	CARDIAC CATHETERIZATION	59.00	0	20,329,197		0		16
7.00	RESPIRATORY THERAPY	65.00	0	1,738,238		0		17
3.00	PHYSICAL THERAPY	66.00	0	261,181		0		18
9.00	OCCUPATIONAL THERAPY	67.00	0	27,950		0		19
0.00	SPEECH PATHOLOGY	68.00	0	137,526		0		20
L.00	ENDOSCOPY	75.01	0	3,062,230		0		21
2.00	EMERGENCY	91.00	0	1,627,820		0		22
3.00	WOUND CARE 001		0	67,515		0		23
	TOTALS		0	63,206,560	/			
00	P - Therapy PHYSICAL THERAPY	66.00	1,020,689	1,882,514	1			1
00	PHISICAL THERAPT	00.00	1,020,089	1,002,014	F			2
00		+	1,020,689	1,882,514		_		2
	Q – Cardaic Admin		1,020,089	1,002,014	1			
00	ADMINISTRATIVE & GENERAL	5.00	2 264 965	2 001 224	1			1
00 00	ADMIINISIKATIVE & GENERAL	5.00	3,364,865	3,001,324	*			1
00								2
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00								8
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.00								10
	\vdash $+$	+	3,364,865	3,001,324	i — —	-		-0
	R – Clinic		5,507,005	5,001,324	· · · · · · · · · · · · · · · · · · ·			
00	I&R SERVICES-OTHER PRGM	22.00	3,114,641	4,743,791		0		1
	COSTS A	22.00	5,221,012	.,5,,51		-		-
00	I&R SERVICES-OTHER PRGM	22.00	0	208,996	5	0		2
				,500				_
	TOTALS	+	3,114,641	4,952,787		7		
	Grand Total: Decreases		25,620,972	147,022,373			5	500

Health	Financial Systems AS	CENSION ST. VI	NCENT HOSPITAL			In Lie	u of Form CMS-2	2552-10
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider CO	CN: 15-0084		riod: om 07/01/2022 06/30/2023	Worksheet A-7 Part I Date/Time Pre 11/27/2023 5:	pared:
				Acquisitions				
		Beginning	Purchases	Donation		Total	Disposals and	
		Balances					Retirements	
		1.00	2.00	3.00		4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	BALANCES						
1.00	Land	17,200,644	0		0	0	0	1.00
2.00	Land Improvements	21,384,234	1,664,847		0	1,664,847	0	2.00
3.00	Buildings and Fixtures	626,127,924	56,940,432		0	56,940,432	0	3.00
4.00	Building Improvements	14,748,005	0		0	0	917,642	4.00
5.00	Fixed Equipment	27,882,092	8,164		0	8,164	0	5.00
6.00	Movable Equipment	378,402,819	0		0	0	42,361,257	6.00
7.00	HIT designated Assets	0	0		0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,085,745,718	58,613,443		0	58,613,443	43,278,899	8.00
9.00	Reconciling Items	0	0		0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,085,745,718	58,613,443		0	58,613,443	43,278,899	10.00
		Ending Balance	Fully					
		- J	Depreciated					
			Assets					
		6.00	7.00	1				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	BALANCES						
1.00	Land	17,200,644	0					1.00
2.00	Land Improvements	23,049,081	0					2.00
3.00	Buildings and Fixtures	683,068,356	0	1				3.00
4.00	Building Improvements	13,830,363	0					4.00
5.00	Fixed Equipment	27,890,256	0					5.00
6.00	Movable Equipment	336,041,562	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	1,101,080,262	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	1,101,080,262	0					10.00
10.00		1,101,000,202	0					1 10.

Health	Financial Systems A	SCENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider Co		Period: From 07/01/2022 To 06/30/2023		pared:
			SL	JMMARY OF CAPI	TAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)		
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	21,839,049	0	4,745,48	5 508	0	1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	419,158	0	210,28	9 0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	21,343,857	0		0 0	0	2.00
3.00	Total (sum of lines 1-2)	43,602,064	0	4,955,77	4 508	0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum]			
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUM					
1.00	CAP REL COSTS-BLDG & FIXT	0	26,585,042				1.00
1.01	NEW CAP REL COSTS-BLDG-STRESS	0	629,447				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	21,343,857				2.00
3.00	Total (sum of lines 1-2)	0	48,558,346				3.00

1.01 New CAP REL COSTS-BLDG-STRESS 13,076,086 0 13,076,086 0.011876 0 1.01 2.00 CAP REL COSTS-MVBLE EQUIP 336,041,562 0 336,041,562 0.305,043 0 2.00 3.00 Total (sum of lines 1-2) 1,01,080,562 0 1,101,080,262 1,000000 0<	Health	n Financial Systems A	SCENSION ST. VI	INCENT HOSPITAL		In Lie	u of Form CMS-2	2552-10	
Cost Center Description Gross Assets Gross Assets Capitalized Leases Gross Assets for Ratio (col. 1 - col. 2.00 Ratio (see instructions) Insurance 1.00 2.00 3.00 4.00 5.00 1.00 2.00 3.00 4.00 5.00 1.00 CAP REL COSTS-BLDG & FIXT 751,962,614 0 751,962,614 0.682931 0 1.00 1.00 NEW CAP REL COSTS-BLDG & FIXT 751,962,614 0 751,962,614 0.682931 0 1.00 2.00 RAT LII - RECONCILIATION OF CAPITAL COSTS CENTERS 136,041,562 0 036,041,562 0.00000 0 3.00 3.00 Total (sum of lines 1-2) 1,101,080,262 0 1,101,080,262 1.000000 0 3.00 ALLOCATION OF OTHER CAPITAL Cost Center Description Taxes Other Capital-Relate Capital-Relate Capital-Relate Capital-Relate Capital-Relate Capital-Relate Capital-Relate Cost Setter Description 0 0 0 0 1.00 1.00 Issue of lines 1-2) 0 0 0 0 2.00 2.00 2.00	RECON	CILIATION OF CAPITAL COSTS CENTERS		Provider C	1	From 07/01/2022 Fo 06/30/2023	Part III Date/Time Prep 11/27/2023 5:0	pared: 09 pm	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS for Ratio (col. 1 - col. 2) instructions) (col. 2) instructions) (col. 2) instructions) (col. 2) 1.00 2.00 3.00 4.00 5.00 1.01 New CAP REL COSTS-BLDG & FIXT 751,962,614 0 751,962,614 0 6.682931 0 1.00 2.00 CAP REL COSTS-BLDG & FIXT 751,962,614 0 751,962,614 0 1.00 2.00 3.00 1.00 1.00 3.00 Total (sum of lines 1-2) 1,101,080,262 0 336,041,562 0.30133 0 2.00 Cost Center Description Taxes Other Capital-Relate Total (sum of cols. 5 Depreciation Lease 1.01 NEW CAP REL COSTS-BLDG & FIXT 0 0 0 0 1.00 1.01 NEW CAP REL COSTS-BLDG & FIXT 0 0 0 0 1.00 1.01 NEW CAP REL COSTS-MUBLE EQUIP 0 0 0 0 1.00 1.00 1.00 CAP REL COSTS-BLDG & FIXT 0			СОМ	PUTATION OF RA	TIOS	ALLOCATION OF	OTHER CAPITAL		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS Other Other <tho< td=""><td></td><td>Cost Center Description</td><td>Gross Assets</td><td></td><td>for Ratio (col. 1 - col</td><td>instructions)</td><td>Insurance</td><td></td></tho<>		Cost Center Description	Gross Assets		for Ratio (col. 1 - col	instructions)	Insurance		
1.00 CAP REL COSTS-BLDG & FIXT 751,962,614 0 751,962,614 0.682931 0 1.00 1.01 NEW CAP REL COSTS-BLDG-STRESS 13,076,086 0 13,076,086 0.011876 0 1.00 2.00 CAP REL COSTS-WBLE EQUIP 336,041,562 0 36,041,562 0.306,041,562 0.305,041,562 0.300 0 2.00 3.00 Total (sum of lines 1-2) 1,101,080,262 0 1,101,080,262 1.000000 0 3.00 Cost Center Description Taxes Other Cost Center Description Taxes Other Total (sum of colspan="2">Cost Centers Cost Center Description CAP REL COSTS-BLDG & FIXT 0 0 0 20,991,654 283,053 1.00 1.01 NEW CAP REL COSTS-BLDG & FIXT 0 0 0 0 41,9158 0 1.01 1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 24,684,831 283,053 3.00 1.01 NEW CAP REL COSTS-BLDG & FIXT 0 0 0 24,684,831 283,053 3.00 </td <td></td> <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> <td></td>			1.00	2.00	3.00	4.00	5.00		
1.01 NEW CAP REL COSTS-BLDG-STRESS 13,076,086 0 13,076,086 0.011876 0 1.01 2.00 CAP REL COSTS-WUBLE EQUIP 336,041,562 0 336,041,562 0 336,041,562 0.305193 0 2.00 3.00 Total (sum of lines 1-2) 1,101,080,262 0 1,101,080,262 0.00000 0 3.00 ALLOCATION OF OTHER CAPITAL Cost Center Description Taxes Other Total (sum of cols, 5 through 7) 0 0.00 0		PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS						
2.00 CAP REL COSTS-MVBLE EQUIP 336,041,562 0 336,041,562 0.305193 0 2.00 3.00 Total (sum of lines 1-2) 1,101,080,262 0 1,101,080,262 1.000000 0 3.00 Cost Center Description Taxes Other Cols. 5 0 Depreciation Lease Cost Center Description Taxes Other Cols. 5 0 0 0.00 10.00 ALLOCATION OF CAPITAL Costs through 7) 0 0 0 0.00 0	1.00	CAP REL COSTS-BLDG & FIXT	751,962,614	. C	751,962,614	4 0.682931	0	1.00	
3.00 Total (sum of lines 1-2) 1,101,080,262 0 1,101,080,262 1.000000 0 3.00 ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL SUMMARY OF CAPITAL SUMMARY OF CAPITAL Image: Cost Center Description Image:	1.01	NEW CAP REL COSTS-BLDG-STRESS	13,076,086	c C	13,076,08	6 0.011876	0	1.01	
ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL Cost Center Description Taxes Other Capital-Relate d Costs Total (sum of cols. 5 through 7) Depreciation cols. 5 through 7) Lease 1.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 0 0 0.00 10.00 1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 20,991,654 283,053 1.00 1.00 NEW CAP REL COSTS-BLDG & FIXT 0 0 0 21,274,019 0 2.00 3.00 Total (sum of lines 1-2) 0 0 0 42,684,831 283,053 3.00 11.00 12.00 13.00 14.00 15.00 10 10 10 10 11.00 12.00 13.00 14.00 15.00 1.00 CAP REL COSTS-BLDG & FIXT 0 508 0 0 21,275,215 1.00 1.00 REART III - RECONCILIATION OF CAPITAL COSTS CENTERS 0 0 0 21,275,215 1.00 1.00 CAP REL COSTS-BLDG & FIXT 0 508 0 0 21,275,215 1.00 1.01 <td>2.00</td> <td>CAP REL COSTS-MVBLE EQUIP</td> <td>336,041,562</td> <td>C</td> <td>336,041,562</td> <td>0.305193</td> <td>0</td> <td>2.00</td>	2.00	CAP REL COSTS-MVBLE EQUIP	336,041,562	C	336,041,562	0.305193	0	2.00	
Cost Center Description Taxes Other Total (sum of cols. 5 Cost Center Description Lease PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT O O DO 0 DO 1.00 CAP REL COSTS-BLDG & FIXT O O O O Cost Center Description Total (sum of lines 1-2) O O O Cost Center Description Interest Insurance (see instructions) Total (2) (sum of cols. 9 OLID Total (sum of lines 1-2) O O O SUMMARY OF CAPITAL Cost Center Description Taxes (see instructions) Total (2) (sum of cols. 9 Interest Taxes (see instructions) Total (2) (sum of cols. 9 O O O O Interest Taxes (see i	3.00	Total (sum of lines 1-2)	1,101,080,262	C	1,101,080,262	1.000000	0	3.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 0 0 0 0 0 0 10.00 1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 0 20,991,654 283,053 1.00 1.01 NEW CAP REL COSTS-BLDG STRESS 0 0 0 21,274,019 0 22.00 2.00 CAP REL COSTS-MUBLE EQUIP 0 0 0 24,684,831 283,053 3.00 3.00 Total (sum of lines 1-2) 0 0 0 42,684,831 283,053 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Of colspan="2">Cost (cost (see instructions) 11.00 12.00 13.00 14.00 15.00 11.00 12.00 13.00 14.00 15.00 1.01 NEW CAP REL COSTS-BLDG & FIXT 0 508 0 0 21,275,215 1.00 1.01 NEW CAP REL COSTS-BLDG-STRESS 0 0 0			ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITA						
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 0 0 0 0 0 20,991,654 283,053 1.00 1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 0 419,158 0 1.01 1.01 NEW CAP REL COSTS-MUBLE EQUIP 0 0 0 21,274,019 0 2.00 3.00 Total (sum of lines 1-2) 0 0 0 0 42,684,831 283,053 3.00 Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Other of cols. 9 through 14) 11.00 12.00 13.00 14.00 15.00 15.00 CAP REL COSTS-BLDG & FIXT 0 508 0 0 21,275,215 1.00		Cost Center Description	Taxes	Capital-Relate	cols. 5	Depreciation	Lease		
1.00 CAP REL COSTS-BLDG & FIXT 0 0 0 20,991,654 283,053 1.00 1.01 NEW CAP REL COSTS-BLDG STRESS 0 0 0 419,158 0 1.01 2.00 CAP REL COSTS-MVBLE EQUIP 0 0 0 0 21,274,019 0 2.00 3.00 Total (sum of lines 1-2) 0 0 0 0 42,684,831 283,053 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Other capital-Relate d Costs (see instructions) Of cols. 9 through 14) 14.00 15.00 1.00 12.00 13.00 14.00 15.00 Interest O 508 0 0 21,275,215 1.00 1.01 NEW CAP REL COSTS-BLDG & FIXT 0 508 0 0 21,275,215 1.00 1.01 NEW CAP REL COSTS-BLDG-STRESS 0 0 0 0 419,158 1.01			6.00	7.00		9.00	10.00		
1.01 NEW CAP REL COSTS-BLDG-STRESS 0 0 0 419,158 0 1.01 2.00 CAP REL COSTS-MVBLE EQUIP 0 0 0 0 21,274,019 0 2.00 3.00 Total (sum of lines 1-2) 0 0 0 0 42,684,831 283,053 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) 0 0 0 16,01 0		PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS						
2.00 CAP REL COSTS-MVBLE EQUIP 0 0 0 0 21,274,019 0 2.00 3.00 Total (sum of lines 1-2) 0 0 0 0 42,684,831 283,053 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Other Capital-Relate d Costs (see instructions) Other Capital-Relate d Co	1.00	CAP REL COSTS-BLDG & FIXT	0	C) (20,991,654	283,053	1.00	
3.00 Total (sum of lines 1-2) 0 0 0 42,684,831 283,053 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see of cols, 9) 0	1.01	NEW CAP REL COSTS-BLDG-STRESS	0	C		419,158	0	1.01	
3.00 Total (sum of lines 1-2) 0 0 0 42,684,831 283,053 3.00 SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see instructions) Other capital-Relate of cols. 9 of cols. 9 through 14) 11.00 12.00 13.00 14.00 15.00 PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 1.00 CAP REL COSTS-BLDG & FIXT 0 508 0 0 21,275,215 1.00 1.01 NEW CAP REL COSTS-BLDG-STRESS 0 0 0 0 419,158 1.01	2.00	CAP REL COSTS-MVBLE EQUIP	0	C		21,274,019	0	2.00	
SUMMARY OF CAPITAL SUMMARY OF CAPITAL Cost Center Description Interest Insurance (see instructions) Taxes (see Other Capital-Relate of cols. 9 through 14) Interest Insurance (see instructions) Total (2) (sum of cols. 9 through 14) Interest Insurance (see instructions) Total (2) (sum of cols. 9 through 14) Interest Insurance (see instructions) Total (2) (sum of cols. 9 through 14) Interest Insurance (see instructions) Total (2) (sum of cols. 9 through 14) Interest Insurance (see instructions) Total (2) (sum of cols. 9 through 14) Interest Insurance (see instructions) Total (2) (sum of cols. 9 through 14) 11.00 12.00 13.00 14.00 15.00 Total (2) (sum of colspan="2">Total (2) (sum of colspan="2") <th col<="" td=""><td>3.00</td><td>Total (sum of lines 1-2)</td><td>0</td><td>C</td><td></td><td>42,684,831</td><td>283,053</td><td>3.00</td></th>	<td>3.00</td> <td>Total (sum of lines 1-2)</td> <td>0</td> <td>C</td> <td></td> <td>42,684,831</td> <td>283,053</td> <td>3.00</td>	3.00	Total (sum of lines 1-2)	0	C		42,684,831	283,053	3.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 0 508 0 0 21,275,215 1.00 1.00 NEW CAP REL COSTS-BLDG & FIXT 0 508 0 0 0 419,158 1.01				SI	UMMARY OF CAPI	TAL			
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS 11.00 12.00 13.00 14.00 15.00 1.00 CAP REL COSTS-BLDG & FIXT 0 508 0 0 21,275,215 1.00 1.01 NEW CAP REL COSTS-BLDG-STRESS 0 0 0 0 419,158 1.01		Cost Center Description	Interest			Capital-Relate d Costs (see	of cols. 9		
1.00 CAP REL COSTS-BLDG & FIXT 0 508 0 0 21,275,215 1.00 1.01 NEW CAP REL COSTS-BLDG-STRESS 0 0 0 0 419,158 1.01			11.00	12.00	13.00	14.00	15.00		
1.00 CAP REL COSTS-BLDG & FIXT 0 508 0 0 21,275,215 1.00 1.01 NEW CAP REL COSTS-BLDG-STRESS 0 0 0 0 419,158 1.01		PART III - RECONCILIATION OF CAPITAL COSTS C							
1.01 NEW CAP REL COSTS-BLDG-STRESS 0 0 0 419,158 1.01	1.00		0	508	3 (0 0	21,275,215	1.00	
	1.01	NEW CAP REL COSTS-BLDG-STRESS	0	C		0 0	, ,	1.01	
	2.00	CAP REL COSTS-MVBLE EQUIP	0	c c		0 0	21,274,019	2.00	
	3.00		0	508	3	0 0	, ,	3.00	

h	Financial	Systems	ASCENSION ST.	VINCENT HOSPITAL

Health Financial Systems ADJUSTMENTS TO EXPENSES	AS	ASCENSION ST. VINCENT HOSPITAL Provider CCN: 15-0084			worksheet A-8	
ADJUSTMENTS TO EXPENSES		Provider CCN. 15-0084		Period: From 07/01/2022 To 06/30/2023	2	
			Expense Classification To/From Which the Amount			
Cost Center Description	Basis/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Line # 4.00	Wkst. A-7 Ref. 5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	В		CAP REL COSTS-BLDG & FIXT	1.00		1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG-STRESS (chapter 2)		0	NEW CAP REL COSTS-BLDG-STRESS	1.01	0	1.01
2.00 Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 COSTS-MVBLE EQUIP (chapter 2) Investment income - other	В	-623,967	ADMINISTRATIVE & GENERAL	5.00	0	3.00
(chapter 2) 4.00 Trade, quantity, and time		0		0.00	0	4.00
discounts (chapter 8) 5.00 Refunds and rebates of		0		0.00	0	5.00
expenses (chapter 8) 6.00 Rental of provider space by		0		0.00	0	6.00
suppliers (chapter 8) 7.00 Telephone services (pay	А	-42.063	OPERATION OF PLANT	7.00	0	7.00
stations excluded) (chapter 21)		,				
8.00 Television and radio service (chapter 21)	А	-8,331	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21) 10.00 Provider-based physician adjustment	A A-8-2	-172,364 -85,703,463	OPERATION OF PLANT	7.00	0	
11.00 Sale of scrap, waste, etc.		0		0.00	0	11.00
(chapter 23) 12.00 Related organization	A-8-1	10,372,355			0	12.00
transactions (chapter 10) 13.00 Laundry and linen service		0		0.00		
14.00 Cafeteria-employees and guest 15.00 Rental of quarters to employe		0 0		0.00		
and others 16.00 Sale of medical and surgical supplies to other than		0		0.00	0	16.00
patients 17.00 Sale of drugs to other than		0		0.00	0	17.00
patients 18.00 Sale of medical records and		0		0.00	0	18.00
abstracts 19.00 Nursing and allied health		0		0.00		
education (tuition, fees,		0		0.00		15.00
books, etc.) 20.00 Vending machines		0		0.00		20.00
21.00 Income from imposition of interest, finance or penalty		0		0.00	0	21.00
charges (chapter 21) 22.00 Interest expense on Medicare overpayments and borrowings t	0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 limitation (chapter 14) utilization review - physicians' compensation		0	*** Cost Center Deleted **	** 114.00		25.00
(chapter 21) 26.00 Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
COSTS-BLDG & FIXT 26.01 Depreciation - NEW CAP REL		0	NEW CAP REL	1.01	0	26.01
COSTS-BLDG-STRESS 27.00 Depreciation - CAP REL		0	COSTS-BLDG-STRESS CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted **	** 19.00		28.00
29.00 Physicians' assistant 30.00 Adjustment for occupational	A_9 2	0		0.00	0	
therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

	Financial Systems MENTS TO EXPENSES			NCENT HOSPITAL Provider CCN: 15-0084	Period:	u of Form CMS-2 Worksheet A-8	
ADJUSI	MENTS TO EXPENSES				From 07/01/2022		
					то 06/30/2023	Date/Time Pre 11/27/2023 5:	
				Expense Classification o	n Worksheet A	11/27/2025 5.	
				To/From Which the Amount is	to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
	pathology costs in excess of limitation (chapter 14)						
32.00			0		0.00	0	32.00
	Depreciation and Interest						
33.00	Misc Revenue	В		CAP REL COSTS-BLDG & FIXT	1.00	9	
33.01	Misc Revenue	В		EMPLOYEE BENEFITS DEPARTMEN		0	
33.02 33.03	Misc Revenue Misc Revenue	B		ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5.00 7.00	0	
33.04	Misc Revenue	В	-132,174		10.00	0	
33.05	Misc Revenue	В	-2,101,097		11.00	0	
33.06	Misc Revenue	В	-236,595	NURSING ADMINISTRATION	13.00	0	33.06
33.09	Misc Revenue	В		MEDICAL RECORDS & LIBRARY	16.00	0	
33.10	Misc Revenue	В	-223,641	I&R SERVICES-OTHER PRGM	22.00	0	33.10
33.11	Misc Revenue	В	-97 000	COSTS A PARAMED ED PRGM- PHARMACY	23.00	0	33.11
33.12	Misc Revenue	В		PARAMED ED PRGM - CPE	23.00	0	
33.13		В		PARAMED ED PRGM - RADIOLOGY		0	
33.15	Misc Revenue	В	-92,059	PARAMED ED PRGM- SONOGRAPHY	23.04	0	33.15
33.16	Misc Revenue	В		NEONATAL INTENSIVE CARE UNI		0	
33.17	Misc Revenue	В		OPERATING ROOM	50.00	0	
33.18	Misc Revenue	В		DELIVERY ROOM & LABOR ROOM	52.00	0	
33.19 33.22	Misc Revenue Misc Revenue	B		RADIOLOGY-DIAGNOSTIC PHYSICAL THERAPY	54.00 66.00	0	
33.23		В		SPEECH PATHOLOGY	68.00	0	
33.25	Misc Revenue	В		DRUGS CHARGED TO PATIENTS	73.00	0	
33.27	Misc Revenue	В	-8,265	EMERGENCY	91.00	0	
33.30	Misc Revenue	В		FAMILY PRACTICE	91.08	0	
33.31	Misc Revenue	В	-162,300	AMBULATORY SURGICAL CENTER	115.00	0	33.31
33.32	Non-reimbursable items	А	-5 227 455	(D.P.) ADMINISTRATIVE & GENERAL	5.00	0	33.32
	Lobbying dues	A		ADMINISTRATIVE & GENERAL	5.00	0	
33.34		A		ADMINISTRATIVE & GENERAL	5.00	0	
	Physician loss funding	A	-24,369,484	ADMINISTRATIVE & GENERAL	5.00	0	
33.36		A		EMPLOYEE BENEFITS DEPARTMEN		0	
33.37 33.38	Midlevels Midlevels	A		ADMINISTRATIVE & GENERAL NURSING ADMINISTRATION	5.00 13.00	0	
33.39		A		CENTRAL SERVICES & SUPPLY	14.00	0	•
	Midlevels	A		SOCIAL SERVICE	17.00	0	
	Midlevels	А		I&R SERVICES-OTHER PRGM	22.00	0	
22.15			o 10	COSTS A		-	
	Midlevels	A		ADULTS & PEDIATRICS	30.00	0	
	Midlevels Midlevels	A A		INTENSIVE CARE UNIT CARDIOTHORACIC VASCULAR	31.00 32.01	0	
55.44			~2,101	TRANSPL	52.01	0	55.44
33.45	Midlevels	А	-576,441	PEDIATRIC INTENSIVE CARE	33.01	0	33.45
				UNIT			
	Midlevels	A		NEONATAL INTENSIVE CARE UNI		0	
	Midlevels Midlevels	A		SUBPROVIDER - IPF OPERATING ROOM	40.00 50.00	0	
	Midlevels	A		DELIVERY ROOM & LABOR ROOM	52.00	0	
	Midlevels	A	-1,433,376		91.00	0	
33.53	Midlevels	А	-241,482	FAMILY PRACTICE	91.08	0	33.53
33.54	Renal Transplant Salaries	А	-127,026	CARDIOTHORACIC VASCULAR	32.01	0	33.54
22 55	Discontinued Space		60.000	TRANSPL	2 00	0	22 55
	Discontinued Space Burn Clinic	A		CAP REL COSTS-MVBLE EQUIP BURN CLINIC	2.00 90.03	9	
	SURGERY TECH START-UP	A		ADMINISTRATIVE & GENERAL	5.00	0	
	TOTAL (sum of lines 1 thru 49)		-183,088,977			0	50.00
	(Transfer to Worksheet A,						
	column 6, line 200.)						1

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.

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

	Financial Systems			NT HOSPITAL		eu of Form CMS-	
	ENT OF COSTS OF SERVICES FROM COSTS	RELATED ORGANIZATIONS AND HO	ME	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023		pared
	Line No.	Cost Center		Expense Items	Amount of Allowable Cost	Amount	<u>05 pin</u>
	1.00	2.00		3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTM	IENTS REQUIRED AS A RESULT OF	TRAN	SACTIONS WITH RELATED	ORGANIZATIONS OR	CLAIMED	
00	HOME OFFICE COSTS:			office conitel	14 549 679	0	1 (
.00	1	ADMINISTRATIVE & GENERAL		Office - Capital Office - Interest	14,548,678	-	1.0
.00		ADMINISTRATIVE & GENERAL		Office - Other	575,618		2.0
	1	ADMINISTRATIVE & GENERAL		Chargebacks	165,526,487	168,477,526	
.01		ADMINISTRATIVE & GENERAL		5	5,193,811	5,193,811	3.0
.02		NURSING ADMINISTRATION		Chargebacks	-98,019		3.0
.03		PHARMACY		Chargebacks	-30,000	· · · ·	3.0
.04		SOCIAL SERVICE		Chargebacks	50		3.0
.05		I&R SERVICES-OTHER PRGM COST		Chargebacks	-122,225	-122,225	3.0
.06		PARAMED ED PRGM - RADIOLOGY		Chargebacks	-56,052		3.0
.07		PARAMED ED PRGM- SONOGRAPHY		Chargebacks	1,639	,	3.0
.08		ADULTS & PEDIATRICS		Chargebacks	-112,213	· · · ·	3.0
.09		NEONATAL INTENSIVE CARE UNIT		CHARGEBACKS	50		3.0
.10		SUBPROVIDER - IPF	-	CHARGEBACKS	-598,950	, ,	3.
.11		OPERATING ROOM		CHARGEBACKS	50,500		3.
.12		DELIVERY ROOM & LABOR ROOM		CHARGEBACKS	666		3.
.13		RADIOLOGY-DIAGNOSTIC		CHARGEBACKS	526,679		3.
.14		AMBULATORY CARDIOVASCULAR SV			-216,714		3.
.15		ECHOCARDIOLOGY	SVH	CHARGEBACKS	-1,560		3.3
.16		ONCOLOGY	SVH	CHARGEBACKS	-22,897	-22,897	3.
.17		CARDIAC CATHETERIZATION	SVH	CHARGEBACKS	146,250		3.
.18	65.00	RESPIRATORY THERAPY	SVH	CHARGEBACKS	-54,241	-54,241	3.
.19	70.00	ELECTROENCEPHALOGRAPHY	SVH	CHARGEBACKS	-4,200	-4,200	3.
.20		ENDOSCOPY	SVH	CHARGEBACKS	1,180,135		3.
.21	90.01	PARTIAL HOSPITALIZATION	SVH	CHARGEBACKS	-589,003	-589,003	3.
.22	91.00	EMERGENCY	SVH	CHARGEBACKS	3,500	3,500	3.
.23	91.06	OP ANTICOAGULATION CLINIC	SVH	CHARGEBACKS	-44,375	-44,375	3.
.24	95.00	AMBULANCE SERVICES	SVH	CHARGEBACKS	12,900	12,900	3.
.25	105.00	KIDNEY ACQUISITION	SVH	CHARGEBACKS	6,150	6,150	3.
.26	106.00	HEART ACQUISITION	SVH	CHARGEBACKS	1,240,208	1,240,208	3.
.27	192.00	PHYSICIANS PRIVATE OFFICES	SVH	CHARGEBACKS	108,950	108,950	3.
.28	1.00	CAP REL COSTS-BLDG & FIXT	INTE	REST EXPENSE	5,923,384	5,755,388	3.
.29	1.01	NEW CAP REL COSTS-BLDG-STRES	INTE	REST EXPENSE	0	210,289	3.
.30	5.00	ADMINISTRATIVE & GENERAL	INTE	REST EXPENSE	48,349	0	3.
.31	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEAT	LH INSURANCE	55,862,074	48,804,689	3.
.32	14.00	CENTRAL SERVICES & SUPPLY	TRG	ADMIN FEES - SUPPLIES	-7,063,787	0	3.
.33	13.00	NURSING ADMINISTRATION	TRG	ADMIN FEES - CONTRACTED		0	3.
.34		ADMINISTRATIVE & GENERAL	1	ADMIN FEES - OTHER	-1,274,599	0	3.
.35	0.00				0	0	3.
.36	0.00		1		0	0	3.
.37	0.00				0	Ő	3.
.00	0.00				0	0	4.0
.00	TOTALS (sum of lines 1-4).				240,141,286	-	5.0
	Transfer column 6, line 5 to				210,11,200	223,700,331	5.
	Worksheet A-8, column 2,						
	line 12.		1				

* 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.

has not been posted to norksheet A, cordanis I and/or Z; the amount arrowable should be indicated in cordani r or this parti-								
			Related Organization(s) and/	or Home Office				
Symbol (1)	Name	Percentage of	Name	Percentage of				
		Ownership		Ownership				
1.00	2.00	3.00	4.00	5.00				
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:								
	symbol (1)	Symbol (1) Name 1.00 2.00	Symbol (1) Name Percentage of Ownership	Symbol (1)NamePercentage of OwnershipName1.002.003.004.00	Symbol (1)NamePercentage of OwnershipNamePercentage of Ownership1.002.003.004.005.00			

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	В	0.00 Ascension St. Vincent 100.00	6.00
7.00		0.00 0.00	7.00
8.00		0.00 0.00	8.00
9.00		0.00 0.00	9.00
10.00		0.00 0.00	10.00
10.00			10

Health	Financial Systems	ASCENSION ST. V	INCENT HOSPITA	L	In Lie	eu of Form CMS-	2552-10
		RELATED ORGANIZATIONS AND HO	ME Provider C	CN: 15-0084	Period:	Worksheet A-8	3-1
OFFICE	COSTS				From 07/01/2022 To 06/30/2023		
				Related Orga	nization(s) and/o	or Home Office	
	Symbol (1)	Name	Percentage of		Name	Percentage of	
	Symbol (1)	Nunc	Ownership		vanic.	Ownership	
	1.00	2.00	3.00		4.00	5.00	
	G. Other (financial or	Home Office					100.00

non-financial) specify:

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.B. Corporation, partnership, or other organization has financial interest in provider.C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.

E. Individual is director, officer, administrator, or key person of provider and related organization.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

FATEME FICE		ERVICES FROM RELAT	ED ORGANIZATIONS AND HOME	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet A-8-1 Date/Time Prepare 11/27/2023 5:09 p
	Net W Adjustments (col. 4 minus col. 5)*	<st. a-7="" ref.<="" th=""><th></th><th></th><th></th><th></th></st.>				
	6.00	7.00				
			REQUIRED AS A RESULT OF TR	ANSACTIONS WITH RELATED	ORGANIZATIONS OR	
	HOME OFFICE COST					
00	14,548,678	0				1
00	575,618	0				2
00	-2,951,039	0				3
01	0	0				3
02	0	0				3
03	0	0				3
04	0	0				3
05	0	0				3
06	0	0				3
07	0	0				3
)8	0	0				3
)9	0	0				3
10	0	0				3
L1	0	0				3
L2	0	0				3
L3	0	0				3
14	0	0				3
15	0	0				3
.6	0	0				3
L7	0	0				3
18	0	0				3
L9	0	0				3
20	0	0				3
21	0	0				3
22	0	0				3
3	0	0				3
4	0	0				3
25	0	0				3
6	0	0				3
7	167.000	0				3
28	167,996	11				3
29	-210,289	11				3
80	48,349	-				3
81	7,057,385	0				3
32	-7,063,787	0				3
83 84	-525,957	0				3
	-1,274,599 0	0				3
35 36	0	0				3
36	0	0				3
00	0	0				4
00	10,372,355	V				5
.0		1-4 (and subscrip				0

Related Organization(s)		
and/or Home Office		
,		
 Type of Business		
Type of Busiliess		
6.00		
D THTERRELATIONCULTR TO RELAT	TED ODCANTZATION(S) AND OD HOME OFFICE.	

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.

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

Health Financial Systems	ASCENSION ST. VINC	ENT HOSPITAL	In Lie	u of Form CMS-2552-10
STATEMENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0084	Period:	Worksheet A-8-1
OFFICE COSTS			From 07/01/2022 To 06/30/2023	Date/Time Prepared: 11/27/2023 5:09 pm
Related Organization(s) and/or Home Office				
Type of Business				
6.00				

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.

E. Individual is director, officer, administrator, or key person of provider and related organization. F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

Health	Fi	nancia	1	Systems	
PROVIDE	FR	BASED	Р	ΗΥΝΤΟΤΔΝ	

ASCENSION ST. VINCENT HOSPITAL

In Lieu of Form CMS-2552-10

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PROVID	ER BASED PHYSIC	IAN ADJUSTMENT		Provider C	CN: 15-0084	Period: From 07/01/2022	Worksheet A-8	8-2
						To 06/30/2023	Date/Time Pre	pared:
							11/27/2023 5:	
	Wkst. A Line #		Total	Professional	Provider	RCE Amount	Physician/Prov	
		Identifier	Remuneration	Component	Component		ider Component	
	1.00	2.00	2.00	1.00			Hours	
1 00	1.00	2.00	3.00	4.00	5.00	6.00	7.00	1.00
1.00		ADMINISTRATIVE & GENERAL	3,687,657	3,687,657		0	0	1.00
2.00		NURSING ADMINISTRATION	1	1		0	0	2.00
3.00		SOCIAL SERVICE	93,489	93,489	c 101 10	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM	8,716,779	2,295,311	6,421,46	3 179,000	51,862	4.00
5 00		COSTS A	200	200				5 00
5.00		PARAMED ED PRGM - RADIOLOGY	-399	-399		0	0	5.00
6.00		PARAMED ED PRGM- SONOGRAPHY	658	658	2 407 00		0	6.00
7.00		ADULTS & PEDIATRICS	26,918,004	24,510,019	2,407,98	5 246,400	3,650	7.00
8.00	32.01	CARDIOTHORACIC VASCULAR	886,830	886,830		0	0	8.00
0.00	22.01	TRANSPL	1 514 205	1 514 205				0 00
9.00	33.01	PEDIATRIC INTENSIVE CARE	1,514,205	1,514,205		0	0	9.00
10.00	24 01	NEONATAL INTENSIVE CARE UNIT	7,930,723	7,930,723		0	0	10.00
11.00		SUBPROVIDER - IPF	1,702,570				0	11.00
12.00		NURSERY	1,335,456				0	12.00
12.00		OPERATING ROOM	5,245,621	5,245,621			0	12.00
14.00		RADIOLOGY-DIAGNOSTIC	1,903,450				0	14.00
15.00		AMBULATORY CARDIOVASCULAR	53,257	53,257			0	15.00
13.00	54.01	SVC	55,257	55,257			0	13.00
16.00	54.04	ONCOLOGY	107,460	107,460		0 0	0	16.00
17.00	58.00		542	542		0 0	0	17.00
18.00		CARDIAC CATHETERIZATION	6,000	6,000		0 0	0	18.00
19.00		RESPIRATORY THERAPY	-1,159	-1,159		0 0	0	19.00
20.00		ELECTROENCEPHALOGRAPHY	11,899,257	11,899,257		0 0	0	20.00
21.00		EMERGENCY	13,937,889	13,937,889		ol o	0	21.00
22.00	91.01	WOUND CARE 002	1,825	1,825		0 0	0	22.00
23.00	91.06	OP ANTICOAGULATION CLINIC	5,531	5,531		0 0	0	23.00
24.00		FAMILY PRACTICE	4,070,516	,		0	0	24.00
25.00		KIDNEY ACQUISITION	818,363	, ,	818,36	246,400	3,001	25.00
26.00		HEART ACQUISITION	119,950			0 0	0	26.00
200.00			90,954,475	,	9,647,81	5	58,513	200.00
		1		. ,	. ,		, , ,	

Health	Financial	Systems
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ASCENSION ST. VINCENT HOSPITAL

In Lieu of Form CMS-2552-10

-	ER BASED PHYSIC				CN: 15-0084	Period:	Worksheet A-8	
						From 07/01/2022 To 06/30/2023	3 Date/Time Pre	
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE	E Doncont of	Cost of	Provider	11/27/2023 5: Physician Cost	
	WKST. A LINE #	Identifier			Memberships &		of Malpractice	
		Identifier	LIMIT	Limit	Continuing	Share of col.	Insurance	
					Education	12	Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0 0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM	4,463,124	223,156	0	0	0	4.00
		COSTS A						1
5.00	23.02	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	5.00
6.00	23.04	PARAMED ED PRGM- SONOGRAPHY	0	0	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	432,385	21,619	0	0	0	7.00
8.00	32.01	CARDIOTHORACIC VASCULAR	0	0	0	0	0	8.00
		TRANSPL						
9.00	33.01	PEDIATRIC INTENSIVE CARE	0	0	0	0	0	9.00
		UNIT						1
10.00		NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	10.00
11.00		SUBPROVIDER - IPF	0	0	0	0	0	11.00
12.00		NURSERY	0	0	0	0	0	12.00
13.00		OPERATING ROOM	0	0	0	0	0	13.00
14.00		RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	14.00
15.00	54.01	AMBULATORY CARDIOVASCULAR	0	0	0	0	0	15.00
10.00		SVC						10.00
16.00		ONCOLOGY	0	0	0	0	0	16.00
17.00	58.00		0	0	0	0	0	17.00
18.00		CARDIAC CATHETERIZATION	0	0	0	0	0	18.00
19.00		RESPIRATORY THERAPY	0	0	0	0	0	19.00
20.00		ELECTROENCEPHALOGRAPHY	0	0	0	0	0	20.00
21.00		EMERGENCY	0	0	0	0	0	21.00
22.00		WOUND CARE 002	0	0	0	0	0	22.00
23.00		OP ANTICOAGULATION CLINIC	0	0	0	0	0	23.00
24.00		FAMILY PRACTICE	0	0	0	0	0	24.00
25.00		KIDNEY ACQUISITION	355,503	17,775	0	0	0	25.00
26.00		HEART ACQUISITION	0		0	0	0	26.00
200.00	I	1	5,251,012	262,550	0	y 0	0 0	200.00

Health	Financial Syst	ems	ASCENSION ST. V	INCENT HOSPITA	L	In Lie	u of Form CMS-2	552-10
	ER BASED PHYSIC			Provider (CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet A-8-	2 Dared:
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component	Adjusted RCE Limit	RCE Disallowance	Adjustment		
			Share of col. 14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0		0 3,687,657		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0		0 1		2.00
3.00	17.00	SOCIAL SERVICE	0	0		0 93,489		3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	4,463,124	1,958,34	4 4,253,655		4.00
5.00	23.02	PARAMED ED PRGM - RADIOLOGY	0	0		0 -399		5.00
6.00	23.04	PARAMED ED PRGM- SONOGRAPHY	0	0		0 658		6.00
7.00		ADULTS & PEDIATRICS	0	432,385	1,975,60			7.00
8.00	32.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0		886,830		8.00
9.00	33.01	PEDIATRIC INTENSIVE CARE	0	0		0 1,514,205		9.00
10.00	34.01	NEONATAL INTENSIVE CARE UNIT	0	0		0 7,930,723		10.00
11.00	40.00	SUBPROVIDER - IPF	0	0		0 1,702,570		11.00
12.00	43.00	NURSERY	0	0		0 1,335,456		12.00
13.00	50.00	OPERATING ROOM	0	0		5,245,621		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0		0 1,903,450		14.00
15.00	54.01	AMBULATORY CARDIOVASCULAR SVC	0	0		0 53,257		15.00
16.00		ONCOLOGY	0	0		0 107,460		16.00
17.00	58.00		0	0		0 542		17.00
18.00	59.00	CARDIAC CATHETERIZATION	0	0		6,000		18.00
19.00		RESPIRATORY THERAPY	0	0		0 -1,159		19.00
20.00		ELECTROENCEPHALOGRAPHY	0	0		0 11,899,257		20.00
21.00		EMERGENCY	0	0		0 13,937,889		21.00
22.00		wound care 002	0	0		0 1,825		22.00
23.00		OP ANTICOAGULATION CLINIC	0	0		0 5,531		23.00
24.00		FAMILY PRACTICE	0	0		4,070,516		24.00
25.00		KIDNEY ACQUISITION	0	355,503				25.00
26.00	106.00	HEART ACQUISITION	0	0		0 119,950		26.00
200.00	I		0	5,251,012	4,396,80	4 85,703,463	2	200.00

OST ALLO	CATION - GENERAL SERVICE COSTS		Provider Co	F	eriod: rom 07/01/2022 o 06/30/2023	Worksheet B Part I Date/Time Pre 11/27/2023 5:	par
			CAP	ITAL RELATED CO	DSTS	<u> </u>	
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	1.01	2.00	4.00	
	IERAL SERVICE COST CENTERS	21 275 215	21 275 215				
	LOO CAP REL COSTS-BLDG & FIXT LOI NEW CAP REL COSTS-BLDG-STRESS	21,275,215 419,158	21,275,215 0	419,158			$ 1 \\ 1$
	200 CAP REL COSTS-BLDG-STRESS	21,274,019	0	419,190	21,274,019		2
1	400 EMPLOYEE BENEFITS DEPARTMENT	74,264,386	176,996	3,706		74,447,103	4
00 005	500 ADMINISTRATIVE & GENERAL	234,388,582	676,297	30,448	1,591,183	1,347,324	5
	700 OPERATION OF PLANT	32,941,706	3,574,714	23,413		5,784	7
	300 LAUNDRY & LINEN SERVICE	2,683,069	5,819	0	-	0	8
	000 HOUSEKEEPING 000 DIETARY	13,059,821 4,474,604	220,959 502,258	4,248 8,128		0	9 10
	LOO CAFETERIA	8,593,982	0	0,120		ů 0	11
	300 NURSING ADMINISTRATION	13,990,224	874,313	3,554	520,354	1,967,526	
	100 CENTRAL SERVICES & SUPPLY	972,766	634,051	12,296	1,133,764	824,527	14
	500 PHARMACY	17,635,309	227,383	0		2,620,774	
	500 MEDICAL RECORDS & LIBRARY 700 SOCIAL SERVICE	73,990 6,048,698	162,973 34,137	5,204		13,680 998,258	
	LOO I&R SERVICES-SALARY & FRINGES A	10,902,592	54,157	032	· · · · ·	2,041,859	
	200 I&R SERVICES-OTHER PRGM COSTS A	7,805,793	199,097	Ő		1,709,610	
	300 PARAMED ED PRGM- PHARMACY	933,948	18,857	0	0	184,856	
	301 PARAMED ED PRGM - CPE	251,221	29,271	0	0	44,021	23
	302 PARAMED ED PRGM - RADIOLOGY	371,898	22,641	0	0	81,815	23
	303 PARAMED ED PRGM - EMS	0	0	0	0	0	23
	304 PARAMED ED PRGM- SONOGRAPHY PATIENT ROUTINE SERVICE COST CENTERS	441,673	0	0	0	90,332	23
	000 ADULTS & PEDIATRICS	85,695,829	4,880,929	0	732,086	16,382,665	30
	LOO INTENSIVE CARE UNIT	23,966,926	696,442	0	· · · ·	3,394,763	31
.00 032	200 CORONARY CARE UNIT	0	0	0	0	0	32
	201 CARDIOTHORACIC VASCULAR TRANSPL	14,133,836	531,307	0	278,282	1,964,295	
	300 BURN INTENSIVE CARE UNIT	2,345,031	103,985	0	6,550	358,702	33
	080 PEDIATRIC INTENSIVE CARE UNIT 400 SURGICAL INTENSIVE CARE UNIT	3,369,908	296,483	0	135,860	835,012	33
	060 NEONATAL INTENSIVE CARE UNIT	17,936,984	450,854		431,710	4,606,508	
	000 SUBPROVIDER - IPF	4,674,516	64,330	193,663	· · · · ·	1,229,975	40
.00 043	300 NURSERY	2,113,616	239,164	0	40,511	566,095	43
	CILLARY SERVICE COST CENTERS	42,404,072	2 227 742		5 724 766	F F72 6F1	
	000 OPERATING ROOM 200 DELIVERY ROOM & LABOR ROOM	43,494,873 7,274,556	2,327,743 326,422	0		5,573,651 1,167,209	
	100 RADIOLOGY-DIAGNOSTIC	11,146,232	400,833	0	· · · · ·	1,345,254	
	402 AMBULATORY CARDIOVASCULAR SVC	4,714,232	188,508		, , , , , , , , , , , , , , , , , , , ,		
	103 ULTRASOUND	1,282,936	31,195	0	124,752	218,739	
	104 ECHOCARDIOLOGY	1,603,166	0	0	270,860	174,874	
	401 ONCOLOGY	8,140,835	159,411	0	1,861,791	791,507	
.00 057	700 CT SCAN	2,192,770	34,693 135,180	0	365,206 547,197	360,618 209,396	
	000 CARDIAC CATHETERIZATION	1,254,958 6,805,919	438,086	0	960,268	1,269,038	
	001 CARDIAC REHAB	893,584	0	0	13,836	117,585	59
.00 060	000 LABORATORY	32,130,635	275,177	0	155,676	0	60
	500 RESPIRATORY THERAPY	11,009,968	51,786	0	532,295	1,499,550	
	500 PHYSICAL THERAPY	9,218,716	168,442	0	- ,	421,490	
	700 OCCUPATIONAL THERAPY	4,754,025	5,915	369		310,707	67
	300 SPEECH PATHOLOGY 300 ELECTROCARDIOLOGY	3,023,432 2,051,276	20,002 12,338	0	- ,	185,956 248,207	68 69
	000 ELECTROEARDIOLOGY	3,804,298	12,338	72,055		368,187	70
	LOO MEDICAL SUPPLIES CHARGED TO PAT	64,758,894	,005	0	0	0	71
.00 072	200 IMPL. DEV. CHARGED TO PATIENTS	67,038,981	0	0	0	0	72
	300 DRUGS CHARGED TO PATIENTS	57,806,621	0	0	0	0	73
	400 RENAL DIALYSIS	4,734,151	55,586	0	6,584	0	
	500 ASC (NON-DISTINCT PART) 330 ENDOSCOPY	03,676,407	0 187,077	0	0 510,975	0 503,083	75
	PATIENT SERVICE COST CENTERS	3,070,407	107,077	0	510,975	505,085	1 ' '
	000 CLINIC	8,000,174	0	0	0	585,287	90
	01 PARTIAL HOSPITALIZATION	2,722,874	81,502	61,242	1,999	558,028	
	002 COVID-19 VACCINE CLINIC	23,654	0	0	0	4,064	
	003 BURN CLINIC	475,297	96,798	0	0	41,475	
	LOO EMERGENCY	28,563,222	608,818	0	552,159	4,173,543	
	LO1 WOUND CARE 002 LO2 WOUND CARE 001	1,920,281 567,316	152,463 8,793	0	0 22,050	162,720 97,387	
	LO3 LAFAYETTE RD CLINIC	0,510	0,793	0		97,587	
	LOA ZIONSVILLE CLINIC	553,472	0	0	16,973	50,196	

	ncial Systems A: TION - GENERAL SERVICE COSTS	SCENSION ST. VI	Provider C		Period:	u of Form CMS- Worksheet B	
CUST ALLOCA	IIION - GENERAL SERVICE COSIS		Provider Co		From 07/01/2022 To 06/30/2023	Part I Date/Time Pre 11/27/2023 5:	pared:
			CAP	ITAL RELATED (COSTS	11/2//2023 5.	
	Cost Center Description	Net Expenses for Cost	BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP	EMPLOYEE BENEFITS	
		Allocation		BLDG-SIRESS		DEPARTMENT	
		(from Wkst A				DEPARIMENT	
		col. 7)					
		0	1.00	1.01	2.00	4.00	
91.05 0910	5 BROWNSBURG CLINIC	0	0		0 0	0	91.0
91.06 0910	OP ANTICOAGULATION CLINIC	616,393	26,950		0 0	91,886	91.0
	ST VINCENT OUTPATIENT TREATMENT	1,033,698	0		0 0	71,282	91.0
91.08 0404	FAMILY PRACTICE	3,401,517	0		0 16,563	742,895	91.0
92.00 0920	OBSERVATION BEDS (NON-DISTINCT						92.0
OTHEI	R REIMBURSABLE COST CENTERS						
	AMBULANCE SERVICES	7,725,509	97,720		0 369,771	1,196,186	95.0
98.00 0985	3 GERIATRIC CLINIC	0	0		0 0	0	98.0
98.01 0985	1 ELECTROCONVULSIVE THERAPY	0	0		0 0	0	98.0
	2 DIABETES EDUCATION	317,640	0		0 501	55,462	98.0
	IAL PURPOSE COST CENTERS						
	KIDNEY ACQUISITION	7,413,499	0		0 0	388,679	
	HEART ACQUISITION	4,744,668	0		0 0	285,401	
	D PANCREAS ACQUISITION	0	0		0 0	0	112.0
	DINTEREST EXPENSE						113.0
	AMBULATORY SURGICAL CENTER (D.P.)	13,825,778	0		0 279,747	783,673	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,061,755,757	20,527,561	419,15	8 21,085,941	65,979,552	1118.0
	EIMBURSABLE COST CENTERS	016 220	46 570		0 0	0	1100 0
190.00 1900	GIFT FLOWER COFFEE SHOP & CAN	916,320 382,023	46,570		0 0	71,104	190.0
) PHYSICIANS PRIVATE OFFICES	51,543,241	131,952		0 67,778	7,147,784	
	NONPAID WORKERS	51, 545, 241	131,932		0 07,778		193.0
	4 MARKETING	0	0				193.0
	MISSION SERVICES	887,638	41,816		0 14,416	79,114	
	5 FOUNDATION	007,050	41,010		0 14,410		193.0
193.04 1930		2,069,297	0		0 0	355,265	
	1 NETWORK DEVELOPMENT	2,000,201	0		0 0		193.0
	JOINT VENTUREJOINT VENTURE	0	0		0 0		193.0
193.07 1931		26,488,388	0		0 0		193.0
	B OCCUPATIONAL HEALTH	917	0		0 0		193.0
193.09 1931		0	0		0 1,290		193.0
	MARTEN HOUSE	0	0		0 0		193.1
	2 VACANT SPACE	0	491,128		0 0		193.1
193.16 1931	SETON BOARD	0	0		0 0	0	193.1
	9 SPORTS PERFORMANCE	5,302,255	0		0 84,696		
	RETAIL PHARMACY	6,754,710	36,188		0 19,898	134,691	
200.00	Cross Foot Adjustments		-				200.0
201.00	Negative Cost Centers		0		0 0	0	201.0
202.00	TOTAL (sum lines 118 through 201)	1,156,100,546	21,275,215	419,15	8 21,274,019	74,447,103	202 0

	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	ASCENSION ST. VI	Provider CO	F	Period: From 07/01/2022 To 06/30/2023	u of Form CMS- Worksheet B Part I Date/Time Pre 11/27/2023 5:	pare
	Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
00	GENERAL SERVICE COST CENTERS						1.
.00	00100 CAP REL COSTS-BLDG & FIXT						1.
.01	00101 NEW CAP REL COSTS-BLDG-STRESS						1.
.00	00200 CAP REL COSTS-MVBLE EQUIP						2.
.00 .00	00400 EMPLOYEE BENEFITS DEPARTMENT	220 022 024					4.
.00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	238,033,834		16 126 662			5.
.00	00800 LAUNDRY & LINEN SERVICE	36,863,644 2,688,888	9,563,019 697,541	46,426,663 15,314			8.
.00	00900 HOUSEKEEPING	13,285,725	3,446,530	606,051		17,338,306	
0.00	01000 DIETARY	5,060,381	1,312,744	1,368,761		518,106	
L.00	01100 CAFETERIA	8,593,982	2,229,416	1,500,701		0	
3.00	01300 NURSING ADMINISTRATION	17,355,971	4,502,417	2,321,438	-	878,715	
	01400 CENTRAL SERVICES & SUPPLY	3,577,404	928,036	1,739,698		658,514	
	01500 PHARMACY	20,615,507	5,347,992	598,394		226,505	
	01600 MEDICAL RECORDS & LIBRARY	256,401	66,515	458,974		173,732	
	01700 SOCIAL SERVICE	7,098,744	1,841,528	94,607		35,811	
	02100 I&R SERVICES-SALARY & FRINGES A	12,944,451	3,357,998	0,007		0	
	02200 I&R SERVICES-OTHER PRGM COSTS A	9,769,361	2,534,329	523,955	-	198,329	
	02300 PARAMED ED PRGM- PHARMACY	1,137,661	295,127	49,626		18,784	
	02301 PARAMED ED PRGM - CPE	324,513	84,184	77,033		29,159	
3.02	02302 PARAMED ED PRGM - RADIOLOGY	476,354	123,574	59,584	0	22,554	23
3.03	02303 PARAMED ED PRGM - EMS	0	0	0	0 0	0	23
3.04	02304 PARAMED ED PRGM- SONOGRAPHY	532,005	138,011	0	0 0	0	23
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	107,691,509	27,936,949	12,844,938		4,862,087	
	03100 INTENSIVE CARE UNIT	29,232,536	7,583,388	1,832,798		693,754	
	03200 CORONARY CARE UNIT	0	0	0	-	0	
	03201 CARDIOTHORACIC VASCULAR TRANSPL	16,907,720	4,386,133	1,398,219		529,256	
	03300 BURN INTENSIVE CARE UNIT	2,814,268	730,066	273,652		103,583	
	02080 PEDIATRIC INTENSIVE CARE UNIT	4,637,263	1,202,980	780,242		295,339	
	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	° °	0	
	02060 NEONATAL INTENSIVE CARE UNIT	23,426,056	6,077,094	1,186,494		449,114	
0.00	04000 SUBPROVIDER - IPF	6,209,112	1,610,743	1,289,009		487,918	
3.00	04300 NURSERY	2,959,386	767,712	629,399	82,775	238,241	43
0.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	57,121,033	14,818,110	6,125,826	j 0	2,318,759	50
	05200 DELIVERY ROOM & LABOR ROOM	8,810,967	2,285,706			325,163	
	05400 RADIOLOGY-DIAGNOSTIC	14,120,863	3,663,178	1,054,857		399,286	
	05402 AMBULATORY CARDIOVASCULAR SVC	6,060,819		496,088		187,780	
	05403 ULTRASOUND	1,657,622	430,014	82,096		31,075	
	05404 ECHOCARDIOLOGY	2,048,900	531,517	C		0	1
	05401 ONCOLOGY	10,953,544	2,841,525	419,516	6 O	158,796	
7.00	05700 CT SCAN	2,953,287	766,130	91,301	0	34,559	
3.00	05800 MRI	2,146,731	556,896	355,747	0	134,658	58
9.00	05900 CARDIAC CATHETERIZATION	9,473,311	2,457,528	1,152,894		436,396	
€.01	05901 CARDIAC REHAB	1,025,005	265,903		0 0	0	59
	06000 LABORATORY	32,561,488	8,446,971	724,173	0	274,115	60
	06500 RESPIRATORY THERAPY	13,093,599			0	51,586	
	06600 PHYSICAL THERAPY	9,832,481		443,282		167,792	
	06700 OCCUPATIONAL THERAPY	5,071,016	1,315,503	17,699		6,700	
	06800 SPEECH PATHOLOGY	3,243,008	841,288	52,638		19,925	
	06900 ELECTROCARDIOLOGY	2,469,055	640,512	32,470		12,291	
	07000 ELECTROENCEPHALOGRAPHY	4,351,505			0	170,500	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	64,758,894			0	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	67,038,981			0	0	
	07300 DRUGS CHARGED TO PATIENTS	57,806,621			0	0	
	07400 RENAL DIALYSIS	4,796,321	1,244,242	146,282	0	55,371	
	07500 ASC (NON-DISTINCT PART)	0	1 205 212	402, 222	0	196 255	
.01	03330 ENDOSCOPY	4,877,542	1,265,312	492,322	0	186,355	1 /5
00	OUTPATIENT SERVICE COST CENTERS	8,585,461	2,227,206	0	0	0	90
	09000 CLINIC 09001 PARTIAL HOSPITALIZATION			568,560	-		
		3,425,645		568,560		215,212	
	09002 COVID-19 VACCINE CLINIC	27,718	7,190	-	-	0	
	09003 BURN CLINIC	613,570	159,170			96,424	
	09100 EMERGENCY 09101 WOUND CARE 002	33,897,742	8,793,617	1,602,202		606,469	
.00		2,235,464 695,546	579,915 180,436	401,230		151,875 8,759	
.00		093,340		23,139		8,759	
00 01 02	09102 WOUND CARE 001					0	1 21
L.00 L.01 L.02 L.03	09103 LAFAYETTE RD CLINIC	620 641	0 161_004	0		^	
L.00 L.01 L.02 L.03 L.04	09103 LAFAYETTE RD CLINIC 09104 ZIONSVILLE CLINIC	0 620,641	161,004	0	0	0	91
L.00 L.01 L.02 L.03 L.04 L.05	09103 LAFAYETTE RD CLINIC 09104 ZIONSVILLE CLINIC 09105 BROWNSBURG CLINIC	0	161,004 0	C	0 0	0	91 91
L.00 L.01 L.02 L.03 L.04 L.05 L.06	09103 LAFAYETTE RD CLINIC 09104 ZIONSVILLE CLINIC 09105 BROWNSBURG CLINIC 09106 OP ANTICOAGULATION CLINIC	0 735,229	161,004 0 190,730	0 0 70,924		0 26,846	91 91 91
L.00 L.01 L.02 L.03 L.04 L.05 L.06 L.07	09103 LAFAYETTE RD CLINIC 09104 ZIONSVILLE CLINIC 09105 BROWNSBURG CLINIC	0	161,004 0 190,730	C		0	91 91 91 91

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COST ALLOCA	NTION - GENERAL SERVICE COSTS		Provider Co	F	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Pre 11/27/2023 5:	
	Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
OTHEF	R REIMBURSABLE COST CENTERS						
95.00 09500	0 AMBULANCE SERVICES	9,389,186	2,435,705	257,166	5 0	97,343	95.00
98.00 09853	3 GERIATRIC CLINIC	0	0	0	0 0	0	98.00
98.01 09851	1 ELECTROCONVULSIVE THERAPY	0	0	(0 0	0	98.01
98.02 09857	2 DIABETES EDUCATION	373,603	96,919	(0 0	0	98.02
SPECI	IAL PURPOSE COST CENTERS						1
105.00 10500	0 KIDNEY ACQUISITION	7,802,178	2,024,010	(0 0	0	105.00
106.00 10600	0 HEART ACQUISITION	5,030,069	1,304,880	0	0 0	0	106.00
112.00 08600	0 PANCREAS ACQUISITION	0	0	0	0 0	0	112.00
113.00 11300	0 INTEREST EXPENSE						113.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	14,889,198	3,862,496	0	0 0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,052,352,474	211,247,332	44,459,089	3,401,743	16,593,536	118.00
NONRE	EIMBURSABLE COST CENTERS	,,	, , , ,	, ,			
190.00 19000	0 GIFT FLOWER COFFEE SHOP & CAN	962,890	249,789	122,558	3 0	46,391	190.00
191.00 19100		453,127	117,548		0 0	0	191.00
192.00 19200	0 PHYSICIANS PRIVATE OFFICES	58,890,755	15,277,204	347,253	3 0	131,443	192.00
193.00 19300	NONPAID WORKERS	0	0	(í	0 0	0	193.00
193.01 19304	4 MARKETING	0	0	(0 0	0	193.01
193.02 1930	5 MISSION SERVICES	1,022,984	265,378	110,047	7 0	41,655	193.02
193.03 19306	6 FOUNDATION	0	0	(í	0 0	0	193.03
193.04 19307	7 WELLNESS	2,424,562	628,970	0	0 0	0	193.04
193.05 1930	1 NETWORK DEVELOPMENT	0	0	(0 0	0	193.0
193.06 19303	3 JOINT VENTUREJOINT VENTURE	0	0	0	0 0	0	193.00
193.07 19310	OBILLING	26,488,388	6,871,512	(0 0	0	193.0
	8 OCCUPATIONAL HEALTH	1,033			0		193.08
193.09 19312		1,290		Ċ	0		193.09
193.10 1931	MARTEN HOUSE	0	0	Ċ	0		193.10
	2 VACANT SPACE	491,128	0	1,292,482	2 0	489,233	
193.16 19316	6 SETON BOARD	0	0	, , , ,	0		193.10
	9 SPORTS PERFORMANCE	6,066,428	1,573,728		0		193.19
	0 RETAIL PHARMACY	6,945,487	1,801,770		1 0	36,048	
200.00	Cross Foot Adjustments	0		,=-		,	200.00
201.00	Negative Cost Centers	0	0	(0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,156,100,546	238,033,834	46,426,663	3,401,743		

	ALLOCATION - GENERAL SERVICE COSTS		Provider C		eriod: com 07/01/2022 06/30/2023	Worksheet B Part I Date/Time Pre 11/27/2023 5:	pared:
	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	09 pm
		10.00	11.00	13.00	14.00	15.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	1					1.00
1.01	00101 NEW CAP REL COSTS-BLDG-STRESS						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 HOUSEKEEPING						9.00
10.00	01000 DIETARY	8,259,992	40.000.000				10.00
11.00		0	10,823,398				11.00
13.00	01300 NURSING ADMINISTRATION	0	423,421		7 102 426		13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0	239,263 384,827		7,192,426 5,605	27,179,610	14.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	5,700		3,003	27,179,010	16.00
17.00	01700 SOCIAL SERVICE	0	192,351		4	2,107	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES A	0	534,745		0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A	0	140,368		12,763	26,348	
23.00	02300 PARAMED ED PRGM- PHARMACY	0	36,953		0	0	23.00
23.01	02301 PARAMED ED PRGM - CPE	0	18,479		480	0	23.01
23.02	02302 PARAMED ED PRGM - RADIOLOGY	0	14,786	6 0	0	0	23.02
23.03	02303 PARAMED ED PRGM - EMS	0	C	0 0	0	0	23.03
23.04	02304 PARAMED ED PRGM- SONOGRAPHY	0	15,554	0	323	0	23.04
	INPATIENT ROUTINE SERVICE COST CENTERS			,			
	03000 ADULTS & PEDIATRICS	6,227,038	2,294,768		164,421	126,369	
31.00	03100 INTENSIVE CARE UNIT	192,656	564,925	2,522,842	6,391	55,705	
	03200 CORONARY CARE UNIT				0	0	32.00
	03201 CARDIOTHORACIC VASCULAR TRANSPL	298,545	306,928		129	33,549	
33.00 33.01	03300 BURN INTENSIVE CARE UNIT	12,242	50,311		0	3,711	
	02080 PEDIATRIC INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	27,621	121,983	421,314	3,301	5,873	33.01
	02060 NEONATAL INTENSIVE CARE UNIT	0	670,472	2,549,244	0	9,556	
40.00	04000 SUBPROVIDER - IPF	871,992	208,068		143	0	40.00
43.00	04300 NURSERY	0/1,002	83,990		4,110	386	•
	ANCILLARY SERVICE COST CENTERS				.,		1
50.00	05000 OPERATING ROOM	22,451	988,032	3,999,662	48,985	200,323	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	202,920	901,128	1,348	4,358	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	545	247,561	100,470	63,123	17,269	54.00
	05402 AMBULATORY CARDIOVASCULAR SVC	0	131,962	397,560	15,809	227,417	54.01
54.02	05403 ULTRASOUND	0	33,709		0	106	•
54.03	05404 ECHOCARDIOLOGY	0	30,354		19,899	1,622	
	05401 ONCOLOGY	0	147,515		7,545	13,523	
	05700 CT SCAN	0	65,178		382		57.00
	05800 MRI	0	38,238		757	4,138	
	05900 CARDIAC CATHETERIZATION 05901 CARDIAC REHAB	0	197,705 29,272		0 317	300,636 0	1
	06000 LABORATORY	0	29,272	47,080	1,961	340	
	06500 RESPIRATORY THERAPY	0	278,788		1,901	1,155,216	
	06600 PHYSICAL THERAPY	0	97,896		1,914	494	
	06700 OCCUPATIONAL THERAPY	0	69,072		1,511	0	
	06800 SPEECH PATHOLOGY	0	37,038		21	0	•
	06900 ELECTROCARDIOLOGY	0	49,808		19,893	1,827	
	07000 ELECTROENCEPHALOGRAPHY	0	69,660		10,597	685	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	C	0 0	3,197,683	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	C	0 0	3,391,633	0	
	07300 DRUGS CHARGED TO PATIENTS	0	C	0	0	22,854,811	73.00
74.00	07400 RENAL DIALYSIS	0	C	0 0	3,322	18,437	
75.00	07500 ASC (NON-DISTINCT PART)	0	C	0 0	0	0	
75.01	03330 ENDOSCOPY	0	90,676	349,842	0	15,050	75.01
	OUTPATIENT SERVICE COST CENTERS			1			1.
	09000 CLINIC	0	188,081		6	0	
	09001 PARTIAL HOSPITALIZATION	0	149,541		21	0	
	09002 COVID-19 VACCINE CLINIC	0	412		0	0	
	09003 BURN CLINIC	0	11,258		1,037	7	90.03
	09100 EMERGENCY	29,006	666,450		14,341	30,465	1
	09101 WOUND CARE 002	0	38,424		14,894	1,118	
	09102 WOUND CARE 001	0	17,047	85,705	0	1,616	
	09103 LAFAYETTE RD CLINIC 09104 ZIONSVILLE CLINIC	0		0	969	0 2,032	
	09104 ZIONSVILLE CLINIC 09105 BROWNSBURG CLINIC	0	(909	2,032	1
	09105 BROWNSBURG CLINIC 09106 OP ANTICOAGULATION CLINIC	0	(r	26,920	107	3,079	
	09107 ST VINCENT OUTPATIENT TREATMENT	0	()	64,052	2,097	1,254	
	Interior fancers of hitem incament	0	C	57,052			
	04040 FAMILY PRACTICE	0	ſ) 0	943	2	91.08

Health Financial Systems A	SCENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period: From 07/01/2022 To 06/30/2023	11/27/2023 5:	
Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATI	CENTRAL ON SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	214,915	426,9	49 6,614	2,067	95.00
98.00 09853 GERIATRIC CLINIC	0	0		0 0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0		0 0	0	98.01
98.02 09852 DIABETES EDUCATION	0	11,454	57,4	37 0	0	98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	55,974	118,9	35 65	11	105.00
106.00 10600 HEART ACQUISITION	0	40,900		10 35	0	106.00
112.00 08600 PANCREAS ACQUISITION	0	0		0 0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	158,537	,	0 151,508	292,368	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	7,682,096	10,666,269	25,481,8	57 7,175,505	25,422,523	118.00
NONREIMBURSABLE COST CENTERS						1
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0)	0 0		190.00
191.00 19100 RESEARCH	0	13,668	6	0 0	18,844	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0		0 12,041	1,733,827	192.00
193.00 19300 NONPAID WORKERS	0	0		0 0	0	193.00
193.01 19304 MARKETING	0	0		0 0	0	193.01
193.02 19305 MISSION SERVICES	0	18,554	-	0 12	0	193.02
193.03 19306 FOUNDATION	0	0		0 0	0	193.03
193.04 19307 WELLNESS	0	100,418		0 114	592	193.04
193.05 19301 NETWORK DEVELOPMENT	0	0		0 0	0	193.05
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0		0 0	0	193.06
193.07 19310 BILLING	0	0		0 0	0	193.07
193.08 19308 OCCUPATIONAL HEALTH	0	21	. 1	05 0	0	193.08
193.09 19312 LIFELINE	0	0		0 0	0	193.09
193.10 19313 MARTEN HOUSE	0	0		0 0	0	193.10
193.14 19302 VACANT SPACE	0	0		0 0	0	193.14
193.16 19316 SETON BOARD	577,896	0		0 0		193.16
193.19 19319 SPORTS PERFORMANCE	0	ů 0		0 4,734		193.19
194.00 07950 RETAIL PHARMACY	0	24,468		0 20		194.00
200.00 Cross Foot Adjustments	Ű	2.,100			_,	200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	8,259,992	10,823,398	25,481,9	⁶² 7,192,426		

	LLOCATION - GENERAL SERVICE COSTS		Provider C		Period: From 07/01/2022	Worksheet B Part I	
					то 06/30/2023		par 09
				INTERNS	& RESIDENTS		
	Cost Center Description	MEDICAL	SOCIAL SERVICE		R SERVICES-OTHER	PARAMED ED	
		RECORDS & LIBRARY		Y & FRINGES /		PRGM- PHARMACY	
		16.00	17.00	21.00	22.00	23.00	
1	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT			1			1 1
01 00 00 00	00101 NEW CAP REL COSTS-BLDG-STRESS 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT						1 2 4 5 7
00 .00 .00 .00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION						8 9 10 11
.00 .00 .00 .00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES A	961,331 0 0					14 15 16 17 21
.00 .01 .02 .03	02200 I&R SERVICES-OTHER PRGM COSTS A 02300 PARAMED ED PRGM- PHARMACY 02301 PARAMED ED PRGM - CPE 02302 PARAMED ED PRGM - RADIOLOGY 02303 PARAMED ED PRGM - EMS 02304 PARAMED ED PRGM- SONOGRAPHY	0 0 0 0 0 0 0	-		13,205,453	1,538,151	22 23 23 23 23 23 23 23
	INPATIENT ROUTINE SERVICE COST CENTERS			1			1 2.
	03000 ADULTS & PEDIATRICS	88,157	, ,			0	
	03100 INTENSIVE CARE UNIT	29,914		1,188,89	932,450	0	
	03200 CORONARY CARE UNIT 03201 CARDIOTHORACIC VASCULAR TRANSPL	0 11,072	, °	15,16	4 11,893	0	-
	03300 BURN INTENSIVE CARE UNIT	6,474				0	
	02080 PEDIATRIC INTENSIVE CARE UNIT	5,436				0	3
	03400 SURGICAL INTENSIVE CARE UNIT	0	0		0 0	0	
	02060 NEONATAL INTENSIVE CARE UNIT	49,813				0	-
	04000 SUBPROVIDER - IPF 04300 NURSERY	8,206				0	
	ANCILLARY SERVICE COST CENTERS	5,072	230,332	75,00	5 57,505	0	1 7
	05000 OPERATING ROOM	175,959	0	4,151,46	3,256,006	0	5
	05200 DELIVERY ROOM & LABOR ROOM	16,495		,		0	
	05400 RADIOLOGY-DIAGNOSTIC	17,792		232,98	1 182,727	0	
	05402 AMBULATORY CARDIOVASCULAR SVC 05403 ULTRASOUND	11,041	0	107.00	0 0	0	-
	05404 ECHOCARDIOLOGY	6,129 7,962		. ,		0	
	05404 ECHOCARDIOLOGY 05401 ONCOLOGY	17,787				0	
	05700 CT SCAN	9,499		5.5,11	0 0	0	
.00	05800 MRI	2,938		16,54	3 12,975	0	5
	05900 CARDIAC CATHETERIZATION	54,793		684,88		0	-
	05901 CARDIAC REHAB	621		27,57			
	06000 LABORATORY 06500 RESPIRATORY THERAPY	91,515		218,36 189,41		0	6
	06600 PHYSICAL THERAPY	5,528				0	
	06700 OCCUPATIONAL THERAPY	2,968			0 0	0	
	06800 SPEECH PATHOLOGY	2,174	0		0 0	0	6
	06900 ELECTROCARDIOLOGY	6,217		406,68		0	69
	07000 ELECTROENCEPHALOGRAPHY	4,125		176,18	3 138,181	0	1
	07100 MEDICAL SUPPLIES CHARGED TO PAT 07200 IMPL. DEV. CHARGED TO PATIENTS	46,956 47,568			0 0	0	1
	07300 DRUGS CHARGED TO PATIENTS	68,381		31,70	7 24,868	-	
	07400 RENAL DIALYSIS	4,520		78,85			1
	07500 ASC (NON-DISTINCT PART)	0	0		0 0	0	
.01	03330 ENDOSCOPY	14,514	0	419,36	5 328,909	0	7
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	2,202		,		0	
	09001 PARTIAL HOSPITALIZATION 09002 COVID-19 VACCINE CLINIC	2,924		9,09	9 7,136	0	
	09002 COVID-19 VACCINE CLINIC 09003 BURN CLINIC	84	-		0 0	0	
	09100 EMERGENCY	78,274		494,91	.2 388,160	-	
.00	09101 WOUND CARE 002	4,895		76,64			9
		.,			0 00,110		
.01	09102 WOUND CARE 001	702	0	1	0 0	0	91
.01	09102 WOUND CARE 001 09103 LAFAYETTE RD CLINIC	702			0 0	0	91
L.01 L.02 L.03 L.04			0		0 0 0 0 0 0	0	91

COCT AL	Financial Systems AS	CENSION ST. VIN	Provider C		Period:	u of Form CMS- Worksheet B	
CUST AL	LOCATION - GENERAL SERVICE COSIS		Provider Co		From 07/01/2022 Fo 06/30/2023	Part I Date/Time Pre	pared
				INTERNS &	RESIDENTS	11/27/2023 5:	09 pm
	Cost Center Description	MEDICAL S	OCIAL SERVICE	Y & FRINGES A	RSERVICES-OTHER	PARAMED ED PRGM- PHARMACY	
		LIBRARY			FROM COSTS A	FROM FRANKMACT	
		16.00	17.00	21.00	22.00	23.00	
91.07 0	9107 ST VINCENT OUTPATIENT TREATMENT	803	0		0 0		91.0
91.08 0	4040 FAMILY PRACTICE	0	0	938,54	736,099	0	91.
92.00 0	9200 OBSERVATION BEDS (NON-DISTINCT						92.
	THER REIMBURSABLE COST CENTERS						
-	9500 AMBULANCE SERVICES	3,614	0		0 0	0	
-	9853 GERIATRIC CLINIC	0	0		0 0	0	
	9851 ELECTROCONVULSIVE THERAPY	0	0		0 0	0	
	9852 DIABETES EDUCATION	0	0		0 0	0	98.
	PECIAL PURPOSE COST CENTERS	2 1 6 2		40.25	27.042		105
	0500 KIDNEY ACQUISITION	3,162	0	48,25			105.
	.0600 HEART ACQUISITION 08600 PANCREAS ACQUISITION	928	0	113,04	4 88,661		106.
	1300 INTEREST EXPENSE	0	0		0	0	112.
	1500 AMBULATORY SURGICAL CENTER (D.P.)	28,021	0	389,31	305,338	0	115.
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	961,331	9,721,354	· · · · ·			
	ONREIMBURSABLE COST CENTERS	501,551	5,721,551	10,502,70	15,005,050	1,550,151	
	.9000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0 0	0	190.
	9100 RESEARCH	0	0	77,20	60,549	0	191.
192.00	9200 PHYSICIANS PRIVATE OFFICES	0	0	77,75		0	192.
	9300 NONPAID WORKERS	0	0		0 0	0	193.
	.9304 MARKETING	0	0		0 0	0	193.
	.9305 MISSION SERVICES	0	0		0 0		193.
	9306 FOUNDATION	0	0		0 0		193.
	.9307 WELLNESS	0	0		0 0		193.
	9301 NETWORK DEVELOPMENT	0	0		0 0		193.
	.9303 JOINT VENTUREJOINT VENTURE	0	0		0 0		193.
	.9310 BILLING	0	0		0 0		193.
	9308 OCCUPATIONAL HEALTH	0	0		0 0		193.
	9312 LIFELINE	0	0		0		193.
	9313 MARTEN HOUSE	0	0		0		193.
	9302 VACANT SPACE	0	0		0		193.
	9316 SETON BOARD	0	0	00.53			193.
	9319 SPORTS PERFORMANCE	0	0	99,53	4 78,065		193.
200.00	7950 RETAIL PHARMACY	0	0				194.
200.00	Cross Foot Adjustments Negative Cost Centers	~	0				200.
201.00	TOTAL (sum lines 118 through 201)	961,331	0,721,354	16,837,19	13,205,453	-	
102.00	TOTAL (Sum TIMES ITO CHIOUGH 201)	901,331	9,121,334	1 10,007,19	+ 13,203,433	1, 1, 330, 131	1202.

COST A	LLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 07/01/2022	Worksheet B Part I	_
					то 06/30/2023	Date/Time Pre 11/27/2023 5:	epared:
	Cost Center Description	PARAMED ED PRGM - CPE	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - EMS	PARAMED ED PRGM- SONOGRAPHY	Subtotal	
		23.01	23.02	23.03	23.04	24.00	
	GENERAL SERVICE COST CENTERS				1		
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 2.00	00101 NEW CAP REL COSTS-BLDG-STRESS 00200 CAP REL COSTS-MVBLE EQUIP						1.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
$10.00 \\ 11.00$	01000 DIETARY 01100 CAFETERIA						10.00
13.00	01300 NURSING ADMINISTRATION						13.00
	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
	01600 MEDICAL RECORDS & LIBRARY						16.00
	01700 SOCIAL SERVICE						17.00
21.00 22.00	02100 I&R SERVICES-SALARY & FRINGES A 02200 I&R SERVICES-OTHER PRGM COSTS A						21.00
23.00	02300 PARAMED ED PRGM- PHARMACY						23.00
	02301 PARAMED ED PRGM - CPE	533,848					23.01
23.02	02302 PARAMED ED PRGM - RADIOLOGY		696,852				23.02
	02303 PARAMED ED PRGM - EMS				0		23.03
23.04	02304 PARAMED ED PRGM- SONOGRAPHY				685,893		23.04
30.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	200,571	0		0 0	185,441,706	30.00
31.00	03100 INTENSIVE CARE UNIT	108,579	0		0 0	46,598,749	
32.00	03200 CORONARY CARE UNIT	0	0		0 0	0	
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL	52,279	0		0 0	25,595,863	
	03300 BURN INTENSIVE CARE UNIT	0	0		0 0	4,349,363	
	02080 PEDIATRIC INTENSIVE CARE UNIT	8,546	0		0 0	7,837,039	1
	03400 SURGICAL INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	53,284	0		0 0	0 36,547,132	
40.00	04000 SUBPROVIDER - IPF	43,733	0		0 0	12,480,883	
43.00	04300 NURSERY	0	0		0 0	5,416,824	1
	ANCILLARY SERVICE COST CENTERS				1 1		
	05000 OPERATING ROOM	9,048	0		0 0	93,235,661	1
52.00 54.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	8,546	341,052		0 0	15,121,788 20,441,704	
	05402 AMBULATORY CARDIOVASCULAR SVC	0	0		0 0	9,100,749	
	05403 ULTRASOUND	0	117,464		0 685,893	3,343,221	
54.03	05404 ECHOCARDIOLOGY	0	0		0 0	2,854,258	
54.04	05401 ONCOLOGY	0	0		0 0	15,472,718	
	05700 CT SCAN 05800 MRI	0	182,031 56,305		0 0	4,111,015	
	05900 CARDIAC CATHETERIZATION	0	50,505			3,325,926 15,808,760	
	05901 CARDIAC REHAB	0	0		0 0	1,417,395	
60.00	06000 LABORATORY	0	0		0 0	42,490,197	60.00
	06500 RESPIRATORY THERAPY	0	0		0 0	18,466,613	
	06600 PHYSICAL THERAPY	0	0		0 0	13,219,637	
	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0	0			6,482,958 4,196,092	
	06900 ELECTROCARDIOLOGY	0	0		0 0	3,957,717	
	07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	6,500,724	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		0 0	84,803,026	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	87,869,166	1
	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	97,320,501	
	07400 RENAL DIALYSIS	0	0		0 0	6,409,196	
	07500 ASC (NON-DISTINCT PART) 03330 ENDOSCOPY	0	0		0 0	0 8,039,887	
, J.UI	OUTPATIENT SERVICE COST CENTERS	0	U		- U	5,055,007	1,2.01
90.00	09000 CLINIC	26,139	0		0 0	11,625,785	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0		0 0	5,266,805	90.01
	09002 COVID-19 VACCINE CLINIC	0	0		0 0	35,740	
	09003 BURN CLINIC	0	0			1,136,289	
	09100 EMERGENCY 09101 WOUND CARE 002	23,123	0			48,410,547 3,724,750	
	09101 WOUND CARE 002	0	0		o o	1,012,950	
	09103 LAFAYETTE RD CLINIC	0	o		0 0	1,012,550	
91.04	09104 ZIONSVILLE CLINIC	0	0		0 0	785,005	
91 05	09105 BROWNSBURG CLINIC	0	0		0 0	0	91.05
						1 054 407	01 06
91.06	09106 OP ANTICOAGULATION CLINIC	0	0		0 0	1,054,497	1
91.06 91.07	09106 OP ANTICOAGULATION CLINIC 09107 ST VINCENT OUTPATIENT TREATMENT 04040 FAMILY PRACTICE	0	0			1,054,497 1,459,835 6,915,982	91.07

Health Financial Systems A	SCENSION ST. VI	NCENT HOSPITAL		In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider Co		Period: From 07/01/2022 To 06/30/2023	Date/Time Pre 11/27/2023 5:		
Cost Center Description	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	Subtotal		
	PRGM - CPE	PRGM -	PRGM - EMS	PRGM-			
	22.01	RADIOLOGY		SONOGRAPHY	24.00		
	23.01	23.02	23.03	23.04	24.00	02.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00	
OTHER REIMBURSABLE COST CENTERS	0	0		0			
95.00 09500 AMBULANCE SERVICES	0	0		0	12,833,559		
98.00 09853 GERIATRIC CLINIC	0	0		0 0	0		
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0		0 0	0	98.01	
98.02 09852 DIABETES EDUCATION	0	0		0 (539,463	98.02	
SPECIAL PURPOSE COST CENTERS	-						
105.00 10500 KIDNEY ACQUISITION	0	0		0 (10,090,428		
106.00 10600 HEART ACQUISITION	0	0		0 0	6,665,527		
112.00 08600 PANCREAS ACQUISITION	0	0		0 0	0	112.00	
113.00 11300 INTEREST EXPENSE						113.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 0	20,076,778		
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	533,848	696,852		0 685,893	1,019,890,408	118.00	
NONREIMBURSABLE COST CENTERS	-	-	1		I		
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0 (1,381,628		
191.00 19100 RESEARCH	0	0		0 0	740,937		
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0		0 0	76,531,256		
193.00 19300 NONPAID WORKERS	0	0		0 0		193.00	
193.01 19304 MARKETING	0	0		0 0		193.01	
193.02 19305 MISSION SERVICES	0	0		0 0	1,458,630		
193.03 19306 FOUNDATION	0	0		0 0		193.03	
193.04 19307 WELLNESS	0	0		0 0	3,154,656		
193.05 19301 NETWORK DEVELOPMENT	0	0		0 0		193.05	
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0		0 0		193.06	
193.07 19310 BILLING	0	0		0 0	33,359,900		
193.08 19308 OCCUPATIONAL HEALTH	0	0		0 0		193.08	
193.09 19312 LIFELINE	0	0		0 0		193.09	
193.10 19313 MARTEN HOUSE	0	0		0 0		193.10	
193.14 19302 VACANT SPACE	0	0		0 0	2,272,843	193.14	
193.16 19316 SETON BOARD	0	0		0 0	577,896	193.16	
193.19 19319 SPORTS PERFORMANCE	0	0		0 0	7,823,866	193.19	
194.00 07950 RETAIL PHARMACY	0	0		0 0	8,905,474	194.00	
200.00 Cross Foot Adjustments	0	0		0 0	0	200.00	
201.00 Negative Cost Centers	0	0		0 0	0 0	201.00	
202.00 TOTAL (sum lines 118 through 201)	533,848	696,852		0 685,893	1,156,100,546	202.00	
		. ,					

ST ALLOCATIO	DN - GENERAL SERVICE COSTS		Provider CCN	1: 15-0084	Period: From 07/01/2022 To 06/30/2023	
CC	ost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total			11/27/2023 3.03
		25.00	26.00			
	SERVICE COST CENTERS					
1 1	AP REL COSTS-BLDG & FIXT					
1 1	EW CAP REL COSTS-BLDG-STRESS					
	AP REL COSTS-MVBLE EQUIP					
	APLOYEE BENEFITS DEPARTMENT					4
	DMINISTRATIVE & GENERAL					
	PERATION OF PLANT					
	AUNDRY & LINEN SERVICE					8
	DUSEKEEPING					
00 01000 DI						10
00 01100 CA						11
	JRSING ADMINISTRATION					13
	ENTRAL SERVICES & SUPPLY					14
.00 01500 PH	HARMACY					1
00 01600 ME	EDICAL RECORDS & LIBRARY					16
	OCIAL SERVICE					17
00 02100 18	&R SERVICES-SALARY & FRINGES A					22
	&R SERVICES-OTHER PRGM COSTS A					22
	ARAMED ED PRGM- PHARMACY					23
	ARAMED ED PRGM - CPE					23
	ARAMED ED PRGM - RADIOLOGY					23
.03 02303 PA	ARAMED ED PRGM - EMS					23
.04 02304 PA	ARAMED ED PRGM- SONOGRAPHY					23
	NT ROUTINE SERVICE COST CENTERS					
	DULTS & PEDIATRICS	-7,612,126	177,829,580			30
00 03100 IN	NTENSIVE CARE UNIT	-2,121,341	44,477,408			31
00 03200 CC	DRONARY CARE UNIT	0	0			32
01 03201 CA	ARDIOTHORACIC VASCULAR TRANSPL	-27,057	25,568,806			32
	JRN INTENSIVE CARE UNIT	-2,951	4,346,412			33
1 1	EDIATRIC INTENSIVE CARE UNIT	-147,589	7,689,450			33
	JRGICAL INTENSIVE CARE UNIT	0	0			34
	EONATAL INTENSIVE CARE UNIT	-280,419	36,266,713			34
.00 04000 st	JBPROVIDER - IPF	-309,937	12,170,946			40
.00 04300 NL		-130,370	5,286,454			43
	RY SERVICE COST CENTERS	7 407 472	05 020 100			F/
	PERATING ROOM	-7,407,473	85,828,188			50
	ELIVERY ROOM & LABOR ROOM ADIOLOGY-DIAGNOSTIC	-1,706,125 -415,708	13,415,663 20,025,996			54
	MBULATORY CARDIOVASCULAR SVC	-415,708	9,100,749			54
02 05403 UL		-299,113	3,044,108			54
	CHOCARDIOLOGY	-214,004	2,640,254			54
03 03404 EC						54
		-676,448	14,796,270			57
		20 518	4,111,015			
00 05800 MF	ARDIAC CATHETERIZATION	-29,518	3,296,408			58
	ARDIAC CATHETERIZATION	-1,222,033	14,586,727			59
00 06000 LA		-49,197 -389,634	1,368,198 42,100,563			60
	ESPIRATORY THERAPY	-337,978	18,128,635			65
	IYSICAL THERAPY	-119,547	13,100,090			66
	CCUPATIONAL THERAPY	-119, 547	6,482,958			67
	PEECH PATHOLOGY	0	4,196,092			68
	LECTROCARDIOLOGY	-725,644	3,232,073			69
	LECTROENCEPHALOGRAPHY	-314,364	6,186,360			70
	EDICAL SUPPLIES CHARGED TO PAT	-514,504	84,803,026			7
	MPL. DEV. CHARGED TO PATIENTS	0	87,869,166			72
	RUGS CHARGED TO PATIENTS	-56,575	97,263,926			73
	ENAL DIALYSIS	-140,701	6,268,495			74
	SC (NON-DISTINCT PART)	140,701	0,200,400			7
01 03330 EN		-748,274	7,291,613			7
	ENT SERVICE COST CENTERS	, +0, 2/4	.,231,013			1.
00 09000 CL		-411,280	11,214,505			90
	ARTIAL HOSPITALIZATION	-16,235	5,250,570			90
	OVID-19 VACCINE CLINIC	10,255	35,740			90
03 09003 BL		0	1,136,289			90
00 09100 EM		-883,072	47,527,475			91
	DUND CARE 002	-136,765	3,587,985			91
	DUND CARE 002	-130,703	1,012,950			91
	AFAYETTE RD CLINIC	0	1,012,000			91
	IONSVILLE CLINIC	0	785,005			91
	ROWNSBURG CLINIC	0	105,005			91
1 1	P ANTICOAGULATION CLINIC	0	1,054,497			91
	ICONSCENTION CEINIC	U U	-,037,737			1 9.

Health	Financial	Systems			
COST A			SERVITCE	COSTS	

ASCENSION	ST.	VINCE	ENT HOSPITAL	
			Drowidon CCNI 15 0084	D

In Lieu of Form CMS-2552-10 Worksheet B

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part I Date/Time Prepared: 11/27/2023 5:09 pm	_
Cost Center Description	Intern & Residents Cost & Post Stepdown	Total				
	Adjustments	26.00				
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	25.00	26.00 1,459,835			91.07	7
91.08 04040 FAMILY PRACTICE	-1,674,639				91.07	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	-1,074,039	3,241,343			92.00	
OTHER REIMBURSABLE COST CENTERS	0					,
95.00 09500 AMBULANCE SERVICES	0	12,833,559			95.00)
98.00 09853 GERIATRIC CLINIC	0	12,000,000			98.00	
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0			98.01	
98.02 09852 DIABETES EDUCATION	0	539,463			98.02	
SPECIAL PURPOSE COST CENTERS	0	555,405			50:02	•
105.00 10500 KIDNEY ACQUISITION	-86,093	10,004,335			105.00)
106.00 10600 HEART ACQUISITION	-201,705	6,463,822			106.00	
112.00 08600 PANCREAS ACQUISITION	201,705	0,105,022			112.00	
113.00 11300 INTEREST EXPENSE	Ŭ	Ŭ			113.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	-694,650	19,382,128			115.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-29,588,565				118.00	
NONREIMBURSABLE COST CENTERS	20,000,000	550,501,015				
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	1,381,628			190.00)
191.00 19100 RESEARCH	-137,750				191.00	
192.00 19200 PHYSICIANS PRIVATE OFFICES	-138,733				192.00)
193.00 19300 NONPAID WORKERS	0	0			193.00	
193.01 19304 MARKETING	0	0			193.01	Ĺ
193.02 19305 MISSION SERVICES	0	1,458,630			193.02	2
193.03 19306 FOUNDATION	0	0			193.03	3
193.04 19307 WELLNESS	0	3,154,656			193.04	ŧ
193.05 19301 NETWORK DEVELOPMENT	0	0			193.05	;
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0			193.06	5
193.07 19310 BILLING	0	33,359,900			193.07	7
193.08 19308 OCCUPATIONAL HEALTH	0	1,427			193.08	3
193.09 19312 LIFELINE	0	1,625			193.09)
193.10 19313 MARTEN HOUSE	0	0			193.10)
193.14 19302 VACANT SPACE	0	2,272,843			193.14	ł
193.16 19316 SETON BOARD	0	577,896			193.16	5
193.19 19319 SPORTS PERFORMANCE	-177,599	7,646,267			193.19)
194.00 07950 RETAIL PHARMACY	0	8,905,474			194.00)
200.00 Cross Foot Adjustments	0	0			200.00)
201.00 Negative Cost Centers	0	0			201.00)
202.00 TOTAL (sum lines 118 through 201)	-30,042,647	1,126,057,899			202.00)
					-	

LOCA	ATION OF CAPITAL RELATED COSTS		Provider Co		eriod: rom 07/01/2022 p 06/30/2023	Worksheet B Part II Date/Time Pre	pare
			CAP	ITAL RELATED CO	ISTS	11/27/2023 5:	09 p
	Cost Center Description	Directly Assigned New	BLDG & FIXT	NEW BLDG-STRESS	MVBLE EQUIP	Subtotal	
		Capital Related Costs					
		0	1.00	1.01	2.00	2A	
00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1
01	00101 NEW CAP REL COSTS-BLDG-STRESS						1
00	00200 CAP REL COSTS-MVBLE EQUIP						2
00	00400 EMPLOYEE BENEFITS DEPARTMENT	397,993	176,996		2,015	580,710	
00 00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	16,051,468 63,449	676,297 3,574,714		1,591,183 318,027	18,349,396 3,979,603	
00	00800 LAUNDRY & LINEN SERVICE	03,449	5,819		518,027	5,819	
00	00900 HOUSEKEEPING	0	220,959		697	225,904	
.00	01000 DIETARY	0	502,258	8,128	75,391	585,777	10
.00	01100 CAFETERIA	0	0	0	0	0	
.00	01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY	31,093 1,552,334	874,313 634,051	· · · ·	520,354 1,133,764	1,429,314 3,332,445	
.00		1,134,543	227,383	,	132,041	1,493,967	
.00		0	162,973		554	168,731	
.00		0	34,137	832	16,819	51,788	
.00	02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21
.00	02200 I&R SERVICES-OTHER PRGM COSTS A 02300 PARAMED ED PRGM- PHARMACY	0	199,097 18,857	0	54,861	253,958 18,857	
	02301 PARAMED ED PRGM - CPE	0	29,271	0	0	29,271	
	02302 PARAMED ED PRGM - RADIOLOGY	0	22,641	0	0	22,641	
		0	0	-	0	0	
.04		0	0	0	0	0	23
.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	231,539	4,880,929	0	732,086	5,844,554	30
.00	03100 INTENSIVE CARE UNIT	0	696,442		1,174,405	1,870,847	
.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32
	03201 CARDIOTHORACIC VASCULAR TRANSPL	0	531,307	0	278,282	809,589	
	03300 BURN INTENSIVE CARE UNIT	0	103,985	0	6,550	110,535	
.01	02080 PEDIATRIC INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	296,483	0	135,860	432,343	
		2,354	450,854	Ő	431,710	884,918	
.00	04000 SUBPROVIDER - IPF	0	64,330		46,628	304,621	
.00	04300 NURSERY ANCILLARY SERVICE COST CENTERS	0	239,164	0	40,511	279,675	43
.00	05000 OPERATING ROOM	1,587,338	2,327,743	0	5,724,766	9,639,847	5
.00	05200 DELIVERY ROOM & LABOR ROOM	5,508	326,422	0	42,780	374,710	52
.00		49,241	400,833		1,228,544	1,678,618	
	05402 AMBULATORY CARDIOVASCULAR SVC 05403 ULTRASOUND	280,462	188,508		500,123	969,093	
	05404 ECHOCARDIOLOGY	0 103,887	31,195	0	124,752 270,860	155,947 374,747	
		1,100,897	159,411	0	1,861,791	3,122,099	
	05700 CT SCAN	0	34,693		365,206	399,899	
	05800 MRI	0	135,180		547,197	682,377	
	05900 CARDIAC CATHETERIZATION 05901 CARDIAC REHAB	303,361 154,436	438,086	0	960,268 13,836	1,701,715 168,272	
	06000 LABORATORY	154,450	275,177	0	155,676	430,853	
.00	06500 RESPIRATORY THERAPY	229,671	51,786		532,295	813,752	
	06600 PHYSICAL THERAPY	927,950	168,442		23,833	1,120,225	
	06700 OCCUPATIONAL THERAPY	102.022	5,915		12 (10	6,284	
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY	102,023	20,002 12,338		13,618 157,234	135,643 273,459	
.00	07000 ELECTROENCEPHALOGRAPHY	441,786			94,102	620,806	
.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	7
.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	
	07300 DRUGS CHARGED TO PATIENTS	0		0		62 170	73
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	55,586	0	6,584	62,170 0	7
	03330 ENDOSCOPY	22	187,077	0	510,975	698,074	
	OUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	1,725,045		61 242	0	1,725,045	
.UL	09001 PARTIAL HOSPITALIZATION 09002 COVID-19 VACCINE CLINIC	10,875	81,502	61,242	1,999	155,618	
	09003 BURN CLINIC	80,988	96,798	0	0	177,786	
.02		0	608,818		552,159	1,160,977	
.02 .03	09100 EMERGENCY	0			,		
.02 .03 .00 .01	09101 WOUND CARE 002	67,700	152,463	0	0	220,163	
.02 .03 .00 .01 .02	09101 09102 WOUND CARE 002 WOUND CARE 001	67,700 0	152,463 8,793		0 22,050	30,843	91
.02 .03 .00 .01 .02 .03	09101 WOUND CARE 002	67,700 0 243,324			0 22,050 0 16,973		91 91

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ALLOCA		cial Systems A: DF CAPITAL RELATED COSTS	SCENSION ST. VI	Provider CC	CN: 15-0084	Period:	u of Form CMS-2 Worksheet B	
						From 07/01/2022	Part II	
						то 06/30/2023	Date/Time Pre 11/27/2023 5:	pared 09 pm
				CAPI	TAL RELATED	COSTS		
		Cost Center Description	Directly	BLDG & FIXT	NEW	MVBLE EQUIP	Subtotal	
			Assigned New		BLDG-STRESS			
			Capital					
			Related Costs					
01 00	00100		0	1.00	1.01	2.00	2A	01.0
		OP ANTICOAGULATION CLINIC	46,278	26,950		0 0	73,228	
91.07		ST VINCENT OUTPATIENT TREATMENT	134,902	0		0 0 0	134,902	
		FAMILY PRACTICE	337,765	0		0 16,563	354,328 0	91.0
92.00		OBSERVATION BEDS (NON-DISTINCT REIMBURSABLE COST CENTERS					0	92.
95.00		AMBULANCE SERVICES	110,473	97,720		0 369,771	577,964	95.0
		GERIATRIC CLINIC	110,475	0		0 0	0	98.0
		ELECTROCONVULSIVE THERAPY	0	0		0 0	0	98.0
		DIABETES EDUCATION	0	0		0 501	501	
0102		AL PURPOSE COST CENTERS				501	501	1 30.
L05.00		KIDNEY ACQUISITION	610,141	0		0 0	610,141	105.
		HEART ACQUISITION	233,520	0		0 0	233,520	
		PANCREAS ACQUISITION	0	0		0 0		112.
		INTEREST EXPENSE						113.
L15.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	933,572	0		0 279,747	1,213,319	115.
L18.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,389,825	20,527,561	419,15	8 21,085,941	71,422,485	118.
	NONRE	IMBURSABLE COST CENTERS						
		GIFT FLOWER COFFEE SHOP & CAN	0	46,570		0 0	46,570	
		RESEARCH	42,405	0		0 0	42,405	
		PHYSICIANS PRIVATE OFFICES	2,134,627	131,952		0 67,778	2,334,357	
		NONPAID WORKERS	0	0		0 0		193.
		MARKETING	0	0		0 0		193.
		MISSION SERVICES	0	41,816		0 14,416	56,232	
		FOUNDATION	0	0		0 0		193.
		WELLNESS	0	0		0 0		193.
		NETWORK DEVELOPMENT	0	0		0 0		193.
		JOINT VENTUREJOINT VENTURE	0	0		0 0		193.
		BILLING	0	0		0 0		193. 193.
		OCCUPATIONAL HEALTH LIFELINE	0	0		0 1 200	1,290	
02 00		MARTEN HOUSE	0	0		0 1,290		193.
			0	401 120			491,128	
L93.10		VACANT SPACE	0			0		
L93.10 L93.14	19302	VACANT SPACE	0	491,128		0 0	0	
L93.10 L93.14 L93.16	19302 19316	SETON BOARD	0 0 753 030	491,128 0		0 0 0		
L93.10 L93.14 L93.16 L93.19	19302 19316 19319	SETON BOARD SPORTS PERFORMANCE	0 0 753,030	0		0 0 0 84,696 0 19.898	837,726	193.
L93.10 L93.14 L93.16 L93.19 L94.00	19302 19316 19319 07950	SETON BOARD SPORTS PERFORMANCE RETAIL PHARMACY	0 0 753,030 0			0 0 0 84,696 0 19,898	837,726 56,086	193. 194.
193.10 193.14 193.16 193.19	19302 19316 19319 07950	SETON BOARD SPORTS PERFORMANCE	0 0 753,030 0	0		· · · ·	837,726 56,086 0	

	TION OF CAPITAL RELATED COSTS				rom 07/01/2022 o 06/30/2023		pared: 09 pm
	Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	pin
	CENERAL SERVICE COST CENTERS	4.00	5.00	7.00	8.00	9.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	580,710	10 250 007				4.00
5.00 7.00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	10,511 45	18,359,907 737,605	4,717,253			5.00
8.00	00800 LAUNDRY & LINEN SERVICE	43	53,802	4,717,255			8.00
9.00	00900 HOUSEKEEPING	0	265,834	61,579		553,317	9.00
10.00	01000 DIETARY	0	101,253	139,075			
11.00	01100 CAFETERIA	0	171,957	0	-	0	11.00
13.00	01300 NURSING ADMINISTRATION	15,349	347,276			,	1
14.00	01400 CENTRAL SERVICES & SUPPLY	6,432	71,580			21,015	1
15.00 16.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	20,445 107	412,496 5,130	60,801 46,635		7,228 5,544	
17.00	01700 SOCIAL SERVICE	7,787	142,039			1,143	
21.00	02100 I&R SERVICES-SALARY & FRINGES A	15,929	259,006		0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A	13,337	195,475	53,237	0	6,329	
23.00	02300 PARAMED ED PRGM- PHARMACY	1,442	22,763	5,042	0	599	23.00
	02301 PARAMED ED PRGM - CPE	343	6,493			931	
23.02	02302 PARAMED ED PRGM - RADIOLOGY	638	9,531	6,054			
23.03	02303 PARAMED ED PRGM - EMS	0	0 10 645	0	-	0	23.03
23.04	02304 PARAMED ED PRGM- SONOGRAPHY INPATIENT ROUTINE SERVICE COST CENTERS	705	10,645	0	0	0	23.04
30.00	03000 ADULTS & PEDIATRICS	127,745	2,154,938	1,305,132	35,895	155,163	30.00
31.00	03100 INTENSIVE CARE UNIT	26,483	584,914	186,224		22,140	
	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL	15,324	338,307	142,068	2,076	16,890	32.01
	03300 BURN INTENSIVE CARE UNIT	2,798	56,311	27,805		- ,	
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT	6,514	92,787	79,278		9,425	
34.00	03400 SURGICAL INTENSIVE CARE UNIT	25 026	468 722		0	0	
34.01 40.00	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	35,936 9,595	468,732 124,238	120,556 130,972		14,333 15,571	1
	04300 NURSERY	4,416	59,214	63,951			•
	ANCILLARY SERVICE COST CENTERS	,,,				.,	
50.00	05000 OPERATING ROOM	43,480	1,142,935	622,424	. 0	73,999	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,105	176,299	87,283		,	
	05400 RADIOLOGY-DIAGNOSTIC	10,494	282,544			,	
54.01 54.02	05402 AMBULATORY CARDIOVASCULAR SVC 05403 ULTRASOUND	5,133 1,706	121,271 33,167	50,406 8,341		5,993 992	54.01
54.02	05404 ECHOCARDIOLOGY	1,364	40,996		0	992	54.02
	05401 ONCOLOGY	6,175	219,169		0	-	
	05700 CT SCAN	2,813	59,092		-		
	05800 MRI	1,634	42,954	36,146		4,297	
	05900 CARDIAC CATHETERIZATION	9,900	189,551			13,927	
	05901 CARDIAC REHAB	917	20,509		-	0	
	06000 LABORATORY	11 608	651,523 261,990			8,748	
	06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY	11,698 3,288	196,738			1,646 5,355	
	06700 OCCUPATIONAL THERAPY	2,424	101,466			214	
	06800 SPEECH PATHOLOGY	1,451	64,889			636	•
69.00	06900 ELECTROCARDIOLOGY	1,936	49,403	3,299	0	392	69.00
	07000 ELECTROENCEPHALOGRAPHY	2,872	87,069				70.00
	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	1,295,761		-	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,341,383		0	0	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	0	1,156,653		0	0	73.00
	07500 ASC (NON-DISTINCT PART)	0	95,970	14,863	0	1,707	
	03330 ENDOSCOPY	3,925	97,595	50,023	0	-	75.00
	OUTPATIENT SERVICE COST CENTERS	5,525					
	09000 CLINIC	4,566	171,786	0	0	0	90.00
	09001 PARTIAL HOSPITALIZATION	4,353	68,544				90.01
	09002 COVID-19 VACCINE CLINIC	32	555		-	0	
	09003 BURN CLINIC	324	12,277			3,077	
	09100 EMERGENCY 09101 WOUND CARE 002	32,558 1,269	678,260 44,729			19,354 4,847	
	09102 WOUND CARE 002	760	13,917	2,351		280	
	09103 LAFAYETTE RD CLINIC	0	0	0	0	0	1
	09104 ZIONSVILLE CLINIC	392	12,418	0	0	0	1
91.05	09105 BROWNSBURG CLINIC	0	0	0	0	0	91.05
	09106 OP ANTICOAGULATION CLINIC	717	14,711			857	
91 07	09107 ST VINCENT OUTPATIENT TREATMENT	556 5,795	22,110 83,257		-	0	91.07 91.08
	04040 FAMILY PRACTICE			0			

Health Financial Systems A:	SCENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider Co		Period: From 07/01/2022 To 06/30/2023	11/27/2023 5:	pared: 09 pm
Cost Center Description	-	ADMINISTRATIVE		LAUNDRY &	HOUSEKEEPING	
	BENEFITS	& GENERAL	PLANT	LINEN SERVICE		
	DEPARTMENT	- <u>-</u>		0.00		
	4.00	5.00	7.00	8.00	9.00	0.0.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS	0.000	107.000	26.42		2.407	
95.00 09500 AMBULANCE SERVICES	9,332	187,868			3,107	
98.00 09853 GERIATRIC CLINIC	0	0		0 0	0	1
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0		0 0	0	
98.02 09852 DIABETES EDUCATION	433	7,475		0 0	0	98.02
SPECIAL PURPOSE COST CENTERS			1	-1 -1	-	
105.00 10500 KIDNEY ACQUISITION	3,032	156,114		0 0		105.00
106.00 10600 HEART ACQUISITION	2,226	100,647		0 0		106.00
112.00 08600 PANCREAS ACQUISITION	0	0		0 0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	6,113			0 0		115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	514,654	16,293,839	4,517,33	5 61,177	529,550	118.00
NONREIMBURSABLE COST CENTERS						_
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	19,266	· · · ·			190.00
191.00 19100 RESEARCH	555	9,067		0 0		191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	55,760	1,178,345	35,28	3 0		192.00
193.00 19300 NONPAID WORKERS	0	0		0 0	0	193.00
193.01 19304 MARKETING	0	0		0 0		193.01
193.02 19305 MISSION SERVICES	617	20,469	11,18	1 0		193.02
193.03 19306 FOUNDATION	0	0		0 0	0	193.03
193.04 19307 WELLNESS	2,771	48,513		0 0	0	193.04
193.05 19301 NETWORK DEVELOPMENT	0	0		0 0	0	193.05
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0		0 0	0	193.06
193.07 19310 BILLING	0	530,006		0 0	0	193.07
193.08 19308 OCCUPATIONAL HEALTH	1	21		0 0	0	193.08
193.09 19312 LIFELINE	0	26		0 0	0	193.09
193.10 19313 MARTEN HOUSE	0	0		o o	0	193.10
193.14 19302 VACANT SPACE	0	0	131,32	5 0	15.613	193.14
193.16 19316 SETON BOARD	0	0	- ,-	0 0	· · ·	193.16
193.1919319 SPORTS PERFORMANCE	5,301	121,383		0 0		193.19
194.00 07950 RETAIL PHARMACY	1,051	138,972		6 0		194.00
200.00 Cross Foot Adjustments	1,051	200,072	5,01		-,150	200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	580,710	18,359,907	4,717,25	61,177		

ALLOCA	Financial Systems TION OF CAPITAL RELATED COSTS		Provider C		eriod: rom 07/01/2022	Worksheet B Part II	
				T		Date/Time Pre	
	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	<u>11/27/2023 5:</u> PHARMACY	09 pm
		10.00	11.00	13.00	14.00	15.00	
1 00	GENERAL SERVICE COST CENTERS						1 1 (
1.00 1.01	00100 CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS-BLDG-STRESS						1.0
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.0
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.0
5.00	00500 ADMINISTRATIVE & GENERAL						5.0
7.00	00700 OPERATION OF PLANT						7.0
3.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						8.
.0.00	01000 DIETARY	842,639					10.
1.00	01100 CAFETERIA	0	171,957				11.
.3.00	01300 NURSING ADMINISTRATION	0	6,727				13.
L4.00	01400 CENTRAL SERVICES & SUPPLY	0	3,801		3,616,046	2 002 022	14.
L5.00 L6.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	0	6,114 91	1	2,818	2,003,932	15.
L7.00	01700 SOCIAL SERVICE	0	3,056		2	155	17.
21.00	02100 I&R SERVICES-SALARY & FRINGES A	0	8,496		0	0	21.
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A	0	2,230	1	6,417	1,943	
23.00	02300 PARAMED ED PRGM- PHARMACY	0	587	1	0	0	23.
23.01	02301 PARAMED ED PRGM - CPE 02302 PARAMED ED PRGM - RADIOLOGY	0	294 235		241 0	0	23.
23.02	02303 PARAMED ED PRGM - RADIOLOGY	0	233	1	0	0	23.
23.04	02304 PARAMED ED PRGM- SONOGRAPHY	0	247		163	0	23.
	INPATIENT ROUTINE SERVICE COST CENTERS						1
30.00	03000 ADULTS & PEDIATRICS	635,247	36,459		82,664	9,317	30.
31.00 32.00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	19,654	8,975 0		3,213	4,107	31.
32.00	03201 CARDIOTHORACIC VASCULAR TRANSPL	30,456	4,876	Ŭ	65	2,474	32.
3.00	03300 BURN INTENSIVE CARE UNIT	1,249	799		0	274	33.
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT	2,818	1,938		1,660	433	33.
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	C		0	0	34.
34.01	02060 NEONATAL INTENSIVE CARE UNIT	0	10,652		0	705	
40.00 43.00	04000 SUBPROVIDER - IPF 04300 NURSERY	88,956 0	3,306 1,334		72 2,066	0	40. 43.
19100	ANCILLARY SERVICE COST CENTERS		1,55		2,000	20	1.5.
50.00	05000 OPERATING ROOM	2,290	15,697		24,628	14,770	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,224		678	321	52.
54.00 54.01	05400 RADIOLOGY-DIAGNOSTIC 05402 AMBULATORY CARDIOVASCULAR SVC	56 0	3,933 2,097		31,736 7,948	1,273 16,767	54.
54.02	05403 ULTRASOUND	0	536		7,540	10,707	54.
54.03	05404 ECHOCARDIOLOGY	0	482	1	10,005	120	
54.04	05401 ONCOLOGY	0	2,344	19,145	3,793	997	54.
	05700 CT SCAN	0	1,036		192	638	
	05800 MRI 05900 CARDIAC CATHETERIZATION	0	608 3,141	1	381 0	305 22,166	
	05901 CARDIAC REHAB	0	465		159	0	59.
		0	C		986	-	
55.00	06500 RESPIRATORY THERAPY	0	4,429	0	0	85,173	65.
	06600 PHYSICAL THERAPY	0	1,555		962	36	
57.00 58.00	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0	1,097 588		0 10	0	67.
	06900 ELECTROCARDIOLOGY	0	791		10,002	135	
	07000 ELECTROENCEPHALOGRAPHY	0	1,107		5,328	51	
	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	Ć	1	1,607,659	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	C	0	1,705,169	0	
	07300 DRUGS CHARGED TO PATIENTS	0	C	0	0	1,685,067	
'4.00 '5.00	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	C	-	1,670	1,359	
	03330 ENDOSCOPY	0	1,441	, i i i i i i i i i i i i i i i i i i i	0	1,110	
5.01	OUTPATIENT SERVICE COST CENTERS			20,011		1,110	1
	09000 CLINIC	0	2,988		3	0	
		0	2,376		10	0	90.
	09002 COVID-19 VACCINE CLINIC 09003 BURN CLINIC	0	7 179		0 521	0	90.
	09100 EMERGENCY	2,959	10,588	1	7,210		
	09101 WOUND CARE 002	2,555	610		7,210		
	09102 WOUND CARE 001	0	271		0	119	
01.03	09103 LAFAYETTE RD CLINIC	0	C	1	0	0	91.
	09104 ZIONSVILLE CLINIC	0	C	0	487	150	
	09105 BROWNSBURG CLINIC	0	C	0	0	0	
	09106 OP ANTICOAGULATION CLINIC 09107 ST VINCENT OUTPATIENT TREATMENT	0	C	_,	54 1,054	227	91. 91.
	04040 FAMILY PRACTICE	0	0	0	474	0	
-	the second se	1 1					

Health Financial Systems A	SCENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-25	552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023	11/27/2023 5:09	
Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATIO	CENTRAL ON SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.00
OTHER REIMBURSABLE COST CENTERS	· · ·					
95.00 09500 AMBULANCE SERVICES	0	3,414	34,5	58 3,325	152	95.00
98.00 09853 GERIATRIC CLINIC	0	0		0 0	0	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0		0 0	0	98.01
98.02 09852 DIABETES EDUCATION	0	182	4,6	53 0	0	98.02
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	889			11	.05.00
106.00 10600 HEART ACQUISITION	0	650	7,0	43 17		.06.00
112.00 08600 PANCREAS ACQUISITION	0	0		0 0		.12.00
113.00 11300 INTEREST EXPENSE					1	13.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	2,519		0 76,172	21,5561	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	783,685	169,461	2,062,5	3,607,539	1,874,3831	18.00
NONREIMBURSABLE COST CENTERS	1 -1		T	-1 -		
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0 0		.90.00
191.00 19100 RESEARCH	0	217	<u></u>	0 0	1,3891	
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0		0 6,054	127,834 1	
193.00 19300 NONPAID WORKERS	0	0		0 0		.93.00
193.01 19304 MARKETING	0	0)	0 0		.93.01
193.02 19305 MISSION SERVICES	0	295		0 6		.93.02
193.03 19306 FOUNDATION	0	1 505		0 0		.93.03
193.04 19307 WELLNESS	0	1,595		0 57		.93.04
193.05 19301 NETWORK DEVELOPMENT	0	0		0 0		
193.06 19303 JOINT VENTUREJOINT VENTURE	0	0		0 0		.93.06
193.07 19310 BILLING 193.08 19308 OCCUPATIONAL HEALTH	0	0		0 0		.93.07
193.09/19312 LIFELINE	0	0		9 0		.93.08
193.10 19313 MARTEN HOUSE	0	0		0 0		.93.10
193.14 19302 VACANT SPACE	0	0		0 0		.93.10
193.16 19316 SETON BOARD	58,954	0		0 0		.93.14
193.19/19319 SPORTS PERFORMANCE	50,954	0		0 2,380		.93.10
193.19 19319 SPORTS PERFORMANCE 194.00 07950 RETAIL PHARMACY	0	389		0 2,380		.93.19
200.00 Cross Foot Adjustments	0	203	1	10		00.00
201.00 Negative Cost Centers	0	0		0		00.00
202.00 TOTAL (sum lines 118 through 201)	842,639	171,957	2,062,5	31 3,616,046		
	072,000	1, 1, 337	2,002,5	5,010,040	2,005,552	02.00

LOCA	TION OF CAPITAL RELATED COSTS		Provider Co		Period: From 07/01/2022	Worksheet B	
					To 06/30/2023	Date/Time Pre	
				INTERNS &	RESIDENTS	11/27/2023 5:	09
	Cost Center Description	MEDICAL RECORDS &	SOCIAL SERVICE	Y & FRINGES A	RSERVICES-OTHER	PARAMED ED PRGM- PHARMACY	
		LIBRARY					
	CENERAL SERVICE COST CENTERS	16.00	17.00	21.00	22.00	23.00	-
00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						11
01	00101 NEW CAP REL COSTS-BLDG-STRESS						1
00	00200 CAP REL COSTS-MVBLE EQUIP						2
00	00400 EMPLOYEE BENEFITS DEPARTMENT						4
00	00500 ADMINISTRATIVE & GENERAL						5
00 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE						
00	00900 HOUSEKEEPING						
.00	01000 DIETARY						10
.00	01100 CAFETERIA						11
.00	01300 NURSING ADMINISTRATION						13
.00	01400 CENTRAL SERVICES & SUPPLY						14
.00	01500 PHARMACY	226 242					15
.00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	226,242	252 500				16
	02100 I&R SERVICES-SALARY & FRINGES A	0	252,509	283,43	1		21
	02200 I&R SERVICES-OTHER PRGM COSTS A	0	0	203,43	532,926		22
	02300 PARAMED ED PRGM- PHARMACY	0	0		,	49,290	
	02301 PARAMED ED PRGM - CPE	0	0				23
	02302 PARAMED ED PRGM - RADIOLOGY	0	0				23
	02303 PARAMED ED PRGM - EMS	0	0				23
.04	02304 PARAMED ED PRGM- SONOGRAPHY INPATIENT ROUTINE SERVICE COST CENTERS	0	0				23
. 00	03000 ADULTS & PEDIATRICS	20,796	148,159				30
	03100 INTENSIVE CARE UNIT	7,057	31,824				31
	03200 CORONARY CARE UNIT	0	0				32
	03201 CARDIOTHORACIC VASCULAR TRANSPL	2,612	8,570				32
	03300 BURN INTENSIVE CARE UNIT	1,527	2,023				33
	02080 PEDIATRIC INTENSIVE CARE UNIT	1,282	3,455				33
	03400 SURGICAL INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	0 11,751	0 34,550				34
.00	04000 SUBPROVIDER - IPF	1,936	17,784				40
	04300 NURSERY	866	6,144				43
	ANCILLARY SERVICE COST CENTERS						
	05000 OPERATING ROOM	40,974	0				50
	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	3,891	0				52
	05400 RADIOLOGY-DIAGNOSTIC	4,197 2,605					54
	05403 ULTRASOUND	1,446	0				54
	05404 ECHOCARDIOLOGY	1,878	0				54
	05401 ONCOLOGY	4,196	0				54
.00	05700 CT SCAN	2,241	0				57
	05800 MRI	693	0				58
	05900 CARDIAC CATHETERIZATION	12,926	0				59
	05901 CARDIAC REHAB 06000 LABORATORY	146					59
	06500 RESPIRATORY THERAPY	21,588 3,886					65
	06600 PHYSICAL THERAPY	1,304	0				66
.00	06700 OCCUPATIONAL THERAPY	700	0				67
	06800 SPEECH PATHOLOGY	513	0				68
	06900 ELECTROCARDIOLOGY	1,467	0				69
	07000 ELECTROENCEPHALOGRAPHY	973	0				70
	07100 MEDICAL SUPPLIES CHARGED TO PAT 07200 IMPL. DEV. CHARGED TO PATIENTS	11,077					71
	07200 IMPL. DEV. CHARGED TO PATIENTS	16,131					73
	07400 RENAL DIALYSIS	1,066	0				74
.00	07500 ASC (NON-DISTINCT PART)	0	0				75
.01	03330 ENDOSCOPY	3,424	0				75
	OUTPATIENT SERVICE COST CENTERS		-				
		519	0				90
1U.	09001 PARTIAL HOSPITALIZATION	690	0				90
02	09002 COVID-19 VACCINE CLINIC 09003 BURN CLINIC	20					90
	09100 EMERGENCY	18,465					91
.03		10,403					91
.03		1.155	0				
.03 .00 .01	09101 WOUND CARE 002 09102 WOUND CARE 001	1,155	0				
.03 .00 .01 .02	09101 WOUND CARE 002		0				91
03 00 01 02 03 04	09101 WOUND CARE 002 09102 WOUND CARE 001	166	0 0 0				91 91 91 91 91

91.07 09103 91.08 0404 92.00 09200 07HEG 09500 95.00 09501 98.01 09853 98.02 09853 98.02 09853 105.00 10500 106.00 10600 112.00 08600 113.00 11300	OF CAPITAL RELATED COSTS Cost Center Description 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE 0 OBSERVATION BEDS (NON-DISTINCT	MEDICAL S RECORDS & LIBRARY 16.00 189	Provider Co	INTERNS	Period: From 07/01/2022 To 06/30/2023 & RESIDENTS RSERVICES-OTHER	Date/Time Pre 11/27/2023 5:0	pared: 09 pm
91.08 04040 92.00 09200 95.00 09500 98.00 09853 98.01 09853 98.01 09853 98.02 09853 SPEC3 105.00 10500 106.00 10600 112.00 08600 113.00 11300	7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE	RECORDS & LIBRARY 16.00	OCIAL SERVICE	SERVICES-SALA	RSERVICES-OTHER	PARAMED ED	
91.08 04040 92.00 09200 95.00 09500 98.00 09853 98.01 09853 98.01 09853 98.02 09853 SPEC3 105.00 10500 106.00 10600 112.00 08600 113.00 11300	7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE	RECORDS & LIBRARY 16.00	OCIAL SERVICE			PARAMED ED	
91.08 04040 92.00 09200 95.00 09500 98.00 09853 98.01 09853 98.01 09853 98.02 09853 SPEC3 105.00 10500 106.00 10600 112.00 08600 113.00 11300	7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE	RECORDS & LIBRARY 16.00	JOCINE SERVICE				
91.08 04040 92.00 09200 95.00 09500 98.00 09853 98.01 09853 98.01 09853 98.01 09853 98.01 09853 SPEC3 105.00 10500 106.00 10600 112.00 08600 113.00 11300	0 FAMILY PRACTICE	16.00			A PRGM COSTS A	PRGM- PHARMACY	
91.08 04040 92.00 09200 95.00 09500 98.00 09853 98.01 09853 98.01 09853 98.02 09853 SPEC3 105.00 10500 106.00 10600 112.00 08600 113.00 11300	0 FAMILY PRACTICE						
91.08 04040 92.00 09200 07HE 95.00 09500 98.00 09853 98.01 09853 98.02 09853 5PEC 105.00 10500 106.00 10500 112.00 08600 113.00 11300	0 FAMILY PRACTICE	189	17.00	21.00	22.00	23.00	
92.00 09200 OTHER 09500 95.00 09500 98.00 09853 98.01 09853 98.02 09853 5PECT 105.00 106.00 10600 112.00 08600 113.00 11300			0				91.07
OTHER 95.00 09500 98.00 09853 98.01 09853 98.02 09853 98.01 0500 105.00 10500 105.00 10500 112.00 08600 113.00 11300	O OBSERVATION BEDS (NON-DISTINCT	0	0				91.08
95.00 09500 98.00 0985 98.01 0985 98.02 0985 SPECT 105.00 10500 106.00 10600 112.00 08600 113.00 11300	O OBSERVATION BEDS (NON DISTINCT						92.00
98.00 0985 98.01 0985 98.02 0985 SPEC 105.00 10500 106.00 10600 112.00 08600 113.00 11300	R REIMBURSABLE COST CENTERS	0.50					0.5.00
98.01 0985 98.02 0985 SPEC 105.00 10500 106.00 10600 112.00 08600 113.00 11300	0 AMBULANCE SERVICES	852	0				95.00
98.02 09852 SPEC 105.00 10500 106.00 10600 112.00 08600 113.00 11300	3 GERIATRIC CLINIC	0	0				98.00
SPEC: 105.00 10500 106.00 10600 112.00 08600 113.00 11300	1 ELECTROCONVULSIVE THERAPY	0	0				98.01
105.00 10500 106.00 10600 112.00 08600 113.00 11300	2 DIABETES EDUCATION IAL PURPOSE COST CENTERS	0	0				98.02
106.00 10600 112.00 08600 113.00 11300	0 KIDNEY ACQUISITION	746	0				105.00
112.00 08600 113.00 11300	0 HEART ACQUISITION	219	0				105.00
113.00 11300	0 PANCREAS ACQUISITION	0	0				112.00
	0 INTEREST EXPENSE	0	0				113.00
115.0011150	0 AMBULATORY SURGICAL CENTER (D.P.)	6,610	0				115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	226,242	252,509		0 0		118.00
NONR	EIMBURSABLE COST CENTERS		,		-		
190.00 1900	0 GIFT FLOWER COFFEE SHOP & CAN	0	0				190.00
191.00 1910	0 RESEARCH	0	0				191.00
	0 PHYSICIANS PRIVATE OFFICES	0	0				192.00
193.00 1930	0 NONPAID WORKERS	0	0				193.00
193.01 19304		0	0				193.01
	5 MISSION SERVICES	0	0				193.02
	6 FOUNDATION	0	0				193.03
193.04 1930		0	0				193.04
	1 NETWORK DEVELOPMENT	0	0				193.0
	3 JOINT VENTUREJOINT VENTURE	0	0				193.00
193.07 1931		0	0				193.0
	8 OCCUPATIONAL HEALTH	0	0				193.08
193.09 1931		0	0				193.0
	3 MARTEN HOUSE 2 VACANT SPACE	0	0				193.1
	6 SETON BOARD	0	0				193.1
	9 SPORTS PERFORMANCE	0	0				193.19
	J JFURIS FERFURMAINCE	0	0	1		1	1
200.00			0				
201.00	0 RETAIL PHARMACY	0	0	283 13	1 532 026		194.00
202.00	0 RETAIL PHARMACY Cross Foot Adjustments Negative Cost Centers	0	0	283,43	1 532,926 0 0	49,290	194.00

	TION OF CAPITAL RELATED COSTS		Provider CO		Period: From 07/01/2022	Worksheet B Part II	
					To 06/30/2023	Date/Time Pre	
	Cost Center Description	PARAMED ED PRGM - CPE	PARAMED ED PRGM -	PARAMED ED PRGM - EMS	PARAMED ED PRGM-	<u>11/27/2023 5:</u> Subtotal	09 pm
		23.01	RADIOLOGY 23.02	23.03	SONOGRAPHY 23.04	24.00	
	GENERAL SERVICE COST CENTERS						
	00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 2.00	00101 NEW CAP REL COSTS-BLDG-STRESS 00200 CAP REL COSTS-MVBLE EQUIP						1.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
	01000 DIETARY 01100 CAFETERIA						10.00
	01300 NURSING ADMINISTRATION						13.00
	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
	01600 MEDICAL RECORDS & LIBRARY						16.00
	01700 SOCIAL SERVICE						17.00
	02100 I&R SERVICES-SALARY & FRINGES A 02200 I&R SERVICES-OTHER PRGM COSTS A						21.00
	02300 PARAMED ED PRGM- PHARMACY						23.00
	02301 PARAMED ED PRGM - CPE	45,400					23.01
23.02	02302 PARAMED ED PRGM - RADIOLOGY		39,819				23.02
	02303 PARAMED ED PRGM - EMS			(23.03
	02304 PARAMED ED PRGM- SONOGRAPHY				11,760		23.04
	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS					11,178,741	30.00
	03100 INTENSIVE CARE UNIT					2,977,354	
	03200 CORONARY CARE UNIT					0	32.00
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL					1,470,406	32.01
	03300 BURN INTENSIVE CARE UNIT					227,109	
	02080 PEDIATRIC INTENSIVE CARE UNIT					666,872	33.01
	03400 SURGICAL INTENSIVE CARE UNIT					1 706 847	34.00 34.01
	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF					1,796,847 743,272	40.00
	04300 NURSERY					449,469	
	ANCILLARY SERVICE COST CENTERS					-,	
	05000 OPERATING ROOM					11,944,788	1
	05200 DELIVERY ROOM & LABOR ROOM					738,828	
	05400 RADIOLOGY-DIAGNOSTIC 05402 AMBULATORY CARDIOVASCULAR SVC					2,140,905 1,213,493	
	05402 AMBOLATORY CARDIOVASCULAR SVC					202,143	
	05404 ECHOCARDIOLOGY					429,592	54.03
	05401 ONCOLOGY					3,425,612	54.04
	05700 CT SCAN					476,291	
	05800 MRI					769,395	
	05900 CARDIAC CATHETERIZATION 05901 CARDIAC REHAB					2,112,029 194,279	
	06000 LABORATORY					1,187,304	
	06500 RESPIRATORY THERAPY					1,196,421	
	06600 PHYSICAL THERAPY					1,374,503	
	06700 OCCUPATIONAL THERAPY					113,983	
	06800 SPEECH PATHOLOGY					209,078	
	06900 ELECTROCARDIOLOGY					340,884	
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PAT					769,414 2,914,497	
	07200 IMPL. DEV. CHARGED TO PATIENTS					3,057,773	
	07300 DRUGS CHARGED TO PATIENTS					2,857,851	
74.00	07400 RENAL DIALYSIS					178,865	
	07500 ASC (NON-DISTINCT PART)					0	75.00
	03330 ENDOSCOPY					889,856	75.01
	OUTPATIENT SERVICE COST CENTERS					1,919,915	90.00
	09001 PARTIAL HOSPITALIZATION					296,228	
	09002 COVID-19 VACCINE CLINIC					628	
	09003 BURN CLINIC					220,068	
	09100 EMERGENCY					2,239,958	
	09101 WOUND CARE 002					334,076	
	09102 WOUND CARE 001					55,644	
	09103 LAFAYETTE RD CLINIC 09104 ZIONSVILLE CLINIC					0 273,829	
	09105 BROWNSBURG CLINIC					275,829	
	09106 OP ANTICOAGULATION CLINIC					99,335	
		1				104 000	01 07
	09107 ST VINCENT OUTPATIENT TREATMENT 04040 FAMILY PRACTICE					164,088 443,854	

Health Financial Systems	AS	CENSION ST. VI	NCENT HOSPITAL		In Lie	eu of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS	5		Provider Co	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023	11/27/2023 5:	pared: 09 pm
Cost Center Description	n	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	Subtotal	
		PRGM - CPE	PRGM -	PRGM - EMS	PRGM-		
			RADIOLOGY		SONOGRAPHY		
		23.01	23.02	23.03	23.04	24.00	
92.00 09200 OBSERVATION BEDS (NON-I							92.00
OTHER REIMBURSABLE COST CENT	ERS			1			
95.00 09500 AMBULANCE SERVICES						846,702	
98.00 09853 GERIATRIC CLINIC						0	
98.01 09851 ELECTROCONVULSIVE THER	APY					0	
98.02 09852 DIABETES EDUCATION						13,244	98.02
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION						780,583	
106.00 10600 HEART ACQUISITION						344,322	
112.00 08600 PANCREAS ACQUISITION						0	112.00
113.00 11300 INTEREST EXPENSE						1 604 007	113.00
115.00 11500 AMBULATORY SURGICAL CE						1,624,207	
118.00 SUBTOTALS (SUM OF LINE		0	0		0 0	67,904,535	118.00
NONREIMBURSABLE COST CENTERS 190.00 19000 GIFT FLOWER COFFEE S						70,760	100.00
190.00 19000 GIFT FLOWER COFFEE SI 191.00 19100 RESEARCH	HUP & CAN						190.00
191.00 19100 RESEARCH 192.00 19200 PHYSICIANS PRIVATE OFF						3,741,828	191.00
192.00 19200 PHYSICIANS PRIVATE OFF. 193.00 19300 NONPAID WORKERS	ICES						192.00
193.00 19300 NONPAID WORKERS 193.01 19304 MARKETING							193.00
193.02 19305 MISSION SERVICES							193.01
193.03 19306 FOUNDATION							193.02
193.04 19307 WELLNESS							193.03
193.05 19301 NETWORK DEVELOPMENT							193.04
193.06 19303 JOINT VENTUREJOINT VEN	TIIDE						193.06
193.07 19310 BILLING	IORL					530,006	
193.08 19308 OCCUPATIONAL HEALTH						,	193.08
193.09 19312 LIFELINE							193.09
193.10 19313 MARTEN HOUSE							193.10
193.14 19302 VACANT SPACE						638,066	
193.16 19316 SETON BOARD						· · · ·	193.14
193.19 19319 SPORTS PERFORMANCE						966,892	
194.00 07950 RETAIL PHARMACY						207,514	
200.00 Cross Foot Adjustments		45,400	39,819		0 11,760		
201.00 Negative Cost Centers		43,400	59,819		0 11,700		200.00
202.00 TOTAL (sum lines 118 t	arough 201)	45,400	39,819		0 11,760		
202.00 TIOTAL (Sum TITIES IIO LI		45,400	55,019	I	J 11,700	15,200,279	1202.00

ALLOCA	TION OF CAPITAL RELATED COSTS		Provider CC	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared
	Cost Center Description	Intern & Residents Cost & Post Stepdown	Total			11/27/2023 5:09 pm
		Adjustments	26.00			
	GENERAL SERVICE COST CENTERS	25.00	26.00			
1.00 1.01 2.00 4.00 5.00	00100 CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS-BLDG-STRESS 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL					1.(1.(2.(4.(5.)
7.00 8.00 9.00 10.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY					7.0 8.0 9.0 10.0
11.00 13.00	01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY					10.0 11.0 13.0 14.0
15.00 16.00 17.00 21.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES A					15.0 16.0 17.0 21.0
22.00 23.00 23.01	02200 I&R SERVICES-OTHER PRGM COSTS A 02300 PARAMED ED PRGM- PHARMACY 02301 PARAMED ED PRGM - CPE 02302 PARAMED ED PRGM - RADIOLOGY					22.0 23.0 23.0 23.0 23.0
23.03	02303 PARAMED ED PRGM - EMS 02304 PARAMED ED PRGM- SONOGRAPHY INPATIENT ROUTINE SERVICE COST CENTERS					23.0
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	0 0 0	11,178,741 2,977,354 0			30.0 31.0 32.0
33.00 33.01	03201 CARDIOTHORACIC VASCULAR TRANSPL 03300 BURN INTENSIVE CARE UNIT 02080 PEDIATRIC INTENSIVE CARE UNIT	000000000000000000000000000000000000000	1,470,406 227,109 666,872			32.0 33.0 33.0
34.01 40.00	03400 SURGICAL INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY	0 0 0	0 1,796,847 743,272 449,469			34.0 34.0 40.0 43.0
43.00	ANCILLARY SERVICE COST CENTERS		++5,+05			
50.00	05000 OPERATING ROOM	0	11,944,788			50.0
	05200 DELIVERY ROOM & LABOR ROOM	0	738,828			52.0
	05400 RADIOLOGY-DIAGNOSTIC	0	2,140,905			54.0
	05402 AMBULATORY CARDIOVASCULAR SVC 05403 ULTRASOUND	0	1,213,493 202,143			54.0
	05404 ECHOCARDIOLOGY	0	429,592			54.0
	05401 ONCOLOGY	0	3,425,612			54.0
57.00	05700 CT SCAN	0	476,291			57.0
	05800 MRI	0	769,395			58.0
	05900 CARDIAC CATHETERIZATION 05901 CARDIAC REHAB	0	2,112,029			59.0 59.0
	06000 LABORATORY	0	194,279 1,187,304			60.0
	06500 RESPIRATORY THERAPY	0	1,196,421			65.0
66.00	06600 PHYSICAL THERAPY	0	1,374,503			66.0
	06700 OCCUPATIONAL THERAPY	0	113,983			67.0
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY	0	209,078 340,884			68.0
	07000 ELECTROENCEPHALOGRAPHY	0	769,414			70.0
	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	2,914,497			71.0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,057,773			72.0
	07300 DRUGS CHARGED TO PATIENTS	0	2,857,851			73.0
	07400 RENAL DIALYSIS	0	178,865			74.0
	07500 ASC (NON-DISTINCT PART) 03330 ENDOSCOPY	0	0 889,856			75.0
00 00	OUTPATIENT SERVICE COST CENTERS		1 010 015			
	09000 CLINIC 09001 PARTIAL HOSPITALIZATION	0	1,919,915 296,228			90.0
	09002 COVID-19 VACCINE CLINIC	0	628			90.0
	09003 BURN CLINIC	o o	220,068			90.0
90.03	09100 EMERGENCY	0	2,239,958			91.0
91.00			224 070			
91.00 91.01	09101 WOUND CARE 002	0	334,076			91.0
91.00 91.01 91.02	09101 WOUND CARE 002 09102 WOUND CARE 001	0	334,076 55,644			91.0
91.00 91.01 91.02 91.03	09101 WOUND CARE 002 09102 WOUND CARE 001 09103 LAFAYETTE RD CLINIC	000000000000000000000000000000000000000	55,644 0			91.0 91.0
91.00 91.01 91.02 91.03 91.04	09101 WOUND CARE 002 09102 WOUND CARE 001	000000000000000000000000000000000000000				91.0

Health	Financial Systems A:	SCENSION ST. VIN	CENT HOSPITAL	In Lieu	J of Form CMS-2552-10
	TION OF CAPITAL RELATED COSTS		Provider CO	Period: From 07/01/2022 To 06/30/2023	Worksheet B Part II Date/Time Prepared: 11/27/2023 5:09 pm
	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments 25.00	Total 26.00		
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	25.00	164,088		91.07
	04040 FAMILY PRACTICE	0	443,854		91.08
	09200 OBSERVATION BEDS (NON-DISTINCT	0			92.00
	OTHER REIMBURSABLE COST CENTERS		0.4.6 700		
	09500 AMBULANCE SERVICES 09853 GERIATRIC CLINIC	0	846,702 0		95.00 98.00
	09851 ELECTROCONVULSIVE THERAPY	0	0		98.00
	09852 DIABETES EDUCATION	0	13,244		98.02
	SPECIAL PURPOSE COST CENTERS		10,211		50102
	10500 KIDNEY ACQUISITION	0	780,583		105.00
106.00	10600 HEART ACQUISITION	0	344,322		106.00
	08600 PANCREAS ACQUISITION	0	0		112.00
	11300 INTEREST EXPENSE				113.00
	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	1,624,207		115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	67,904,535		118.00
	NONREIMBURSABLE COST CENTERS 19000 GIFT FLOWER COFFEE SHOP & CAN	0	79,769		190.00
	19000 GIFT FLOWER COFFEE SHOP & CAN 19100 RESEARCH	0	53,633		190.00
	19200 PHYSICIANS PRIVATE OFFICES	0	3,741,828		192.00
	19300 NONPAID WORKERS	0	0		193.00
	19304 MARKETING	0	0		193.01
193.02	19305 MISSION SERVICES	0	90,129		193.02
	19306 FOUNDATION	0	0		193.03
	19307 WELLNESS	0	52,980		193.04
	19301 NETWORK DEVELOPMENT	0	0		193.05
	19303 JOINT VENTUREJOINT VENTURE	0	520,000		193.06
	19310 BILLING 19308 OCCUPATIONAL HEALTH	0	530,006		193.07 193.08
	19308 OCCUPATIONAL HEALTH	0	31 1,316		193.08
	19313 MARTEN HOUSE	0	1,510		193.10
	19302 VACANT SPACE	0	638,066		193.14
	19316 SETON BOARD	0	58,954		193.16
	19319 SPORTS PERFORMANCE	0	966,892		193.19
	07950 RETAIL PHARMACY	0	207,514		194.00
200.00	Cross Foot Adjustments	0	962,626		200.00
201.00	Negative Cost Centers	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	0	75,288,279		202.00

Health	Financial	Systems	

ST AL		cial Systems ION - STATISTICAL BASIS	ASCENSION ST. VI		CN: 15-0084	Period:	worksheet B-1	
						From 07/01/2022 To 06/30/2023		
			CAP	ITAL RELATED CO	DSTS		11/2//2023 5.	<u>09 p</u>
		Cost Center Description	BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE		Reconciliation	
			1.00	1.01	2.00	SALARIES) 4.00	5A	
	GENERA	AL SERVICE COST CENTERS	1.00	1.01	2.00	4.00	JA	
		CAP REL COSTS-BLDG & FIXT	1,338,083					1.
		NEW CAP REL COSTS-BLDG-STRESS CAP REL COSTS-MVBLE EQUIP	0	57,916	21,343,85	6		1.
		EMPLOYEE BENEFITS DEPARTMENT	11,132	512				4.
		ADMINISTRATIVE & GENERAL	42,535		1,596,40	06 7,194,091		
		OPERATION OF PLANT	224,828					
		LAUNDRY & LINEN SERVICE HOUSEKEEPING	366 13,897	0 587		0 0	0	
		DIETARY	31,589				0	-
		CAFETERIA	0	0		0 0	0	1
		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	54,989 39,878		. ,			
		PHARMACY	14,301	1,699 0		, ,		
00	01600	MEDICAL RECORDS & LIBRARY	10,250		55	73,046	0	16
		SOCIAL SERVICE	2,147	115	,			
		I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A	0	0	55,04	0 10,902,592 9,128,534		
		PARAMED ED PRGM- PHARMACY	1,186	0	55,0	0 987,045		
		PARAMED ED PRGM - CPE	1,841	0		0 235,053	0	
		PARAMED ED PRGM - RADIOLOGY	1,424			0 436,857 0 0		
		PARAMED ED PRGM - EMS PARAMED ED PRGM- SONOGRAPHY	0			0 482,330	°	-
- H		ENT ROUTINE SERVICE COST CENTERS						
		ADULTS & PEDIATRICS	306,981	0	- , -			
		INTENSIVE CARE UNIT CORONARY CARE UNIT	43,802			50 18,126,478 0 0	0	
		CARDIOTHORACIC VASCULAR TRANSPL	33,416	-	279,19	с С	-	
00	03300	BURN INTENSIVE CARE UNIT	6,540		6,57			
		PEDIATRIC INTENSIVE CARE UNIT	18,647	0	136,30			
		SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	0 28,356	, °	433,12	0 0 27 24,596,640	0	34
		SUBPROVIDER - IPF	4,046					
		NURSERY	15,042	0	40,64	3,022,687	0	43
		ARY SERVICE COST CENTERS OPERATING ROOM	146,401	0	5,743,56	29,760,739	0	50
		DELIVERY ROOM & LABOR ROOM	20,530			, ,	-	
		RADIOLOGY-DIAGNOSTIC	25,210		, - ,-			
-		AMBULATORY CARDIOVASCULAR SVC	11,856		501,10	, ,		
		ULTRASOUND ECHOCARDIOLOGY	1,962		125,16 271,74	52 1,167,964 19 933,748	-	
		ONCOLOGY	10,026	0	1,867,90			1
		CT SCAN	2,182		366,40			
	05800	MRI CARDIAC CATHETERIZATION	8,502 27,553		548,99 963,42			
		CARDIAC CATHEFERIZATION	0		13,88			
00	06000	LABORATORY	17,307	0	156,18	37 0	0	60
		RESPIRATORY THERAPY PHYSICAL THERAPY	3,257 10,594		534,04			
		OCCUPATIONAL THERAPY	372			0 1,659,033		
00	06800	SPEECH PATHOLOGY	1,258	0	13,66	53 992,921		68
		ELECTROCARDIOLOGY	776		157,75			
		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT	809	9,956	94,41	1,965,951 0 0	0	
		IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
00	07300	DRUGS CHARGED TO PATIENTS	0	0		0 0	0	73
		RENAL DIALYSIS ASC (NON-DISTINCT PART)	3,496	0	6,60	0 0	0	1
		ASC (NON-DISTINCT PART) ENDOSCOPY	11,766		512,65	0 52 2,686,233	0	
	OUTPAT	TIENT SERVICE COST CENTERS		1	1		Ĩ	0.00
		CLINIC PARTIAL HOSPITALIZATION	05,126			0 3,125,162 2,979,611		
		COVID-19 VACCINE CLINIC	0	0,402	2,00	0 21,701		
03	09003	BURN CLINIC	6,088			0 221,457	0	90
		EMERGENCY	38,291		553,97			
		WOUND CARE 002 WOUND CARE 001	9,589		22,12	0 868,851 22 520,003		
		LAFAYETTE RD CLINIC	0			0 0		
		ZIONSVILLE CLINIC	0	0	17,02	268,023	0	

Health	Financial	Systems

Health Financial Systems As COST ALLOCATION - STATISTICAL BASIS		Provider C		Period: From 07/01/2022 To 06/30/2023		pared
	CAPI	TAL RELATED C	OSTS			
Cost Center Description	BLDG & FIXT (SQUARE FEET)	NEW BLDG-STRESS (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE	EMPLOYEE) BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	1.00	1.01	2.00	4.00	5A	
91.05 09105 BROWNSBURG CLINIC	0	C		0 0	0	
91.06 09106 OP ANTICOAGULATION CLINIC	1,695	C		0 490,629		91.0
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	C	10.00	0 380,614		91.0
91.08 04040 FAMILY PRACTICE	0	C	16,61	3,966,716	0	91.0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT						92.0
OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES	6,146	C	370,98	5 6,387,084	0	95.0
98.00 09853 GERIATRIC CLINIC	0,140		570,50	0,387,084	0	98.0
98.01 09851 ELECTROCONVULSIVE THERAPY	0	0		0 0	Ő	98.0
98.02 09852 DIABETES EDUCATION	0	C C	50	3 296,141	0	98.0
SPECIAL PURPOSE COST CENTERS	Ŭ			200,212	· · · · ·	1
105.00 10500 KIDNEY ACQUISITION	0	C		0 2,075,366	0	105.0
106.00 10600 HEART ACQUISITION	0	C		0 1,523,908		106.0
112.00 08600 PANCREAS ACQUISITION	0	C		0 0	0	112.0
113.00 11300 INTEREST EXPENSE						113.0
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	C	280,66	5 4,184,452	0	115.0
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,291,060	57,916	21,155,16	2 352,300,178	-238,033,834	118.0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	2,929	C		0 0		190.0
191.00 19100 RESEARCH	0	0		0 379,664		191.0
192.00 19200 PHYSICIANS PRIVATE OFFICES	8,299	C C	68,00	0 38,165,887		192.0
193.00 19300 NONPAID WORKERS 193.01 19304 MARKETING	0			0 0		193.0 193.0
193.02 19305 MISSION SERVICES	2,630		14,46	3 422,431		193.0
193.03 19306 FOUNDATION	2,050	0	14,40	0 422,431		193.0
193.04 19307 WELLNESS	0	0		0 1,896,951		193.0
193.05 19301 NETWORK DEVELOPMENT	0	Č		0 0		193.0
193.06 19303 JOINT VENTUREJOINT VENTURE	0	C		0 0		193.0
193.07 19310 BILLING	0	C	1	0 0		193.0
L93.08 19308 OCCUPATIONAL HEALTH	0	C		0 619	0	193.0
L93.09 19312 LIFELINE	0	C	1,29	4 0	0	193.0
193.10 19313 MARTEN HOUSE	0	C		0 0	0	193.1
L93.14 19302 VACANT SPACE	30,889	C		0 0	-491,128	
193.16 19316 SETON BOARD	0	C		0 0		193.1
193.19 19319 SPORTS PERFORMANCE	0	C	84,97			193.1
194.00 07950 RETAIL PHARMACY	2,276	C	19,96	3 719,189	0	194.0
200.00 Cross Foot Adjustments						200.0
201.00 Negative Cost Centers	21 275 215	410 150	21 274 01	0 74 447 103		201.0
CO2.00 Cost to be allocated (per Wkst. B, Part I)	21,275,215	419,158	21,274,01	9 74,447,103		202.0
203.00 Unit cost multiplier (Wkst. B, Part I)	15.899772	7.237344	0.99672	8 0.187282		203.0
204.00 Cost to be allocated (per Wkst. B,	15.055772	7.257544	0.55072	580,710		203.0
Part II)				500,710		
205.00 Unit cost multiplier (Wkst. B, Part II)				0.001461		205.0
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.

	Financial Systems	ASCENSION ST. VI		CN: 15-0084 P	eriod:	u of Form CMS-2 Worksheet B-1	
					rom 07/01/2022 o 06/30/2023	Date/Time Pre 11/27/2023 5:	
	Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	<u> </u>
	1	5.00	7.00	8.00	9.00	10.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT		1				1.00
$\begin{array}{c} 1.00\\ 1.01\\ 2.00\\ 4.00\\ 5.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 13.00\\ 14.00\\ 15.00\end{array}$	00100 CAP REL COSTS DEDG Q FIAT 00101 NEW CAP REL COSTS-BLDG-STRESS 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	917,575,584 36,863,644 2,688,888 13,285,725 5,060,381 8,593,982 17,355,971 3,577,404 20,615,507	1,109,550 366 14,484 32,712 0 55,480 41,577	187,398 0 0 0 0 0 0 0 0 0 0 0	1,094,700 32,712 0 55,480 41,577	560,709 0 0 0	$\begin{array}{c} 1.00\\ 1.01\\ 2.00\\ 4.00\\ 5.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 13.00\\ 14.00\\ 15.00\\ \end{array}$
16.00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	20,615,507 256,401			14,301 10,969	0	16.00
17.00 21.00 22.00 23.00 23.01 23.02 23.03	01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES A 02200 I&R SERVICES-OTHER PRGM COSTS A 02300 PARAMED ED PRGM- PHARMACY	7,098,744 12,944,451 9,769,361 1,137,661 324,513 476,354 0 532,005	2,261 0 12,522 1,186 1,841 1,424		2,261 0 12,522 1,186 1,841 1,424 0	0 0 0 0 0 0 0 0	17.00 21.00 22.00 23.00 23.01 23.02 23.03 23.04
30.00	03000 ADULTS & PEDIATRICS	107,691,509	306,981	109,956	306,981	422,707	30.00
32.00	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	29,232,536	C	0	0	13,078 0	32.00
	03201 CARDIOTHORACIC VASCULAR TRANSPL 03300 BURN INTENSIVE CARE UNIT	16,907,720 2,814,268				20,266 831	32.01 33.00
	02080 PEDIATRIC INTENSIVE CARE UNIT	4,637,263				1,875	
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	C	-	0	0	34.00
40.00	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04300 NURSERY	23,426,056 6,209,112 2,959,386	30,806	5 13,198	30,806	0 59,193 0	34.01 40.00 43.00
	ANCILLARY SERVICE COST CENTERS					·	
52.00 54.01 54.02 54.03 54.04 57.00 59.00 59.01 60.00 65.00 66.00 67.00 68.00 67.00 68.00 70.00 71.00 72.00 73.00 74.00 75.01	05000 OPERATING ROOM 05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC 05402 AMBULATORY CARDIOVASCULAR SVC 05403 ULTRASOUND 05404 ECHOCARDIOLOGY 05401 ONCOLOGY 05700 CT SCAN 05800 MRI 05900 CARDIAC CATHETERIZATION 05901 CARDIAC REHAB 06000 LABORATORY 06500 RESPIRATORY THERAPY 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06600 PHYSICAL THERAPY 06600 SPEECH PATHOLOGY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDIOLOGY 07000 CLECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PAT 07200 IMPL. DEV. CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART) 03330 ENDOSCOPY OUTPATIENT SERVICE COST CENTERS	57,121,033 8,810,967 14,120,863 6,060,819 1,657,622 2,048,900 10,953,544 2,953,287 2,146,731 9,473,311 1,025,005 32,561,488 13,093,599 9,832,481 5,071,016 3,243,008 2,469,055 4,351,505 64,758,894 67,038,981 57,806,621 4,796,321 0 4,877,542	20,530 25,210 11,856 1,962 0 00 2,182 8,502 27,553 0 07 17,307 3,257 10,594 423 1,258 776 10,765 0 0 0 3,496 0 0 11,766		20,530 25,210 11,856 1,962 0 0 10,026 2,182 8,502 27,553 0 17,307 3,257 10,594 423 1,258 776 10,765 0 0 0 0 3,496 0 11,766	1,524 0 37 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52.00 54.00 54.01 54.02 54.03 54.04 57.00 59.01 60.00 65.00 66.00 67.00 68.00 69.00 70.00 71.00 72.00 73.00 74.00 75.01
90.01 90.02 90.03 91.00 91.01 91.02 91.03 91.04 91.05 91.06	09106 OP ANTICOAGULATION CLINIC	8,585,461 3,425,645 27,718 613,570 33,897,742 2,235,464 695,546 0 620,641 0 735,229 1,104,980	13,588 6,088 38,291 9,589 553 0 0 0 1,695		-	0 0 0 1,969 0 0 0 0 0 0 0 0 0 0 0	90.00 90.01 90.02 90.03 91.00 91.01 91.02 91.03 91.04 91.05 91.06 91.07

OST ALLC	OCATION - STATISTICAL BASIS		Provider C		Period: From 07/01/2022 To 06/30/2023		par
	Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVIC (TOTAL PATIEN DAYS)		DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
1.08 040	040 FAMILY PRACTICE	4,160,975	0)	0 0	0	91
2.00 092	200 OBSERVATION BEDS (NON-DISTINCT						92
OTI	HER REIMBURSABLE COST CENTERS						
5.00 09	500 AMBULANCE SERVICES	9,389,186	6,146		0 6,146	0	95
	853 GERIATRIC CLINIC	0	0		0 0	0	98
	851 ELECTROCONVULSIVE THERAPY	0	0		0 0		
	852 DIABETES EDUCATION	373,603			0 0		
	ECIAL PURPOSE COST CENTERS	575,005	Ŭ Ŭ	1	0	, v	
	500 KIDNEY ACQUISITION	7,802,178	0		0 0		105
	600 HEART ACQUISITION	5,030,069			0 0		100
	600 PANCREAS ACQUISITION	5,050,009			0 0		112
	300 INTEREST EXPENSE	0			0 0	0	113
	500 AMBULATORY SURGICAL CENTER (D.P.)	14 000 100			0		11
18.00		14,889,198		107 20	0 1 047 677		
	SUBTOTALS (SUM OF LINES 1 through 117)	814,318,640	1,062,527	187,39	1,047,677	521,480	TTG
	NREIMBURSABLE COST CENTERS	0.62, 0.00	2 020		0 0.000	0	1100
	000 GIFT FLOWER COFFEE SHOP & CAN	962,890			0 2,929		190
	100 RESEARCH	453,127			0 0		19:
92.00 192	200 PHYSICIANS PRIVATE OFFICES	58,890,755	8,299		0 8,299		192
	300 NONPAID WORKERS	0	0		0 0		19
	304 MARKETING	0	0		0 0		193
	305 MISSION SERVICES	1,022,984	2,630		0 2,630		193
93.03 193	306 FOUNDATION	0	0		0 0		193
93.04 193	307 WELLNESS	2,424,562	0		0 0		193
93.05 193	301 NETWORK DEVELOPMENT	0	0		0 0	0	193
93.06 19	303 JOINT VENTUREJOINT VENTURE	0	0		0 0	0	193
93.07 19	310 BILLING	26,488,388	0		0 0	0	193
93.08 19	308 OCCUPATIONAL HEALTH	1,033	0		0 0	0	193
93.09 19	312 LIFELINE	1,290			0 0	0	193
	313 MARTEN HOUSE	0	0		0 0	0	19
	302 VACANT SPACE	0	30,889		0 30,889		19
	316 SETON BOARD	0	0		0 0	39,229	
	319 SPORTS PERFORMANCE	6,066,428	0		0 0		19
	950 RETAIL PHARMACY	6,945,487			0 2,276		194
00.00	Cross Foot Adjustments	0,545,467	2,270		2,270		200
01.00	Negative Cost Centers						200
02.00	Cost to be allocated (per Wkst. B,	238,033,834	46,426,663	3,401,74	3 17,338,306	8,259,992	
	Part I)						
03.00	Unit cost multiplier (Wkst. B, Part I)	0.259416		1			
04.00	Cost to be allocated (per Wkst. B, Part II)	18,359,907					
05.00	Unit cost multiplier (Wkst. B, Part II)	0.020009	4.251501	0.32645	0.505451	1.502810	
06.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						200
07.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						20

031 P	ALLOCATION - STATISTICAL BASIS		Provider CC		eriod: rom 07/01/2022	Worksheet B-1	
				Тс		Date/Time Pre 11/27/2023 5:	
	Cost Center Description	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING	CENTRAL SERVICES & SUPPLY (COSTED	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS	
		11.00	HRS) 13.00	REQUIS.) 14.00	15.00	CHARGES) 16.00	
	GENERAL SERVICE COST CENTERS	11.00	15.00	14.00	15.00	10.00	
6.00 7.00 1.00	00100 CAP REL COSTS-BLDG & FIXT 00101 NEW CAP REL COSTS-BLDG-STRESS 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 01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES A	7,230,525 282,865 159,839 257,082 3,808 128,499 357,234	3,396,313 6,599 2 104 3 0 60,804 4 0	142,166,856 110,786 172 76 0	50,236,429 0 3,894 0	4,929,610,356 0 0	17.0 21.0
3.00 3.01 3.02 3.03	02200 I&R SERVICES-OTHER PRGM COSTS A 02300 PARAMED ED PRGM- PHARMACY 02301 PARAMED ED PRGM - CPE	93,772 24,686 12,345 9,878 0 10,391	2 0 5 0 3 0 0 0	252,282 0 9,492 0 0 6,389	48,699 0 0 0 0	0 0 0 0 0	22.0 23.0 23.0 23.0 23.0 23.0 23.0
	03000 ADULTS & PEDIATRICS	1,533,008	3 1,025,317	3,249,999	233,569	452,089,372	30.0
		377,396		126,336	102,961	153,406,495	
	03200 CORONARY CARE UNIT 03201 CARDIOTHORACIC VASCULAR TRANSPL	205,042		0 2,556	0 62,009	0 56,779,094	32.0
		33,610		2,550	6,859	33,199,880	
	02080 PEDIATRIC INTENSIVE CARE UNIT	81,490		65,245	10,855	27,875,562	
4.00	03400 SURGICAL INTENSIVE CARE UNIT	0	, vi	0	17 (62)	0	34.0
4.01	02060 NEONATAL INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF	447,906		0 2,827	17,663	255,450,626 42,081,666	
3.00		56,109		81,233	713	18,832,853	
	ANCILLARY SERVICE COST CENTERS]
		660,051		968,258	370,260	902,059,504	
	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	135,560		26,644 1,247,720	8,055 31,918	84,589,333 91,242,840	
4.01	05402 AMBULATORY CARDIOVASCULAR SVC	88,157		312,481	420,337	56,622,757	
		22,519		0	195	31,432,719	
4.03	05404 ECHOCARDIOLOGY	20,278	3 0	393,338	2,998	40,828,979	54.
	05401 ONCOLOGY	98,547		149,135	24,995	91,214,198	
	05700 CT SCAN	43,542		7,542	15,985	48,710,547	
	05800 MRI	25,545		14,971	7,648	15,067,012	
	05900 CARDIAC CATHETERIZATION 05901 CARDIAC REHAB	132,076		0 6,267	555,670 0	280,990,351 3,182,761	
	06000 LABORATORY	19,999	0,275	38,758	628	469,309,525	
	06500 RESPIRATORY THERAPY	186,243	3 0	0	2,135,200	84,487,515	
		65,399	0 0	37,841	913	28,348,515	66.
	06700 OCCUPATIONAL THERAPY	46,143		0	0	15,220,147	
	06800 SPEECH PATHOLOGY	24,743		411	0	11,150,745	
	06900 ELECTROCARDIOLOGY	33,274		393,221	3,376	31,880,609	
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PAT	46,536		209,472 63,206,558	1,267 0	21,152,974 240,801,294	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0		67,038,981	0	243,938,899	
	07300 DRUGS CHARGED TO PATIENTS	0	o o	0,,050,501	42,242,851	350,671,545	
.00	07400 RENAL DIALYSIS	C	0 0	65,670	34,078	23,181,526	74.
	07500 ASC (NON-DISTINCT PART)	C	0	0	0	0	
.01	03330 ENDOSCOPY	60,576	46,628	0	27,817	74,431,365	75.
00	OUTPATIENT SERVICE COST CENTERS	125,647	2 24 712	112	0	11 200 005	00
	09000 CLINIC 09001 PARTIAL HOSPITALIZATION	99,900		407	0	11,290,095 14,993,277	
	09002 COVID-19 VACCINE CLINIC	275		407	0	14,993,277	
	09003 BURN CLINIC	7,521		20,488	13	432,631	
	09100 EMERGENCY	445,219		283,469	56,308	401,405,209	
	09101 WOUND CARE 002	25,669		294,395	2,067	25,100,293	
02	09102 WOUND CARE 001	11,388		0	2,986	3,600,315	91.
	09103 LAFAYETTE RD CLINIC	0	0	0	0	0	
	09104 ZIONSVILLE CLINIC	C	0	19,161	3,755	1,843,587	
	09105 BROWNSBURG CLINIC	0		0	0	2 205 604	
	09106 OP ANTICOAGULATION CLINIC	0	3,588	2,118	5,691	3,395,604	91.
		•	· · · ·		•		·

COST ALLOCATION - STATISTICAL BASIS		Provider CC		Period: From 07/01/2022	Worksheet B-1	-
				то 06/30/2023	Date/Time Pre 11/27/2023 5:	
Cost Center Description	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	(HOURS)	ADMINISTRATION		(COSTED	RECORDS &	
			SUPPLY	REQUIS.)	LIBRARY	
		(DIRECT NRSING			(GROSS	
	11.00	HRS)	REQUIS.)	15 00	CHARGES)	
01.07 09107 ST VINCENT OUTPATIENT TREATME	11.00	13.00 8,537	14.00 41,45	15.00	<u>16.00</u> 4,116,703	91.0
01.08 04040 FAMILY PRACTICE			18,64		4,110,703	
02.00 09200 OBSERVATION BEDS (NON-DISTING	т İ		10,01	5	Ŭ	92.0
OTHER REIMBURSABLE COST CENTERS						1 22.1
095.00 09500 AMBULANCE SERVICES	143,573	56,905	130,73	9 3,821	18,531,092	95.0
08.00 09853 GERIATRIC CLINIC	C	0	-	0 0	0	
08.01 09851 ELECTROCONVULSIVE THERAPY	C	0 0		0 0	0	98.0
98.02 09852 DIABETES EDUCATION	7,652	7,662		0 0	0	98.0
SPECIAL PURPOSE COST CENTERS						
L05.00 10500 KIDNEY ACQUISITION	37,393	15,852	1,29	3 21	16,214,553	105.
.06.00 10600 HEART ACQUISITION	27,323	11,597	68	2 0		
12.00 08600 PANCREAS ACQUISITION	C	0 0		0 0	0	112.
13.00 11300 INTEREST EXPENSE						113.
15.00 11500 AMBULATORY SURGICAL CENTER (D			2,994,76			
18.00 SUBTOTALS (SUM OF LINES 1 thr	rough 117) 7,125,555	3,396,299	141,832,38	9 46,988,783	4,929,610,356	118.
NONREIMBURSABLE COST CENTERS						
90.00 19000 GIFT FLOWER COFFEE SHOP & C		0 0		0 0		190.
L91.00 19100 RESEARCH	9,131			0 34,830		191.
92.00 19200 PHYSICIANS PRIVATE OFFICES	0	°	237,99			192.
L93.00 19300 NONPAID WORKERS	0	0		0 0		193.
93.01 19304 MARKETING	12, 205	0		0 0	-	193.
93.02 19305 MISSION SERVICES	12,395		23			193. 193.
93.03 19306 FOUNDATION	67.084		2 25	0 0		193.
.93.04 19307 WELLNESS .93.05 19301 NETWORK DEVELOPMENT	67,084	1 1	2,25	8 1,094 0 0		193.
93.06 19303 JOINT VENTUREJOINT VENTURE		° I		0 0		193.
.93.07 19310 BILLING				0 0		193.
.93.08 19308 OCCUPATIONAL HEALTH	14			0 0		193.
93.09 19312 LIFELINE	14			0 0		193.
93.10 19313 MARTEN HOUSE		o o		0 0		193.
93.14 19302 VACANT SPACE	0	o o		0 0		193.
93.16 19316 SETON BOARD	Q	0		0 0		193.
.93.19 19319 SPORTS PERFORMANCE		o o	93,58	2,545		193.
194.00 07950 RETAIL PHARMACY	16,346	5 0	39			194.
200.00 Cross Foot Adjustments	- ,					200.
201.00 Negative Cost Centers						201.
02.00 Cost to be allocated (per Wks	st. в, 10,823,398	25,481,962	7,192,42	6 27,179,610	961,331	202.
03.00 Unit cost multiplier (Wkst. E	3, Part I) 1.496903	7.502831	0.05059	0.541034	0.000195	203.
Cost to be allocated (per Wks			3,616,04			
Part II)		0 007000	0 005 10	0.000000	0.000010	205
205.00 Unit cost multiplier (Wkst. E II)	3, Part 0.023782	0.607300	0.02543	0.039890	0.000046	205.
206.00 NAHE adjustment amount to be (per wkst. B-2)	allocated					206.
207.00 NAHE unit cost multiplier (W	st. D.					207.
Parts III and IV)						1.07

COST A	Financial Systems LLOCATION - STATISTICAL BASIS	ASCENSION ST. VI	Provider C	CN: 15-0084 P	eriod: rom 07/01/2022	u of Form CMS-2 Worksheet B-1	
					o 06/30/2023	Date/Time Pre 11/27/2023 5:	
			INTERNS &	RESIDENTS			
	Cost Center Description	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES A	SERVICES-OTHER PRGM COSTS A	PARAMED ED PRGM- PHARMACY	PARAMED ED PRGM - CPE	
		(TOTAL PATIENT	(ASSIGNED	(ASSIGNED		(ASSIGNED	
		DAYS)	TIME)	TIME)	(ASSIGNED TIME)	TIME)	
	[17.00	21.00	22.00	23.00	23.01	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-BLDG-STRESS						1.01
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00
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 HOUSEKEEPING 01000 DIETARY						9.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14.00
	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE	187,398					17.00
	02100 I&R SERVICES-SALARY & FRINGES A	0	61,067	61 067	,		21.00
	02200 I&R SERVICES-OTHER PRGM COSTS A 02300 PARAMED ED PRGM- PHARMACY	0		61,067	100		22.00
	02301 PARAMED ED PRGM - CPE	0				1,062	
	02302 PARAMED ED PRGM - RADIOLOGY	0					23.02
	02303 PARAMED ED PRGM - EMS 02304 PARAMED ED PRGM- SONOGRAPHY	0					23.03
20101	INPATIENT ROUTINE SERVICE COST CENTERS			<u> </u>			25.01
	03000 ADULTS & PEDIATRICS	109,956				399	
	03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT	23,618	4,312	4,312	0	216 0	31.00 32.00
	03201 CARDIOTHORACIC VASCULAR TRANSPL	6,360	, °	55	-	104	
	03300 BURN INTENSIVE CARE UNIT	1,501		6		0	1
	02080 PEDIATRIC INTENSIVE CARE UNIT	2,564		300	0	17	33.01
	03400 SURGICAL INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	25,641	0 570	0 570	0	0 106	
	04000 SUBPROVIDER - IPF	13,198		630		87	1
43.00	04300 NURSERY	4,560	265	265	0	0	43.00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0	15,057	15,057	0	18	50.00
	05200 DELIVERY ROOM & LABOR ROOM	0	3,468			17	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	845	845	0	0	
	05402 AMBULATORY CARDIOVASCULAR SVC	0			-	0	
	05403 ULTRASOUND 05404 ECHOCARDIOLOGY	0	608 435			0	54.02 54.03
	05401 ONCOLOGY	0	1,375			0	54.04
	05700 CT SCAN	0	0	0	0	0	57.00
	05800 MRI 05900 CARDIAC CATHETERIZATION	0	60 2,484	60 2,484		0	58.00 59.00
	05901 CARDIAC REHAB	0	100	100		0	59.00
60.00	06000 LABORATORY	0	792	792		0	60.00
	06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY	0	687 243	687 243		0	65.00 66.00
	06700 OCCUPATIONAL THERAPY	0	243	243		0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
	06900 ELECTROCARDIOLOGY	0	1,475			0	69.00
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	639	639	0	0	70.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	115	115		0	73.00
	07400 RENAL DIALYSIS	0	286	286	0	0	74.00
	07500 ASC (NON-DISTINCT PART) 03330 ENDOSCOPY	0	, i i i i i i i i i i i i i i i i i i i	1,521	. 0	0	75.00
	OUTPATIENT SERVICE COST CENTERS	· · ·	1	Ĩ			1
	09000 CLINIC	0	836			52 0	90.00 90.01
	09001 PARTIAL HOSPITALIZATION 09002 COVID-19 VACCINE CLINIC	0	33 0	33	0	0	90.01
	09003 BURN CLINIC	0	0	0	0	0	90.03
	09100 EMERGENCY	0	1,795	1,795		46	
	09101 WOUND CARE 002 09102 WOUND CARE 001	0	278	278	0	0	91.01 91.02
	09102 WOUND CARE OUT 09103 LAFAYETTE RD CLINIC	0	0		0	0	91.02
JT.05							

COST AI	LLOCATION - STATISTICAL BASIS		Provider C	F	Period: From 07/01/2022 Fo 06/30/2023	Worksheet B-1 Date/Time Pre 11/27/2023 5:0	pared:
			INTERNS &	RESIDENTS		11, 17, 1010 01	
	Cost Center Description	SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALAR Y & FRINGES A (ASSIGNED TIME)		R PARAMED ED PRGM- PHARMACY (ASSIGNED	PARAMED ED PRGM - CPE (ASSIGNED TIME)	
					TIME)		
91.05	09105 BROWNSBURG CLINIC	17.00	21.00	22.00	23.00	23.01	91.05
	09106 OP ANTICOAGULATION CLINIC	0	0			0	
	09107 ST VINCENT OUTPATIENT TREATMENT	0	0		0	0	
	04040 FAMILY PRACTICE	0	3,404	3,404	4 0	0	91.08
t t	09200 OBSERVATION BEDS (NON-DISTINCT						92.00
	OTHER REIMBURSABLE COST CENTERS			1			
	09500 AMBULANCE SERVICES	0	0			0	
1	09853 GERIATRIC CLINIC 09851 ELECTROCONVULSIVE THERAPY	0	0			0	
	09852 DIABETES EDUCATION	0	0			0	
H	SPECIAL PURPOSE COST CENTERS			`	<u>/ </u>		50.02
	10500 KIDNEY ACQUISITION	0	175	175	5 0	0	105.00
106.00	10600 HEART ACQUISITION	0	410	410	0 0	0	106.00
	08600 PANCREAS ACQUISITION	0	0	0 (0 0		112.00
	11300 INTEREST EXPENSE		1 412				113.00
115.00 118.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	197 209	1,412				115.00 118.00
	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	187,398	60,144	60,144	F 100	1,002	1110.00
	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0		0 0	0	190.00
	19100 RESEARCH	0	280				191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	282	282	2 0	0	192.00
	19300 NONPAID WORKERS	0	0				193.00
1	19304 MARKETING	0	0				193.01
1	19305 MISSION SERVICES	0	0				193.02
	19306 FOUNDATION 19307 WELLNESS	0	0				193.03
	19301 NETWORK DEVELOPMENT	0	0		-		193.05
	19303 JOINT VENTUREJOINT VENTURE	0	0				193.06
	19310 BILLING	0	0) (0 0		193.07
193.08	19308 OCCUPATIONAL HEALTH	0	0) (0 0	0	193.08
	19312 LIFELINE	0	0	() 0		193.09
	19313 MARTEN HOUSE	0	0		-		193.10
1	19302 VACANT SPACE 19316 SETON BOARD	0	0				193.14
	19319 SPORTS PERFORMANCE	0	361				193.19
	07950 RETAIL PHARMACY	0	0				194.00
200.00	Cross Foot Adjustments	Ĭ	Ū		Ĭ	Ŭ	200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	9,721,354	16,837,194	13,205,453	3 1,538,151	533,848	202.00
202.00	Part I)	F1 07F440	275 716727	210 24522	1 15 201 510000	F02 C01722	202.00
203.00 204.00		51.875442 252,509	275.716737 283,431		1 15,381.510000		
204.00	Part II)	232,309	200,401	532,926	6 49,290	43,400	204.00
205.00		1.347448	4.641312	8.726907	7 492.900000	42.749529	205.00
206.00					0	0	206.00
207.00					0.000000	0.00000	207.00

ST ALL	OCATION - STATISTICAL BASIS		Provider C	CN: 15-0084	Period: From 07/01/2022	Worksheet B-1
					то 06/30/2023	Date/Time Prepare 11/27/2023 5:09 p
	Cost Center Description	PARAMED ED	PARAMED ED	PARAMED ED		<u> 11/2//2023 5.05 p</u>
		PRGM -	PRGM - EMS	PRGM-		
		RADIOLOGY (CHARGES)	(ASSIGNED TIME)	SONOGRAPHY (ASSIGNED		
		(CHARGES)	T INC)	TIME)		
		23.02	23.03	23.04		
	ENERAL SERVICE COST CENTERS					1
	100 CAP REL COSTS-BLDG & FIXT					1
	0200 CAP REL COSTS-MVBLE EQUIP					2
0 00	0400 EMPLOYEE BENEFITS DEPARTMENT					4
)500 ADMINISTRATIVE & GENERAL					5
	0700 OPERATION OF PLANT					7
	0800 LAUNDRY & LINEN SERVICE 0900 HOUSEKEEPING					8
	LOOD DIETARY					10
	L100 CAFETERIA					11
00 01	L300 NURSING ADMINISTRATION					13
	L400 CENTRAL SERVICES & SUPPLY					14
	L500 PHARMACY					15
	L600 MEDICAL RECORDS & LIBRARY L700 SOCIAL SERVICE					16
	2100 I&R SERVICES-SALARY & FRINGES A					21
	2200 I&R SERVICES-OTHER PRGM COSTS A					22
	2300 PARAMED ED PRGM- PHARMACY					23
	2301 PARAMED ED PRGM - CPE					23
	2302 PARAMED ED PRGM - RADIOLOGY	186,453,118				23
	2303 PARAMED ED PRGM - EMS 2304 PARAMED ED PRGM- SONOGRAPHY		C	10	0	23
	IPATIENT ROUTINE SERVICE COST CENTERS					25
00 03	3000 ADULTS & PEDIATRICS	0	C)	0	30
1	3100 INTENSIVE CARE UNIT	0	0		0	31
-	3200 CORONARY CARE UNIT	0	(0	32
	3201 CARDIOTHORACIC VASCULAR TRANSPL 3300 BURN INTENSIVE CARE UNIT	0	(0	32
	2080 PEDIATRIC INTENSIVE CARE UNIT	0	(0	33
	3400 SURGICAL INTENSIVE CARE UNIT	0	C		0	34
	2060 NEONATAL INTENSIVE CARE UNIT	0	C		0	34
	1000 SUBPROVIDER - IPF	0	(0	40
	4300 NURSERY ICILLARY SERVICE COST CENTERS	0	t		0	43
	5000 OPERATING ROOM	0	C		0	50
	5200 DELIVERY ROOM & LABOR ROOM	0	C		0	52
	5400 RADIOLOGY-DIAGNOSTIC	91,242,840	(0	54
	5402 AMBULATORY CARDIOVASCULAR SVC 5403 ULTRASOUND	31,432,719	ĺ	10	0	54
	5404 ECHOCARDIOLOGY	0	0		0	54
	5401 ONCOLOGY	0	C		0	54
00 05	5700 CT SCAN	48,710,547	C		0	57
	5800 MRI	15,067,012	C		0	58
	5900 CARDIAC CATHETERIZATION	0	(0	59
	5901 CARDIAC REHAB 5000 LABORATORY	0	ĺ		0	59
	5500 RESPIRATORY THERAPY	0	(0	65
1	5600 PHYSICAL THERAPY	0	C		0	66
	5700 OCCUPATIONAL THERAPY	0	C		0	67
	5800 SPEECH PATHOLOGY	0	C		0	68
	5900 ELECTROCARDIOLOGY	0	0		0	69
	7000 ELECTROENCEPHALOGRAPHY	0			0	70
	7100 MEDICAL SUPPLIES CHARGED TO PAT 7200 IMPL. DEV. CHARGED TO PATIENTS	0	ſ		0	71.
	7300 DRUGS CHARGED TO PATIENTS	0	(0	73
	7400 RENAL DIALYSIS	0	C		0	74
	7500 ASC (NON-DISTINCT PART)	0	C		0	75
	3330 ENDOSCOPY	0	0	<u>и</u>	0	75
	JTPATIENT SERVICE COST CENTERS	0	(0	90
	0001 PARTIAL HOSPITALIZATION	0	(0	90
	0002 COVID-19 VACCINE CLINIC	0	C		0	90
03 09	0003 BURN CLINIC	0	C		0	90
	0100 EMERGENCY	0	C		0	91
	0101 WOUND CARE 002	0	0		0	91
1	0102 WOUND CARE 001	0	(0	91
	0103 LAFAYETTE RD CLINIC 0104 ZIONSVILLE CLINIC	0	ſ	Ś	0	91
1	0104 ZIONSVILLE CLINIC	0	(ŏ	91
05 109						

COST ALLOCATION - S	TATISTICAL BASIS		Provider CC	CN: 15-0084	Period: Worksheet	с в-1
					From 07/01/2022 To 06/30/2023 Date/Time	e Prepared:
						23 5:09 pm
Cost Ce	nter Description	PARAMED ED	PARAMED ED	PARAMED ED		
		PRGM - RADIOLOGY	PRGM - EMS	PRGM- SONOGRAPHY		
		(CHARGES)	(ASSIGNED TIME)	(ASSIGNED		
		(CHARGES)	IIME)	TIME)		
		23.02	23.03	23.04		
91.07 09107 ST VINC	ENT OUTPATIENT TREATMENT	0	0	23101	0	91.0
01.08 04040 FAMILY		0	0		0	91.0
02.00 09200 OBSERVA	TION BEDS (NON-DISTINCT					92.0
OTHER REIMBUR	SABLE COST CENTERS					
95.00 09500 AMBULAN		0	0		0	95.0
98.00 09853 GERIATR	IC CLINIC	0	0		0	98.0
98.01 09851 ELECTRO		0	0		0	98.0
98.02 09852 DIABETE		0	0		0	98.0
	SE COST CENTERS				-1	
105.00 10500 KIDNEY		0	0		0	105.0
L06.00 10600 HEART A		0	0		0	106.0
112.00 08600 PANCREA		0	0		0	112.0
113.00 11300 INTERES						113.0
	ORY SURGICAL CENTER (D.P.)	100 452 110	0	10	0	115.0
	LS (SUM OF LINES 1 through 117)	186,453,118	0	T(00	118.0
	LE COST CENTERS	0	0			100.0
190.00 19000 GIFT F 191.00 19100 RESEARC	LOWER COFFEE SHOP & CAN	0	0		0	190.0 191.0
	H ANS PRIVATE OFFICES	0	0		0	191.0
192.00 19200 PHYSICI 193.00 19300 NONPAID		0	0		0	192.0
193.01 19300 NONPAID		0	0		0	193.0
193.02 19305 MISSION		0	0		0	193.0
193.03 19306 FOUNDAT		0	0		0	193.0
193.04 19307 WELLNES		0	0		0	193.0
193.05 19301 NETWORK		ů 0	0		0	193.0
	ENTUREJOINT VENTURE	0	0		0	193.0
193.07 19310 BILLING		0	0		0	193.0
193.08 19308 OCCUPAT		0	0		0	193.0
193.0919312 LIFELIN		0	0		0	193.0
L93.10 19313 MARTEN	HOUSE	0	0		0	193.1
L93.14 19302 VACANT	SPACE	0	0		0	193.1
L93.16 19316 SETON В	OARD	0	0		0	193.1
L93.19 19319 SPORTS	PERFORMANCE	0	0		0	193.1
L94.00 07950 RETAIL	PHARMACY	0	0		0	194.0
200.00 Cross F	oot Adjustments					200.0
201.00 Negativ	e Cost Centers					201.0
202.00 Cost to Part I)	be allocated (per Wkst. B,	696,852	0	685,89	93	202.0
	st multiplier (Wkst. B, Part I)	0.003737	0.00000	6,858.93000	00	203.0
	be allocated (per Wkst. B,	39,819	0	11,76		204.0
Part II		,	Ŭ	,		
	st multiplier (Wkst. B, Part	0.000214	0.00000	117.60000	00	205.0
06.00 NAHE ad	justment amount to be allocated	0	0		0	206.0
	st. B-2) it cost multiplion (what D	0.000000	0.00000	0.0000		207.0
	it cost multiplier (Wkst. D, II and IV)	0.000000	0.000000	0.0000		1207.0

Health F	-inancial	Systems
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	ON OF RATIO OF COSTS TO CHARGES		Provider C	F	veriod: rom 07/01/2022 o 06/30/2023	Date/Time Pre 11/27/2023 5:	epared 09 pm
				XVIII	Hospital	PPS	
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	ATIENT ROUTINE SERVICE COST CENTERS				1		
	000 ADULTS & PEDIATRICS	177,829,580		177,829,580			
	00 INTENSIVE CARE UNIT	44,477,408		44,477,408		, ,	
	200 CORONARY CARE UNIT				-		
	201 CARDIOTHORACIC VASCULAR TRANSPL	25,568,806 4,346,412		25,568,806 4,346,412		25,568,806 4,346,412	
	080 PEDIATRIC INTENSIVE CARE UNIT	7,689,450		7,689,450		7,689,450	
	00 SURGICAL INTENSIVE CARE UNIT	0		0		0	
	060 NEONATAL INTENSIVE CARE UNIT	36,266,713		36,266,713	-		
	000 SUBPROVIDER - IPF	12,170,946		12,170,946			
	00 NURSERY	5,286,454		5,286,454			
ANC	ILLARY SERVICE COST CENTERS						
	000 OPERATING ROOM	85,828,188		85,828,188	0	85,828,188	
	200 DELIVERY ROOM & LABOR ROOM	13,415,663		13,415,663		, ,	
	00 RADIOLOGY-DIAGNOSTIC	20,025,996		20,025,996			
	402 AMBULATORY CARDIOVASCULAR SVC	9,100,749		9,100,749		-, -, -, -	
	03 ULTRASOUND	3,044,108		3,044,108		3,044,108	
	04 ECHOCARDIOLOGY	2,640,254		2,640,254 14,796,270		, ,	
	01 ONCOLOGY 700 CT SCAN	14,796,270 4,111,015		4,111,015	-	,,	
	300 MRI	3,296,408		3,296,408		, ,	
	000 CARDIAC CATHETERIZATION	14,586,727		14,586,727		-, -,	
	001 CARDIAC REHAB	1,368,198		1,368,198		,,	
	000 LABORATORY	42,100,563		42,100,563		, ,	
	00 RESPIRATORY THERAPY	18,128,635			-	, ,	
	600 PHYSICAL THERAPY	13,100,090		, ,		, ,	
	00 OCCUPATIONAL THERAPY	6,482,958					
3.00 068	300 SPEECH PATHOLOGY	4,196,092	0	4,196,092	0	4,196,092	68.
	000 ELECTROCARDIOLOGY	3,232,073		3,232,073	0	3,232,073	69.0
	000 ELECTROENCEPHALOGRAPHY	6,186,360		6,186,360		.,,	
	00 MEDICAL SUPPLIES CHARGED TO PAT	84,803,026		84,803,026			
	200 IMPL. DEV. CHARGED TO PATIENTS	87,869,166		87,869,166		- , ,	
	300 DRUGS CHARGED TO PATIENTS	97,263,926		97,263,926		97,263,926	
	00 RENAL DIALYSIS	6,268,495		6,268,495		-, -,	
	00 ASC (NON-DISTINCT PART) 30 ENDOSCOPY	07,291,613		0 7,291,613	-	-	
	PATIENT SERVICE COST CENTERS	7,291,015		7,291,015	0	7,291,015	/ / / .
	000 CLINIC	11,214,505		11,214,505	0	11,214,505	90.
	001 PARTIAL HOSPITALIZATION	5,250,570		5,250,570			
	02 COVID-19 VACCINE CLINIC	35,740		35,740		, ,	
	003 BURN CLINIC	1,136,289		1,136,289			
L.00 091	.00 EMERGENCY	47,527,475		47,527,475		47,527,475	91.
L.01 091	LO1 WOUND CARE 002	3,587,985		3,587,985	0		
	LO2 WOUND CARE 001	1,012,950		1,012,950	0	1,012,950	
	03 LAFAYETTE RD CLINIC	0		0	0	0	
	.04 ZIONSVILLE CLINIC	785,005		785,005	0	785,005	
	05 BROWNSBURG CLINIC	0		0	0	0	
	06 OP ANTICOAGULATION CLINIC	1,054,497		1,054,497		1,054,497	
	07 ST VINCENT OUTPATIENT TREATMENT	1,459,835		1,459,835		1,459,835	
	040 FAMILY PRACTICE	5,241,343		5,241,343		5,241,343	
	200 OBSERVATION BEDS (NON-DISTINCT	22,736,957	<u> </u>	22,736,957		22,736,957	92.
	00 AMBULANCE SERVICES	12,833,559		12,833,559	0	12,833,559	95.
	353 GERIATRIC CLINIC	12,055,555		0			
	551 ELECTROCONVULSIVE THERAPY	0		0	0		
	352 DIABETES EDUCATION	539,463		539,463			
	CIAL PURPOSE COST CENTERS						
	00 KIDNEY ACQUISITION	10,004,335		10,004,335		10,004,335	105.
	00 HEART ACQUISITION	6,463,822		6,463,822		6,463,822	
	00 PANCREAS ACQUISITION	0		0		0	112.
	000 INTEREST EXPENSE						113.
	00 AMBULATORY SURGICAL CENTER (D.P.)	19,382,128		19,382,128		19,382,128	
00.00	Subtotal (see instructions)	1,013,038,800		1,013,038,800		1,015,014,400	
01.00	Less Observation Beds Total (see instructions)	22,736,957 990,301,843		22,736,957		22,736,957	
02.00	LIGTAL (SOO INSTRUCTIONS)		0	990,301,843	1,975,600	992,277,443	1702

Health	Financial	Systems

Health	Finan	icial Systems	ASCENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider Co	F	Period: From 07/01/2022 Fo 06/30/2023	Worksheet C Part I Date/Time Pre		
				Title	XVIII	Hospital	11/27/2023 5: PPS	.09 pili
		·		Charges				
		Cost Center Description	Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
	INPAT	IENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	394,304,295		394,304,295	5		30.00
31.00		INTENSIVE CARE UNIT	153,406,495		153,406,495	5		31.00
32.00		CORONARY CARE UNIT	0		C C)		32.00
32.01		CARDIOTHORACIC VASCULAR TRANSPL	56,779,094		56,779,094	1		32.01
33.00		BURN INTENSIVE CARE UNIT	33,199,880		33,199,880)		33.00
33.01		PEDIATRIC INTENSIVE CARE UNIT	27,875,562		27,875,562	-		33.01
34.00		SURGICAL INTENSIVE CARE UNIT	0		0)		34.00
34.01		NEONATAL INTENSIVE CARE UNIT	255,450,626		255,450,626			34.01
40.00		SUBPROVIDER - IPF	42,081,666		42,081,666			40.00
43.00	-	NURSERY	18,832,853		18,832,853	3		43.00
		LARY SERVICE COST CENTERS						
50.00		OPERATING ROOM	464,258,362	437,801,142			0.00000	
52.00		DELIVERY ROOM & LABOR ROOM	81,657,753	2,931,580			0.00000	
54.00		RADIOLOGY-DIAGNOSTIC	22,016,534	69,226,306			0.00000	1
54.01		AMBULATORY CARDIOVASCULAR SVC	13,003,253	43,619,504			0.00000	
54.02		ULTRASOUND	16,774,583	14,658,136			0.00000	
54.03		ECHOCARDIOLOGY	91,088	40,737,891			0.00000	
54.04		ONCOLOGY	6,361,567	84,852,631			0.00000	
57.00		CT SCAN	25,174,425	23,536,122			0.00000	
58.00	05800		5,871,538	9,195,474			0.00000	
59.00		CARDIAC CATHETERIZATION	120,753,054	160,237,297			0.00000	
59.01		CARDIAC REHAB	3,870	3,178,891			0.00000	
60.00		LABORATORY	311,894,888				0.00000	
65.00		RESPIRATORY THERAPY	79,902,202	4,585,313			0.00000	
66.00		PHYSICAL THERAPY	15,702,490	12,646,025			0.00000	
67.00		OCCUPATIONAL THERAPY	10,363,238	4,856,909			0.00000	
68.00		SPEECH PATHOLOGY	4,309,226	6,841,519			0.00000	
69.00		ELECTROCARDIOLOGY	21,631,022	10,249,587			0.00000	
70.00		ELECTROENCEPHALOGRAPHY	4,793,261	16,359,713			0.00000	
71.00 72.00		MEDICAL SUPPLIES CHARGED TO PAT	133,623,418				0.00000	
72.00		IMPL. DEV. CHARGED TO PATIENTS	154,952,846				0.00000	
74.00		DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	250,512,806				0.00000	
75.00			18,035,766	5,145,760			0.000000	
75.00		ASC (NON-DISTINCT PART) ENDOSCOPY	19,234,745	55,196,620	, v		0.000000	
75.01	-	TIENT SERVICE COST CENTERS	19,234,743	55,190,020	74,451,505	0.097904	0.00000	75.01
90.00	-	CLINIC	6,373	11,283,722	11,290,095	0.993305	0.00000	90.00
90.01		PARTIAL HOSPITALIZATION	37,790	14,955,487			0.000000	
90.02		COVID-19 VACCINE CLINIC	0	14,555,407	14,555,277	0.000000	0.000000	
90.03		BURN CLINIC	0	432,631	432,631		0.000000	
		EMERGENCY	118,982,598				0.000000	
		WOUND CARE 002	295,652	24,804,641			0.000000	
		WOUND CARE 001	3,145,038	455,277			0.000000	
91.02		LAFAYETTE RD CLINIC	0,113,050	0	(0.000000	0.000000	
91.04		ZIONSVILLE CLINIC	5,558	1,838,029	1,843,587		0.000000	
		BROWNSBURG CLINIC	0	2,000,020	_,010,007	0.000000	0.000000	
		OP ANTICOAGULATION CLINIC	4,880	3,390,724	3,395,604		0.000000	
		ST VINCENT OUTPATIENT TREATMENT	25,119	4,091,584			0.000000	
91.08		FAMILY PRACTICE	0	0	0		0.000000	
92.00		OBSERVATION BEDS (NON-DISTINCT	18,991,439	38,793,638	, v		0.000000	
		REIMBURSABLE COST CENTERS	-,, 100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,.			1
95.00		AMBULANCE SERVICES	65,519	18,465,573	18,531,092	0.692542	0.00000	95.00
		GERIATRIC CLINIC	0	0	(, , , , , , , , , , , , , , , , , , ,	0.000000	0.000000	
		ELECTROCONVULSIVE THERAPY	0	0	0		0.00000	
		DIABETES EDUCATION	0	0	0		0.00000	
	SPECI	AL PURPOSE COST CENTERS						
		KIDNEY ACQUISITION	12,118,310	4,096,243	16,214,553	3		105.00
		HEART ACQUISITION	4,438,644	319,794	4,758,438	3		106.00
		PANCREAS ACQUISITION	0	0	C	ו		112.00
		INTEREST EXPENSE						113.00
		AMBULATORY SURGICAL CENTER (D.P.)	0	143,697,351				115.00
		Subtotal (see instructions)	2 920 969 326	2 008 641 030	4,929,610,356	5		200.00
200.00			2,520,505,520	2,000,041,050	.,525,620,550	- I		
200.00 201.00 202.00	D	Less Observation Beds Total (see instructions)			4,929,610,356			201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES Cost Center Description INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 32.00 03200 CORONARY CARE UNIT 32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	PPS Inpatient Ratio 11.00	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023 Hospital	Worksheet C Part I Date/Time Pre 11/27/2023 5: PPS	
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 32.00 03200 CORONARY CARE UNIT 32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	Ratio	Title XVIII	Hospital		
INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 31.00 03100 INTENSIVE CARE UNIT 32.00 03200 CORONARY CARE UNIT 32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL	Ratio				30.00
30.0003000Adults & Pediatrics31.0003100Intensive care unit32.0003200CORONARY CARE UNIT32.0103201CARDIOTHORACIC VASCULAR TRANSPL					30.00
30.0003000Adults & Pediatrics31.0003100Intensive care unit32.0003200CORONARY CARE UNIT32.0103201CARDIOTHORACIC VASCULAR TRANSPL					30 00
31.0003100INTENSIVE CARE UNIT32.0003200CORONARY CARE UNIT32.0103201CARDIOTHORACIC VASCULAR TRANSPL					
32.00 03200 CORONARY CARE UNIT 32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL					31.00
32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL					32.00
					32.01
33.00 03300 BURN INTENSIVE CARE UNIT					33.00
33.01 02080 PEDIATRIC INTENSIVE CARE UNIT					33.01
34.00 03400 SURGICAL INTENSIVE CARE UNIT					34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT					34.01
40.00 04000 SUBPROVIDER - IPF					40.00
43.00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS					4
50.00 OPERATING ROOM	0.095147				50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.158598				52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.219480				54.00
54.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.160726				54.01
54.02 05403 ULTRASOUND	0.096845				54.02
54.03 05404 ECHOCARDIOLOGY	0.064666				54.03
54.04 05401 ONCOLOGY 57.00 05700 CT SCAN	0.162215 0.084397				54.04
58.00 05800 MRI	0.218783				58.00
59.00 05900 CARDIAC CATHETERIZATION	0.051912				59.00
59.01 05901 CARDIAC CATHEFERIZATION	0.429878				59.01
60.00 06000 LABORATORY	0.089707				60.00
65.00 06500 RESPIRATORY THERAPY	0.214572				65.00
66.00 06600 PHYSICAL THERAPY	0.462109				66.00
67.00 06700 OCCUPATIONAL THERAPY	0.425946				67.00
68.00 06800 SPEECH PATHOLOGY	0.376306				68.00
69.00 06900 ELECTROCARDIOLOGY	0.101381				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.292458				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352170				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.360210				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.277365				73.00
74.00 07400 RENAL DIALYSIS	0.270409				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000				75.00
75.01 03330 ENDOSCOPY	0.097964				75.01
OUTPATIENT SERVICE COST CENTERS	0.003305				
90.00 09000 CLINIC 90.01 09001 PARTIAL HOSPITALIZATION	0.993305				90.00
90.01 09001 PARTIAL HOSPITALIZATION 90.02 09002 COVID-19 VACCINE CLINIC	0.350195 0.000000				90.01
90.03 09003 BURN CLINIC	2.626462				90.02
91.00 09100 EMERGENCY	0.118403				91.00
91.01 09101 WOUND CARE 002	0.142946				91.00
91.02 09102 WOUND CARE 001	0.281350				91.02
91.03 09103 LAFAYETTE RD CLINIC	0.000000				91.03
91.04 09104 ZIONSVILLE CLINIC	0.425803				91.04
91.05 09105 BROWNSBURG CLINIC	0.000000				91.05
91.06 09106 OP ANTICOAGULATION CLINIC	0.310548				91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.354613				91.07
91.08 04040 FAMILY PRACTICE	0.000000				91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.393475				92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.692542				95.00
98.00 09853 GERIATRIC CLINIC	0.00000				98.00
98.01 09851 ELECTROCONVULSIVE THERAPY	0.00000				98.01
98.02 09852 DIABETES EDUCATION	0.000000				98.02
					105 00
105.00 10500 KIDNEY ACQUISITION					105.00
106.00 10600 HEART ACQUISITION					106.00
112.00 08600 PANCREAS ACQUISITION					112.00
113.00 11300 INTEREST EXPENSE					113.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					115.00
200.00Subtotal (see instructions)201.00Less Observation Beds					200.00 201.00
202.00 Total (see instructions)					201.00
					1202.00

Health	Financial	Systems
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lealth	Financial Systems	ASCENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0084 F F 1	Period: From 07/01/2022 Fo 06/30/2023	Worksheet C Part I Date/Time Pre 11/27/2023 5:	pared:
			Titl	e XIX	Hospital	Cost	09 pm
					Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I, col.	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		26)					
	T	1.00	2.00	3.00	4.00	5.00	
~ ~ ~	INPATIENT ROUTINE SERVICE COST CENTERS	105 111 700	1	105 444 504	4 975 699	107 117 200	
30.00	03000 ADULTS & PEDIATRICS	185,441,706		185,441,706			
31.00	03100 INTENSIVE CARE UNIT	46,598,749		46,598,749		.,,	
32.00	03200 CORONARY CARE UNIT				-		
	03201 CARDIOTHORACIC VASCULAR TRANSPL	25,595,863		25,595,863		25,595,863	
33.00	03300 BURN INTENSIVE CARE UNIT	4,349,363		4,349,363		4,349,363	
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT	7,837,039		7,837,039		7,837,039	
34.00	03400 SURGICAL INTENSIVE CARE UNIT				0	0	
34.01	02060 NEONATAL INTENSIVE CARE UNIT	36,547,132		36,547,132			
40.00	04000 SUBPROVIDER - IPF	12,480,883		12,480,883			40.00
45.00	04300 NURSERY	5,416,824	1	5,416,824	+ 0	5,416,824	43.00
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	93,235,661		93,235,661	L O	93,235,661	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	15,121,788		15,121,788		, ,	
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,441,704		20,441,704		-, ,	
54.00	05402 AMBULATORY CARDIOVASCULAR SVC	9,100,749		9,100,749		9,100,749	
54.02	05403 ULTRASOUND	3,343,221		3,343,221		3,343,221	
54.03	05404 ECHOCARDIOLOGY	2,854,258		2,854,258			
54.04	05401 ONCOLOGY	15,472,718		15,472,718	-	15,472,718	
57.00	05700 CT SCAN	4,111,015		4,111,015			
58.00	05800 MRI	3,325,926		3,325,926		, ,	
59.00	05900 CARDIAC CATHETERIZATION	15,808,760		15,808,760			
59.01	05901 CARDIAC REHAB	1,417,395		1,417,395	-	- , ,	
50.00	06000 LABORATORY	42,490,197		42,490,197		, ,	
55.00	06500 RESPIRATORY THERAPY	18,466,613				, ,	
66.00	06600 PHYSICAL THERAPY	13,219,637					
67.00	06700 OCCUPATIONAL THERAPY	6,482,958					
68.00	06800 SPEECH PATHOLOGY	4,196,092		4,196,092		4,196,092	
69.00	06900 ELECTROCARDIOLOGY	3,957,717	,	3,957,717	7 0	3,957,717	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6,500,724		6,500,724	4 0		
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	84,803,026	j l	84,803,026	5 0	84,803,026	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	87,869,166	j -	87,869,166	5 0	87,869,166	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	97,320,501		97,320,501	L 0	97,320,501	73.00
74.00	07400 RENAL DIALYSIS	6,409,196	j l	6,409,196	5 0	6,409,196	74.00
	07500 ASC (NON-DISTINCT PART)	0		(-	0	75.00
75.01	03330 ENDOSCOPY	8,039,887	/	8,039,887	7 0	8,039,887	75.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	11,625,785		11,625,785		, ,	
90.01	09001 PARTIAL HOSPITALIZATION	5,266,805		5,266,805		.,,	
	09002 COVID-19 VACCINE CLINIC	35,740		35,740		,	
	09003 BURN CLINIC	1,136,289		1,136,289		1,100,200	
	09100 EMERGENCY	48,410,547		48,410,547		48,410,547	
	09101 WOUND CARE 002	3,724,750		3,724,750		3,724,750	
	09102 WOUND CARE 001 09103 LAFAYETTE RD CLINIC	1,012,950		1,012,950		1,012,950	
91.03				705 005			
	09104 ZIONSVILLE CLINIC	785,005		785,005		785,005	
91.05	09105 BROWNSBURG CLINIC	1 054 407	,	1 054 40		0	
	09106 OP ANTICOAGULATION CLINIC	1,054,497		1,054,497		1,054,497	
91.07	09107 ST VINCENT OUTPATIENT TREATMENT 04040 FAMILY PRACTICE	1,459,835		1,459,835		1,459,835	
91.08 92.00	04040 FAMILY PRACTICE 09200 OBSERVATION BEDS (NON-DISTINCT	6,915,982		6,915,982		6,915,982	
52.00	OTHER REIMBURSABLE COST CENTERS	22,736,957		22,736,957		22,736,957	52.00
95 00	09500 AMBULANCE SERVICES	12,833,559		12,833,559	9 0	12,833,559	95.00
98.00	09853 GERIATRIC CLINIC	12,055,559		12,055,555			1
	09851 ELECTROCONVULSIVE THERAPY	0					
98.02	09852 DIABETES EDUCATION	539,463		539,463			
	SPECIAL PURPOSE COST CENTERS	555,405		555,405			1 20.02
	10500 KIDNEY ACQUISITION	10,090,428		10,090,428	3	10,090,428	105.00
105.00		6,665,527		6,665,527		6,665,527	
	10600 HEART ACQUISITION		1				112.00
106.00		0,005,527		()	0	TTTC . 00
106.00 112.00	10600 HEART ACQUISITION 08600 PANCREAS ACQUISITION 11300 INTEREST EXPENSE	0,005,527				0	
L06.00 L12.00 L13.00	08600 PANCREAS ACQUISITION	20,076,778		20,076,778	3	20,076,778	113.00
106.00 112.00 113.00 115.00	08600 PANCREAS ACQUISITION 11300 INTEREST EXPENSE 11500 AMBULATORY SURGICAL CENTER (D.P.)	0				20,076,778	113.00 115.00
106.00 112.00 113.00	08600 PANCREAS ACQUISITION 11300 INTEREST EXPENSE 11500 AMBULATORY SURGICAL CENTER (D.P.) Subtotal (see instructions)	020,076,778	0		5 1,975,600		113.00 115.00 200.00

Health	Financial	Systems	

		ncial Systems OF RATIO OF COSTS TO CHARGES	ASCENSION ST. VI	Provider C	CN: 15-0084 P F T	In Lie Period: From 07/01/2022 To 06/30/2023	Worksheet C 2022 Part I 2023 Date/Time Pre 11/27/2023 5:	
					e XIX	Hospital	Cost	
		Cost Center Description	Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		IENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	394,304,295		394,304,295			30.00
31.00	03100	INTENSIVE CARE UNIT	153,406,495		153,406,495			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
32.01	03201	CARDIOTHORACIC VASCULAR TRANSPL	56,779,094		56,779,094	-		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	33,199,880		33,199,880)		33.00
33.01		PEDIATRIC INTENSIVE CARE UNIT	27,875,562		27,875,562			33.01
34.00		SURGICAL INTENSIVE CARE UNIT	0		0			34.00
34.01		NEONATAL INTENSIVE CARE UNIT	255,450,626		255,450,626			34.01
40.00		SUBPROVIDER - IPF	42,081,666		42,081,666			40.0
43.00		NURSERY	18,832,853		18,832,853			43.00
43.00			10,032,033		10,052,055			45.00
		LARY SERVICE COST CENTERS	464,258,362	437,801,142	002 050 504	0 102250	0.000000	50.00
50.00		OPERATING ROOM					0.000000	
52.00		DELIVERY ROOM & LABOR ROOM	81,657,753	, ,			0.000000	
54.00		RADIOLOGY-DIAGNOSTIC	22,016,534				0.000000	
		AMBULATORY CARDIOVASCULAR SVC	13,003,253				0.000000	
54.02		ULTRASOUND	16,774,583	14,658,136			0.00000	
54.03		ECHOCARDIOLOGY	91,088	40,737,891			0.00000	
54.04	05401	ONCOLOGY	6,361,567	84,852,631	91,214,198	0.169631	0.00000	54.0
57.00	05700	CT SCAN	25,174,425	23,536,122			0.00000	57.0
58.00	05800	MRI	5,871,538	9,195,474	15,067,012	0.220742	0.00000	58.0
59.00	05900	CARDIAC CATHETERIZATION	120,753,054	160,237,297		0.056261	0.00000	59.0
59.01		CARDIAC REHAB	3,870	3,178,891			0.000000	59.0
50.00		LABORATORY	311,894,888	157,414,637			0.000000	
65.00		RESPIRATORY THERAPY	79,902,202	4,585,313			0.000000	
66.00		PHYSICAL THERAPY	15,702,490	12,646,025			0.000000	
67.00		OCCUPATIONAL THERAPY	10,363,238				0.000000	
68.00								
		SPEECH PATHOLOGY	4,309,226				0.000000	
69.00		ELECTROCARDIOLOGY	21,631,022	10,249,587			0.000000	
70.00		ELECTROENCEPHALOGRAPHY	4,793,261	16,359,713			0.00000	
71.00		MEDICAL SUPPLIES CHARGED TO PAT	133,623,418				0.00000	
72.00		IMPL. DEV. CHARGED TO PATIENTS	154,952,846				0.000000	
73.00		DRUGS CHARGED TO PATIENTS	250,512,806	100,158,739	350,671,545		0.00000	
74.00	07400	RENAL DIALYSIS	18,035,766	5,145,760	23,181,526	0.276479	0.000000	74.0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	
75.01	03330	ENDOSCOPY	19,234,745	55,196,620	74,431,365	0.108017	0.000000	75.0
	OUTPA	TIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,373				0.00000	90.0
90.01	09001	PARTIAL HOSPITALIZATION	37,790	14,955,487	14,993,277	0.351278	0.00000	90.0
90.02		COVID-19 VACCINE CLINIC	0	0	0	0.000000	0.00000	90.0
90.03		BURN CLINIC	0	432,631	432,631		0.000000	
		EMERGENCY	118,982,598				0.000000	
		WOUND CARE 002	295,652				0.000000	
91.02		WOUND CARE 001	3,145,038	455,277			0.000000	
		LAFAYETTE RD CLINIC	0,210,000	0	0,000,010	0.000000	0.000000	
91.04		ZIONSVILLE CLINIC	5,558	1,838,029	1,843,587		0.000000	
		BROWNSBURG CLINIC	5,556	1,050,029	1,0+3,307	0.000000	0.000000	
		OP ANTICOAGULATION CLINIC	4,880	3,390,724	3,395,604		0.000000	
91.07		ST VINCENT OUTPATIENT TREATMENT	25,119	4,091,584	4,116,703		0.000000	
91.08		FAMILY PRACTICE	0	0	0	0.00000	0.00000	
92.00		OBSERVATION BEDS (NON-DISTINCT	18,991,439	38,793,638	57,785,077	0.393475	0.000000	92.0
		REIMBURSABLE COST CENTERS						
95.00		AMBULANCE SERVICES	65,519	18,465,573	18,531,092		0.00000	
		GERIATRIC CLINIC	0	0	0	0.000000	0.00000	
		ELECTROCONVULSIVE THERAPY	0	0	0	0.000000	0.00000	98.0
0 00	09852	DIABETES EDUCATION	0	0	0	0.000000	0.00000	98.0
90.UZ		AL PURPOSE COST CENTERS						1
98.02		KIDNEY ACQUISITION	12,118,310	4,096,243	16,214,553	0.622307	0.000000	105.0
		KIDNET ACQUISITION					0.000000	
105.00	10500			319.794	4./20.420			
105.00 106.00	0 10500 0 10600	HEART ACQUISITION	4,438,644	319,794	4,758,438			1112 0
105.00 106.00 112.00) 10500) 10600) 08600	HEART ACQUISITION PANCREAS ACQUISITION		319,794 0	4,758,458	0.000000	0.000000	
105.00 106.00 112.00 113.00) 10500) 10600) 08600) 11300	HEART ACQUISITION PANCREAS ACQUISITION INTEREST EXPENSE		0	0	0.000000		113.0
105.00 106.00 112.00 113.00 115.00) 10500) 10600) 08600) 11300) 11500	HEART ACQUISITION PANCREAS ACQUISITION INTEREST EXPENSE AMBULATORY SURGICAL CENTER (D.P.)	4,438,644 0 0	0 143,697,351	0 143,697,351	0.000000		113.0 115.0
105.00 106.00 112.00 113.00 115.00 200.00) 10500) 10600) 08600) 11300) 11500	HEART ACQUISITION PANCREAS ACQUISITION INTEREST EXPENSE AMBULATORY SURGICAL CENTER (D.P.) Subtotal (see instructions)	4,438,644 0 0	0 143,697,351	0	0.000000		113.0 115.0 200.0
105.00 106.00 112.00 113.00) 10500 10600 08600 11300 011500	HEART ACQUISITION PANCREAS ACQUISITION INTEREST EXPENSE AMBULATORY SURGICAL CENTER (D.P.)	4,438,644 0 0 2,920,969,326	0 143,697,351 2,008,641,030	0 143,697,351	0.000000	0.000000	

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 15-0084 Period: From 07/01, To 066/30. TRPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 11.00 TRPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 11.00 31.00 03100 INTENSIVE CARE UNIT 32.00 32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL 33.01 33.01 02080 PEDIATRICS CARE UNIT 43.00 34.00 034000 SUBGICAL INTENSIVE CARE UNIT 43.01 34.00 034000 SUBCOTORE - IFF 44.00 43.00 04000 SUBPROVIDER - IFF 0.000000 43.00 05000 DELIVIERY COMS & LABOR ROOM 0.000000 54.01 05400 RADICLOSY COMSACULAR SVC 0.000000 54.02 05401 ONCOLOCY 0.000000 54.02 05401 ONCOLOCY 0.000000 54.02 05401 CATLATSUNG CANDIVASCULAR SVC 0.000000 59.00 05900 CARDILAC CATHETERIZATION 0.000000 59.00 05900 CARDILAC CATHETERIZATION 0.0000000 59.00	Worksheet C
Cost Center Description PPS Inpatient Ratio 11.00 TMPATIENT ROUTINE SERVICE COST CENTERS 11.00 31.00 03000 ADULTS & PEDIATRICS 11.00 31.00 03000 CORONARY CARE UNIT 20.00 32.01 03201 CARDIDTHORACIC VASCULAR TRANSPL 20.00 33.00 03000 PEDIATRIC INTENSIVE CARE UNIT 20.00 33.01 02080 PEDIATRIC INTENSIVE CARE UNIT 20.00 33.01 02080 PEDIATRIC INTENSIVE CARE UNIT 20.00 33.01 02080 PEDIATRIC NOTENSIVE CARE UNIT 20.00 33.00 03000 JUSERY 1PF 43.00 04000 SUBPROVIDER - IPF 0.000000 52.00 05200 PELIVERY ROOM & LABOR ROOM 0.000000 54.01 05402 AMBULATORY CARDIOVASCULAR SVC 0.000000 54.01 05403 ULTRASOUND 0.000000 54.02 05404 ECHOCARDIOLOGY 0.000000 54.01 04001 ONCOLOGY 0.000000 54.01 0KACASOUND 0.000000 54.01 0KACASOUND 0.000000 59.00 05500 KRI 0.000000	/2022 Part I
Cost Center Description PPS Inpatient Ratio 11.00 INPATIENT ROUTINE SERVICE COST CENTERS 11.00 31.00 03000 ADULTS & PEDIATRICS 11.00 31.00 03000 CORONARY CARE UNIT 32.00 32.01 03201 CARDIDTHORACIC VASCULAR TRANSPL 33.01 33.00 03200 BUNI INTENSIVE CARE UNIT 33.01 33.01 02080 PEDIATRIC INTENSIVE CARE UNIT 44.00 44.00 04000 SUBPROVIDER - IPF 45.00 43.00 043000 NURSERY 6.000000 44.00 054000 PEDIATRIG ROOM 0.000000 52.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 54.01 05402 AMBULATORY CARDIOVASCULAR SVC 0.000000 54.01 05402 MBULATORY CARDIOVASCULAR SVC 0.000000 54.01 05404 ECHOCARDIOLOGY 0.000000 54.01 05404 CHOCARDIOLOGY 0.000000 54.01 05404 CARDIAC CATHETERIZATION 0.000000 59.00 05900 CARDIAC CATHETERIZATION 0.000000 59.00 05900 CARDIAC CATHETERIZATION 0.000000 60.00 06500	
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32.01 03201 CARDIOTHORACIC VASCULAR TRANSPL 33.00 03300 BURN INTENSIVE CARE UNIT 34.01 02080 PEDIATRIC INTENSIVE CARE UNIT 34.00 03400 SURGICAL INTENSIVE CARE UNIT 34.01 02060 NEONATAL INTENSIVE CARE UNIT 34.01 02060 NEONATAL INTENSIVE CARE UNIT 43.00 04300 NURSERY ANCTLLARY SERVICE COST CENTERS	31.00
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43.00 NURSERY ANCILLARY SERVICE COST CENTERS 50.00 OS000 OPERATING ROM 0.000000 52.00 05200 DELIVERY ROM & LABOR ROM 0.000000 54.00 05400 RADIOLOGY-DIAGNOSTIC 0.000000 54.01 05402 AMBULATORY CARDIOVASCULAR SVC 0.000000 54.02 05403 ULTRASOUND 0.000000 54.03 05404 ECHOCARDIOLOGY 0.000000 54.04 05401 ONCOLOGY 0.000000 54.03 05700 CT SCAN 0.000000 57.00 05700 CT SCAN 0.000000 58.00 MRI 0.000000 0.000000 59.01 05901 CARDIAC CATHETERIZATION 0.000000 60.00 IASONARTORY 0.000000 0.000000 61.00 06000 LABORATORY 0.000000 65.00 RESPIRATORY THERAPY 0.000000 67.00 06600 PHYSICAL THERAPY 0.000000 67.00 06800 <td< td=""><td>34.01</td></td<>	34.01
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50.00 05000 OPERATING ROOM 0.000000 52.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 54.00 05400 RADIOLOGY-DIAGNOSTIC 0.000000 54.01 05402 AMBULATORY CARDIOVASCULAR SVC 0.000000 54.02 05403 LUTRASOUND 0.000000 54.03 05404 ECHOCARDIOLOGY 0.000000 54.04 05401 ONCOLOGY 0.000000 54.05 05404 ECHOCARDIOLOGY 0.000000 54.04 05401 ONCOLOGY 0.000000 57.00 05700 CT SCAN 0.000000 58.00 05800 MRI 0.000000 59.01 05901 CARDIAC CATHETERIZATION 0.000000 60.00 LABORATORY 0.000000 0.000000 65.00 06500 RESPIRATORY THERAPY 0.000000 66.00 OBG00 ELECTROCARDIOLOGY 0.000000 67.00 06700 CCUPATIONAL THERAPY 0.000000 68.00 SPECH PATHOL	43.00
52.00 05200 DELIVERY ROOM & LABOR ROOM 0.000000 54.00 05400 RADIOLOGY-DIAGNOSTIC 0.000000 54.01 05402 AMBULATORY CARDIOVASCULAR SVC 0.000000 54.02 05403 ULTRASOUND 0.000000 54.03 05404 ECHOCARDIOLOGY 0.000000 54.04 05401 ONCOLOGY 0.000000 54.04 05401 ONCOLOGY 0.000000 57.00 05700 CT SCAN 0.000000 59.01 05900 CARDIAC CATHETERIZATION 0.000000 59.01 05901 CARDIAC CATHETERIZATION 0.000000 60.00 06000 LABORATORY 0.000000 65.00 06500 RESPIRATORY THERAPY 0.000000 66.00 06600 PHYSICAL THERAPY 0.000000 67.00 0C700 CCUPATIONAL THERAPY 0.000000 68.00 06800 SPECH PATHOLOGY 0.000000 69.00 0ELECTROCADDIOLOGY 0.000000 70.00 07000 ELECTROCADEDLOGY 0.000000 70.00 07000	
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54.03 05404 ECHOCARDIOLOGY 0.000000 54.04 05401 ONCOLOGY 0.000000 57.00 05700 CT SCAN 0.000000 58.00 05800 MRI 0.000000 59.00 05901 CARDIAC CATHETERIZATION 0.000000 60.00 06000 LABORATORY 0.000000 65.00 06500 RESPIRATORY THERAPY 0.000000 65.00 06600 PHYSICAL THERAPY 0.000000 67.00 06700 OCUPATIONAL THERAPY 0.000000 68.00 06800 SPEECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 71.00 07000 ELECTROCARDIOLOGY 0.000000 71.00 07000 ELECTROCARDIOLOGY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 73.00 07300 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	54.01
54.04 05401 ONCOLOGY 0.000000 57.00 05700 CT SCAN 0.000000 58.00 05800 MRI 0.000000 59.00 05901 CARDIAC CATHETERIZATION 0.000000 59.01 05901 CARDIAC REHAB 0.000000 60.00 06000 LABORATORY 0.000000 65.00 06500 RESPIRATORY THERAPY 0.000000 66.00 06600 PHYSICAL THERAPY 0.000000 67.00 06700 OCCUPATIONAL THERAPY 0.000000 68.00 06800 SPECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROCARDIOLOGY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	54.02
57.00 05700 CT SCAN 0.000000 58.00 05800 MRI 0.000000 59.00 05900 CARDIAC CATHETERIZATION 0.000000 59.01 05901 CARDIAC REHAB 0.000000 60.00 06000 LABORATORY 0.000000 65.00 06500 RESPIRATORY THERAPY 0.000000 66.00 06600 PHYSICAL THERAPY 0.000000 67.00 06700 OCCUPATIONAL THERAPY 0.000000 68.00 06800 SPECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROCARDIOLOGY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	54.03
58.00 05800 MRI 0.000000 59.00 05900 CARDIAC CATHETERIZATION 0.000000 59.01 05901 CARDIAC CATHETERIZATION 0.000000 60.00 06000 LABORATORY 0.000000 65.00 06500 RESPIRATORY THERAPY 0.000000 66.00 06600 PHYSICAL THERAPY 0.000000 67.00 05700 OCCUPATIONAL THERAPY 0.000000 68.00 06800 SPECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROCARDIOLOGY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	54.04
59.00 05900 CARDIAC CATHETERIZATION 0.000000 59.01 05901 CARDIAC REHAB 0.000000 60.00 06000 LABORATORY 0.000000 65.00 06500 RESPIRATORY THERAPY 0.000000 66.00 06600 PHYSICAL THERAPY 0.000000 67.00 06700 OCCUPATIONAL THERAPY 0.000000 68.00 06800 SPECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROCARDIOLOGY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 RENAL DIALYSIS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	57.00
59.01 05901 CARDIAC REHAB 0.000000 60.00 06000 LABORATORY 0.000000 65.00 06500 RESPIRATORY THERAPY 0.000000 66.00 06600 PHYSICAL THERAPY 0.000000 67.00 06700 OCCUPATIONAL THERAPY 0.000000 68.00 06800 SPEECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROCARDIOLOGY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	58.00
60.00 06000 LABORATORY 0.000000 65.00 06500 RESPIRATORY THERAPY 0.000000 66.00 06600 PHYSICAL THERAPY 0.000000 67.00 06700 OCCUPATIONAL THERAPY 0.000000 68.00 06800 SPEECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	59.00
65.00 06500 RESPIRATORY THERAPY 0.000000 66.00 06600 PHYSICAL THERAPY 0.000000 67.00 06700 OCCUPATIONAL THERAPY 0.000000 68.00 06800 SPEECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	59.01
66.00 06600 PHYSICAL THERAPY 0.000000 67.00 06700 OCCUPATIONAL THERAPY 0.000000 68.00 06800 SPEECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	60.00
67.00 06700 OCCUPATIONAL THERAPY 0.000000 68.00 06800 SPEECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	65.00 66.00
68.00 06800 SPECH PATHOLOGY 0.000000 69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	67.00
69.00 06900 ELECTROCARDIOLOGY 0.000000 70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY 0.000000 71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT 0.000000 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	70.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0.000000 73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	71.00
73.00 07300 DRUGS CHARGED TO PATIENTS 0.000000 74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	72.00
74.00 07400 RENAL DIALYSIS 0.000000 75.00 07500 ASC (NON-DISTINCT PART) 0.000000	73.00
75.00 07500 ASC (NON-DISTINCT PART) 0.000000	74.00
	75.00
	75.01
OUTPATIENT SERVICE COST CENTERS	
90.00 09000 CLINIC 0.000000	90.00
90.01 09001 PARTIAL HOSPITALIZATION 0.000000	90.01
90.02 09002 COVID-19 VACCINE CLINIC 0.000000	90.02
90.03 09003 BURN CLINIC 0.000000	90.03
91.00 09100 EMERGENCY 0.000000	91.00
91.01 09101 WOUND CARE 002 0.000000	91.01
91.02 09102 WOUND CARE 001 0.000000	91.02
91.03 09103 LAFAYETTE RD CLINIC 0.000000	91.03
91.04 09104 ZIONSVILLE CLINIC 0.000000	91.04
91.05 09105 BROWNSBURG CLINIC 0.000000	91.05
91.06 09106 OP ANTICOAGULATION CLINIC 0.000000	91.06
91.07 09107 ST VINCENT OUTPATIENT TREATMENT 0.000000	91.07
91.08 04040 FAMILY PRACTICE 0.000000	91.08
92.00 09200 OBSERVATION BEDS (NON-DISTINCT 0.000000	92.00
OTHER REIMBURSABLE COST CENTERS	
95.00 09500 AMBULANCE SERVICES 0.000000	95.00
98.00 09853 GERIATRIC CLINIC 0.000000	98.00
98.01 09851 ELECTROCONVULSIVE THERAPY 0.000000	98.01
98.02 09852 DIABETES EDUCATION 0.000000	98.02
SPECIAL PURPOSE COST CENTERS	105 00
105.00 10500 KIDNEY ACQUISITION 0.000000	105.00
106.00 10600 HEART ACQUISITION 0.000000 112.00 08600 PANCREAS ACQUISITION 0.000000	106.00 112.00
113.00 11300 INTEREST EXPENSE	112.00
113.00/11300/INTEREST EXPENSE 115.00/11500/AMBULATORY SURGICAL CENTER (D.P.)	113.00
200.00 Subtotal (see instructions)	200.00
201.00 Less Observation Beds	200.00
202.00 Total (see instructions)	201.00
	1202.00

Health	Financial Systems A	SCENSION ST. VI	NCENT HOSPITAL		In Lie	eu of Form CMS-	2552-10
APPORT	IONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider C		Period: From 07/01/2022 To 06/30/2023	Date/Time Pre 11/27/2023 5:	
				XVIII	Hospital	PPS	
	Cost Center Description	Capital	Swing Bed	Reduced		Per Diem (col.	
		Related Cost	Adjustment	Capital	Days	3 / col. 4)	
		(from Wkst. B,		Related Cos			
		Part II, col.		(col. 1 - co	1.		
		26)		2)			
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,178,741	0	11,178,74	41 125,873	88.81	30.00
31.00	INTENSIVE CARE UNIT	2,977,354		2,977,3	54 23,618	126.06	31.00
32.00	CORONARY CARE UNIT	0			0 0	0.00	32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,470,406		1,470,40	06 6,360	231.20	32.01
33.00	BURN INTENSIVE CARE UNIT	227,109		227,10	09 1,501	151.31	33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	666,872		666,8		260.09	33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0			0 0		34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,796,847		1,796,8	47 25,641		
40.00	SUBPROVIDER - IPF	743,272		743,2			
43.00	NURSERY	449,469		449,4			
	Total (lines 30 through 199)	19,510,070		19,510,0			200.00
200100	Cost Center Description	Inpatient	Inpatient	10,010,0	200,010		200100
		Program days	Program				
		l i ogi um uujo	Capital Cost				
			(col. 5 x col.				
			6)				
		6.00	7.00	1			
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	29,025	2,577,710)			30.00
31.00	INTENSIVE CARE UNIT	6,464	, ,				31.00
32.00	CORONARY CARE UNIT	0					32.00
32.01	CARDIOTHORACIC VASCULAR TRANSPL	1,587	366,914				32.01
33.00	BURN INTENSIVE CARE UNIT	168					33.00
33.01	PEDIATRIC INTENSIVE CARE UNIT	6	1,561				33.01
34.00	SURGICAL INTENSIVE CARE UNIT	0	1,301	1			34.00
34.01	NEONATAL INTENSIVE CARE UNIT	0					34.01
40.00	SUBPROVIDER - IPF	1,494	84,142				40.00
40.00	NURSERY	1,494	04,142				43.00
	Total (lines 30 through 199)	38,744	, s				200.00
200.00	(in ough 199)	30,744	, 5,670,595	1			1200.00

PORTIONMENT OF INPATIENT ANCILLARY SERVICE CAP	PITAL COSTS	Provider C		Period: From 07/01/2022 To 06/30/2023	Worksheet D Part II Date/Time Pre 11/27/2023 5:	
			XVIII	Hospital	PPS	
Cost Center Description	Capital	Total Charges			Capital Costs	
	Related Cost	(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	Part I, col.	$(col. 1 \div col$	l. Charges	column 4)	
	Part II, col.	8)	2)	-		
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
0.00 05000 OPERATING ROOM	11,944,788	902,059,504	0.01324	42 114,782,208	1,519,946	50.
2.00 05200 DELIVERY ROOM & LABOR ROOM	738,828	, , ,			3,716	52.
.00 05400 RADIOLOGY-DIAGNOSTIC	2,140,905					54.
.01 05402 AMBULATORY CARDIOVASCULAR SVC	1,213,493				90,784	54.
.02 05403 ULTRASOUND	202,143				27,564	54.
.03 05404 ECHOCARDIOLOGY	429,592				464	54.
	3,425,612					54.
7.00 05700 CT SCAN	476,291				75,180	
3.00 05800 MRI	769,395				68,135	
0.00 05900 CARDIAC CATHETERIZATION	2,112,029				240,033	59.
0.01 05901 CARDIAC REHAB	194,279					
0.00 06000 LABORATORY	1,187,304				196,050	
00 06500 RESPIRATORY THERAPY	1,196,421	84,487,515	0.01410	51 14,043,269	198,867	65.
5.00 06600 PHYSICAL THERAPY	1,374,503	28,348,515	0.04848	36 4,303,483	208,659	66.
.00 06700 OCCUPATIONAL THERAPY	113,983		0.00748		19,949	67.
3.00 06800 SPEECH PATHOLOGY	209,078					68.
0.00 06900 ELECTROCARDIOLOGY	340,884				65,564	
0.00 07000 ELECTROENCEPHALOGRAPHY	769,414				40,706	
00 07100 MEDICAL SUPPLIES CHARGED TO PAT	2,914,497					
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,057,773					
8.00 07300 DRUGS CHARGED TO PATIENTS	2,857,851		1			73.
.00 07400 RENAL DIALYSIS	178,865				402,932	-
					,	
01 07500 ASC (NON-DISTINCT PART)	0	-	0.0000		0	75.
5.01 03330 ENDOSCOPY	889,856	74,431,365	0.0119	5,591,223	66,843	75.
OUTPATIENT SERVICE COST CENTERS						
0.00 09000 CLINIC	1,919,915		•		0	90.
0.01 09001 PARTIAL HOSPITALIZATION	296,228				175	90.
0.02 09002 COVID-19 VACCINE CLINIC	628		0.0000		0	90.
0.03 09003 BURN CLINIC	220,068	432,631	0.5086	74 0	0	90.
00 09100 EMERGENCY	2,239,958	401,405,209	0.00558	30 28,187,405	157,286	91.
01 09101 WOUND CARE 002	334,076	25,100,293	0.0133	LO 36,778	490	91.
02 09102 WOUND CARE 001	55,644	3,600,315	0.0154	55 941,390	14,549	91.
03 09103 LAFAYETTE RD CLINIC	0	0	0.0000	0 00	0	91.
04 09104 ZIONSVILLE CLINIC	273,829	1,843,587			0	91.
.05 09105 BROWNSBURG CLINIC	0		0.0000		0	91.
06 09106 OP ANTICOAGULATION CLINIC	99,335	3,395,604			46	91.
07 09107 ST VINCENT OUTPATIENT TREATMENT	164,088				63	91.
08 04040 FAMILY PRACTICE			0.0000		0	91.
	443,854					
2.00 09200 OBSERVATION BEDS (NON-DISTINCT	1,413,579	57,785,077	0.02440	53 5,098,350	124,721	92.
OTHER REIMBURSABLE COST CENTERS		1	1			
09500 AMBULANCE SERVICES						95
3.00 09853 GERIATRIC CLINIC	0				0	98
3.01 09851 ELECTROCONVULSIVE THERAPY	0	0			0	98
3.02 09852 DIABETES EDUCATION	13,244	0	0.0000	0 0	0	98
0.00 Total (lines 50 through 199)	46 212 230	3,764,478,451		454,815,000	4,767,128	200

APPORTI	Financial Systems ONMENT OF INPATIENT ROUTINE SERVICE OTHER		NCENT HOSPITAL	Provider CCN: 15-0084		Worksheet D	
					Period: From 07/01/2022 To 06/30/2023	Part III	pared: 09 pm
				XVIII	Hospital	PPS	
	Cost Center Description	Nursing	Nursing		n Allied Health	All Other	
		Program	Program	Post-Stepdow	1 Cost	Medical	
		Post-Stepdown		Adjustments		Education Cost	
		Adjustments	1 00	2.	2.00	2.00	
		1A	1.00	2A	2.00	3.00	
	NPATIENT ROUTINE SERVICE COST CENTERS		0	1	0 200 571	0	1 20 0
	3000 ADULTS & PEDIATRICS	0	0	1	0 200,571		
	3100 INTENSIVE CARE UNIT	0	0		0 108,579		
	3200 CORONARY CARE UNIT	0	0		0 0	0	
	3201 CARDIOTHORACIC VASCULAR TRANSPL	0	0		0 52,279		
	3300 BURN INTENSIVE CARE UNIT	0	0		0 0	0	
	2080 PEDIATRIC INTENSIVE CARE UNIT	0	0		0 8,546		
	3400 SURGICAL INTENSIVE CARE UNIT	0	0		0 0	0	
	2060 NEONATAL INTENSIVE CARE UNIT	0	0		0 53,284		
	4000 SUBPROVIDER - IPF	0	0		0 43,733	0	
	V4300 NURSERY	0	0		0 0	0	
200.00	Total (lines 30 through 199)	0	0		0 466,992		200.00
	Cost Center Description	Swing-Bed	Total Costs		t Per Diem (col.	Inpatient	
		Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
		Amount (see	1 through 3,				
			minus col. 4)	6.00	7.00	0.00	
-	NEATTENT DOUTTNE CEDUTCE COST CENTERS	4.00	5.00	6.00	7.00	8.00	
	NPATIENT ROUTINE SERVICE COST CENTERS	0	200,571	125,87	3 1.59	29,025	30.00
		0	,				
	3100 INTENSIVE CARE UNIT		108,579			, ,	
	3200 CORONARY CARE UNIT		52, 270		0.00		
	3201 CARDIOTHORACIC VASCULAR TRANSPL		52,279			, ,	
	3300 BURN INTENSIVE CARE UNIT		0	1,50			
	2080 PEDIATRIC INTENSIVE CARE UNIT		8,546				
	3400 SURGICAL INTENSIVE CARE UNIT		52.224		0.00		
	2060 NEONATAL INTENSIVE CARE UNIT		53,284				
	4000 SUBPROVIDER - IPF	0	43,733			,	
	04300 NURSERY		0	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
200.00	Total (lines 30 through 199)		466,992	203,31	.5	38,744	200.0
	Cost Center Description	Inpatient					
		Program					
		Pass-Through					
		Cost (col. 7 x					
		col. 8)					
-	NPATIENT ROUTINE SERVICE COST CENTERS	9.00					
	3000 ADULTS & PEDIATRICS	46,150					30.0
	3100 INTENSIVE CARE UNIT	29,734					31.0
	3200 CORONARY CARE UNIT	29,734					32.0
	3200 CORONARY CARE UNIT	13,045					32.0
	3300 BURN INTENSIVE CARE UNIT	15,045					33.0
	2080 PEDIATRIC INTENSIVE CARE UNIT	-					33.0
		20					
	3400 SURGICAL INTENSIVE CARE UNIT	-					34.0
	2060 NEONATAL INTENSIVE CARE UNIT	0					34.0
	4000 SUBPROVIDER - IPF	4,945					40.0
	04300 NURSERY	0					43.0
43.00 C	Total (lines 30 through 199)	93,894					200.0

	Financial Systems IONMENT OF INPATIENT/OUTPATIENT ANCILLARY S H COSTS		NCENT HOSPITAL 5 Provider CO	CN: 15-0084	Period: From 07/01/2022	Worksheet D Part IV	2552-10
					то 06/30/2023	Date/Time Pre 11/27/2023 5:	
			Title	XVIII	Hospital	PPS	
	Cost Center Description	Non Physician	Nursing	Nursing	Allied Health	Allied Health	
		Anesthetist	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
	ANOTH ADV. CEDUTOE COST. CENTERS	1.00	2A	2.00	3A	3.00	
50.00	ANCILLARY SERVICE COST CENTERS	0	0		0 0	0.049	50.00
52.00	05000 OPERATING ROOM	0	0		0 0 0 0	9,048	
54.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	0	0		0 0	8,546 341,052	54.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		0 0	541,052	54.00
54.01	05402 AMBOLATORY CARDIOVASCULAR SVC	0	0		0 0	803,357	54.01
54.02	05404 ECHOCARDIOLOGY	0	0		0 0	005,557	54.02
54.05	05401 ONCOLOGY	0	0		0 0	0	54.03
57.00	05700 CT SCAN	0	0		0 0	-	
58.00	05800 MRI	0	0		0 0	182,031	58.00
59.00		0	0		0 0	56,305 0	59.00
59.00	05900 CARDIAC CATHETERIZATION 05901 CARDIAC REHAB	0	0		0 0	0	59.00
60.00	06000 LABORATORY	0	0		0 0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0		0 0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0		0 0	0	66.00
67.00		0	0		0 0	0	67.00
68.00	06700 OCCUPATIONAL THERAPY 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69.00		0	0		0 0	0	69.00
70.00	06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.00
70.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		0 0	0	70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
		0	0		0 0	-	•
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	1,538,151	
75.00	07400 RENAL DIALYSIS	0	0		0 0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		0 0	0	75.00
/5.01	03330 ENDOSCOPY OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	1 /3.01
90.00	09000 CLINIC	0	0		0 0	26,139	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0		0 0	20,133	90.01
90.01	09002 COVID-19 VACCINE CLINIC	0	0		0 0	0	90.02
90.03	09003 BURN CLINIC	0	0		0 0	0	90.03
91.00	09100 EMERGENCY	0	0		0 0	23,123	91.00
91.01	09101 WOUND CARE 002	0	0		0 0	0	91.01
91.02	09102 WOUND CARE 001	0	0		0 0	0	91.02
91.03	09103 LAFAYETTE RD CLINIC	0	0		0 0	0	91.03
91.04	09104 ZIONSVILLE CLINIC	0	0		0 0	0	91.04
91.05	09105 BROWNSBURG CLINIC	0	0		0 0	0	91.05
91.05	09106 OP ANTICOAGULATION CLINIC	0	0		0 0	0	91.06
91.00	09107 ST VINCENT OUTPATIENT TREATMENT	0	0		0 0	0	91.07
91.08	04040 FAMILY PRACTICE	0	0		0 0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	Ű		0	25,352	92.00
52100	OTHER REIMBURSABLE COST CENTERS		L			25,552	52.00
95.00	09500 AMBULANCE SERVICES						95.00
98.00	09853 GERIATRIC CLINIC	0	0		0 0	0	98.00
		, v					
	09851 ELECTROCONVULSIVE THERAPY	0	0		0 0	0	98.01
98.00 98.01 98.02	09851 ELECTROCONVULSIVE THERAPY 09852 DIABETES EDUCATION	0	0		0 0 0 0	0	98.01

PPORT	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY	SERVICE OTHER PAS	NCENT HOSPITAL S Provider CCN: 15-0084		Period:	u of Form CMS-2552 Worksheet D	
	TH COSTS	SERVICE OTHER TAS.		ch. 15 0004	From 07/01/2022 To 06/30/2023	Part IV Date/Time Pre 11/27/2023 5:	pared:
			Title	e XVIII	Hospital	PPS	os pii
	Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
		Medical	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
		Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
			4)	cols. 2, 3,	8)	7)	
				and 4)		(see	
						instructions)	
		4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS			1			
50.00	05000 OPERATING ROOM	0	.,			0.000010	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	-,			0.000101	
64.00	05400 RADIOLOGY-DIAGNOSTIC	0	341,052	341,05	91,242,840	0.003738	54.0
64.01	05402 AMBULATORY CARDIOVASCULAR SVC	0	0		0 56,622,757	0.00000	54.0
64.02	05403 ULTRASOUND	0	803,357	803,35	31,432,719	0.025558	54.0
64.03	05404 ECHOCARDIOLOGY	0	0		0 40,828,979	0.00000	54.0
64.04	05401 ONCOLOGY	0	0		0 91,214,198	0.00000	54.0
57.00	05700 CT SCAN	0	182,031	182,03	48,710,547	0.003737	57.0
68.00	05800 MRI	0	56,305	56,30	15,067,012	0.003737	58.0
9.00	05900 CARDIAC CATHETERIZATION	0	0		0 280,990,351	0.00000	59.0
9.01	05901 CARDIAC REHAB	0	0		0 3,182,761	0.000000	59.0
0.00	06000 LABORATORY	0	0		0 469,309,525	0.00000	60.0
5.00	06500 RESPIRATORY THERAPY	0	0		0 84,487,515	0.00000	65.0
6.00	06600 PHYSICAL THERAPY	0	Ó		0 28,348,515	0.000000	
7.00	06700 OCCUPATIONAL THERAPY	0	Ó		0 15,220,147	0.000000	
8.00	06800 SPEECH PATHOLOGY	0			0 11,150,745	0.000000	
59.00	06900 ELECTROCARDIOLOGY	0			0 31,880,609	0.000000	
0.00	07000 ELECTROENCEPHALOGRAPHY	0			0 21,152,974	0.000000	
1.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		0 240,801,294	0.000000	
2.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 243,938,899	0.000000	
3.00	07300 DRUGS CHARGED TO PATIENTS	0	1,538,151	1,538,15	, _ , _ , _ ,	0.004386	
4.00	07400 RENAL DIALYSIS	0	2,000,202		0 23,181,526	0.000000	
5.00	07500 ASC (NON-DISTINCT PART)	0			0 0	0.000000	
5.01	03330 ENDOSCOPY	0			0 74,431,365	0.000000	
	OUTPATIENT SERVICE COST CENTERS		-	1			1
0.00	09000 CLINIC	0	26,139	26,13	11,290,095	0.002315	1 90.0
0.01	09001 PARTIAL HOSPITALIZATION	0	,		0 14,993,277	0.000000	
0.02	09002 COVID-19 VACCINE CLINIC	0	Ó		0 0	0.000000	
0.03	09003 BURN CLINIC	0	0		0 432,631	0.000000	
1.00	09100 EMERGENCY	0	23,123	23,12		0.000058	
1.01	09101 WOUND CARE 002	0	0		0 25,100,293	0.000000	
1.02	09102 WOUND CARE 001	0			0 3,600,315	0.000000	
1.03	09103 LAFAYETTE RD CLINIC	0			0 0	0.000000	
1.04	09104 ZIONSVILLE CLINIC	0			0 1,843,587	0.000000	
1.05	09105 BROWNSBURG CLINIC	0			0 1,045,507	0.000000	
1.06	09106 OP ANTICOAGULATION CLINIC	0			0 3,395,604	0.000000	
1.07	09107 ST VINCENT OUTPATIENT TREATMENT	0			0 4,116,703	0.000000	
1.08	04040 FAMILY PRACTICE	0	, °		0 4,110,703	0.000000	
2.00	09200 OBSERVATION BEDS (NON-DISTINCT	0		25,35	•	0.000439	
2.00	OTHER REIMBURSABLE COST CENTERS	0	23,332			0.000-33	1 52.0
5.00	09500 AMBULANCE SERVICES						95.0
8.00	09853 GERIATRIC CLINIC	0	l o		0 0	0.000000	
8.01	09851 ELECTROCONVULSIVE THERAPY	0		1	0 0	0.000000	
	09852 DIABETES EDUCATION	0			0 0	0.000000	
98.02							

PPORT	FIONMENT OF INPATIENT/OUTPATIENT ANCILLARY	SERVICE OTHER PASS	Provider C	CN: 15-0084	Period:	Worksheet D	
	SH COSTS				From 07/01/2022 To 06/30/2023	Part IV Date/Time Pre	pared:
				N/VIII	Upenitol	11/27/2023 5:	09 pm
	Cost Center Description	Outpatient	Inpatient	XVIII Inpatient	Hospital Outpatient	Outpatient	
	cost center bescription	Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through		Pass-Through	
		$(col. 6 \div col.)$	charges	Costs (col.		Costs (col. 9	
		7)		x col. 10)	0	x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
	ANCILLARY SERVICE COST CENTERS	5.00	10.00	11.00	12.00	10.00	
0.00	05000 OPERATING ROOM	0.000010	114,782,208	1,14	48 84,436,060	844	50.0
2.00	05200 DELIVERY ROOM & LABOR ROOM	0.000101	425,407	,	12,693	1	52.0
4.00	05400 RADIOLOGY-DIAGNOSTIC	0.003738	5,146,118	19,23	· · · ·	43,934	
4.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	4,236,109		0 15,122,371	0	54.0
4.02	05403 ULTRASOUND	0.025558	4,286,089	109,54		55,561	
4.03	05404 ECHOCARDIOLOGY	0.000000	44,142	105,5-	0 14,280,196	0	54.0
4.04	05401 ONCOLOGY	0.000000	1,271,650		0 22,119,149	0	54.0
7.00	05700 CT SCAN	0.003737	7,688,644	28,73		16,938	
8.00	05800 MRI	0.003737	1,334,275	4,98		5,533	
9.00		0.000000	31,936,291	4,90	0 52,681,082	3,353 0	59.0
9.00	05900 CARDIAC CATHETERIZATION					0	59.0
0.00	05901 CARDIAC REHAB	0.00000	1,680		, ,		
	06000 LABORATORY	0.00000	77,490,155		0 23,521,518	0	60.0
5.00	06500 RESPIRATORY THERAPY	0.00000	14,043,269		0 1,007,011	0	65.0
5.00	06600 PHYSICAL THERAPY	0.000000	4,303,483		0 75,668	0	66.0
7.00	06700 OCCUPATIONAL THERAPY	0.00000	2,663,736		0 33,672	0	67.0
8.00	06800 SPEECH PATHOLOGY	0.00000	1,111,088		0 386,116	0	68.0
9.00	06900 ELECTROCARDIOLOGY	0.000000	6,131,462		0 2,854,303	0	69.0
0.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,119,083		0 166,309	0	70.0
1.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	32,964,198		0 24,650,205	0	71.0
2.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	48,817,042		0 22,411,063	0	72.0
3.00	07300 DRUGS CHARGED TO PATIENTS	0.004386	49,439,560	216,84		125,176	
4.00	07400 RENAL DIALYSIS	0.000000	5,712,155		0 720,468	0	74.0
5.00	07500 ASC (NON-DISTINCT PART)	0.00000	0		0 0	0	
5.01		0.000000	5,591,223		0 11,614,491	0	75.0
	OUTPATIENT SERVICE COST CENTERS						
0.00	09000 CLINIC	0.002315	0		0 362,182	838	90.0
0.01	09001 PARTIAL HOSPITALIZATION	0.00000	8,866		0 23,865	0	90.0
0.02	09002 COVID-19 VACCINE CLINIC	0.00000	0		0 0	0	90.0
0.03	09003 BURN CLINIC	0.00000	0		0 0	0	90.0
L.00	09100 EMERGENCY	0.000058	28,187,405	1,63		1,387	91.0
1.01	09101 WOUND CARE 002	0.000000	36,778		0 10,924,935	0	91.0
1.02	09102 WOUND CARE 001	0.00000	941,390		0 442,520	0	91.0
1.03	09103 LAFAYETTE RD CLINIC	0.00000	0		0 0	0	91.0
1.04	09104 ZIONSVILLE CLINIC	0.00000	0		0 79,262	0	91.0
1.05	09105 BROWNSBURG CLINIC	0.00000	0		0 0	0	91.0
1.06	09106 OP ANTICOAGULATION CLINIC	0.000000	1,572		0 1,176,684	0	91.0
1.07	09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	1,572		0 1,552,464	0	91.0
1.08	04040 FAMILY PRACTICE	0.000000	0		0 0	0	91.0
2.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000439	5,098,350	2,23	4,687,405	2,058	92.0
	OTHER REIMBURSABLE COST CENTERS						
5.00	09500 AMBULANCE SERVICES						95.0
8.00	09853 GERIATRIC CLINIC	0.000000	0		0 0	0	
8.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0		0 0	0	98.0
8.02	09852 DIABETES EDUCATION	0.000000	0		0 0	0	98.0
	Total (lines 50 through 199)		454,815,000	384,40	368,919,163	252,270	

	ncial Systems A	SCENSION ST. VI D VACCINE COST	Provider C		Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Pre 11/27/2023 5:	
			Title	XVIII	Hospital	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Reimbursed Services Subject To	Cost Reimbursed Services Not Subject To . Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCII	LLARY SERVICE COST CENTERS						
	O OPERATING ROOM	0.095147	84,436,060		0 0	8,033,838	50.00
	0 DELIVERY ROOM & LABOR ROOM	0.158598			0 0	2,013	
4.00 05400	0 RADIOLOGY-DIAGNOSTIC	0.219480	11,753,246		0 0	2,579,602	54.00
4.01 05402	2 AMBULATORY CARDIOVASCULAR SVC	0.160726	15,122,371		0 0	2,430,558	54.01
4.02 05403	3 ULTRASOUND	0.096845			0 0	210,534	54.02
	4 ECHOCARDIOLOGY	0.064666	14,280,196		0 0	923,443	
	1 ONCOLOGY	0.162215			0 0	3,588,058	
	0 CT SCAN	0.084397	4,532,500		0 0	382,529	
8.00 05800		0.218783			0 0	323,915	58.00
	0 CARDIAC CATHETERIZATION	0.051912	52,681,082		0 0	2,734,780	59.00
9.01 0590	1 CARDIAC REHAB	0.429878	1,183,709		0 0	508,850	59.01
0.00 06000	0 LABORATORY	0.089707	23,521,518	72	25 0	2,110,045	60.00
	0 RESPIRATORY THERAPY	0.214572	1,007,011		0 0	216,076	65.00
	0 PHYSICAL THERAPY	0.462109	75,668		0 0	34,967	66.00
	0 OCCUPATIONAL THERAPY	0.425946	33,672		0 0	14,342	67.00
8.00 06800	0 SPEECH PATHOLOGY	0.376306	386,116	42	23 0	145,298	68.00
9.00 06900	0 ELECTROCARDIOLOGY	0.101381	2,854,303		0 0	289,372	69.00
0.00 0700	0 ELECTROENCEPHALOGRAPHY	0.292458	166,309		0 0	48,638	70.00
1.00 07100	0 MEDICAL SUPPLIES CHARGED TO PAT	0.352170	24,650,205		0 0	8,681,063	71.00
2.00 0720	0 IMPL. DEV. CHARGED TO PATIENTS	0.360210	22,411,063		0 0	8,072,689	72.00
3.00 07300	0 DRUGS CHARGED TO PATIENTS	0.277365	28,539,794	35	67,385	7,915,940	73.00
4.00 07400	0 RENAL DIALYSIS	0.270409	720,468		0 0	194,821	74.00
5.00 07500	0 ASC (NON-DISTINCT PART)	0.00000	0		0 0	0	75.00
5.01 03330	0 ENDOSCOPY	0.097964	11,614,491		0 0	1,137,802	75.01
OUTPA	ATIENT SERVICE COST CENTERS			-			
	OCLINIC	0.993305			0 0	359,757	90.00
0.01 0900	1 PARTIAL HOSPITALIZATION	0.350195	23,865		0 0	8,357	90.01
	2 COVID-19 VACCINE CLINIC	0.00000	0		0 0	0	90.02
	3 BURN CLINIC	2.626462	0		0 0	0	
	0 EMERGENCY	0.118403			0 1,253	2,831,462	
	1 WOUND CARE 002	0.142946			0 0	1,561,676	91.01
1.02 09102	2 WOUND CARE 001	0.281350	442,520		0 0	124,503	91.02
1.03 09103	3 LAFAYETTE RD CLINIC	0.00000	0		0 0	0	91.03
	4 ZIONSVILLE CLINIC	0.425803	79,262		0 0	33,750	91.04
	5 BROWNSBURG CLINIC	0.00000	0		0 0	0	91.05
1.06 0910	6 OP ANTICOAGULATION CLINIC	0.310548	1,176,684		0 0	365,417	91.06
1.07 0910	7 ST VINCENT OUTPATIENT TREATMENT	0.354613	1,552,464		0 0	550,524	91.07
1.08 04040	0 FAMILY PRACTICE	0.00000			0 0		91.08
	O OBSERVATION BEDS (NON-DISTINCT	0.393475	4,687,405		0 0	1,844,377	92.00
	R REIMBURSABLE COST CENTERS	1	1	-			
	0 AMBULANCE SERVICES	0.692542			0		95.00
	3 GERIATRIC CLINIC	0.00000			0 0	0	
	1 ELECTROCONVULSIVE THERAPY	0.00000			0 0	0	
	2 DIABETES EDUCATION	0.00000			0 0	0	
00.00	Subtotal (see instructions)		368,919,163	1,50	68,638	58,258,996	200.00
01.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
	Only Charges						1
02.00	Net Charges (line 200 - line 201)		368,919,163	1,50	68,638	58,258,996	

	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider CC	CN: 15-0084	Period: From 07/01/2022	Worksheet D Part V	
					то 06/30/2023	Date/Time Pre 11/27/2023 5	
				XVIII	Hospital	PPS	
		Cos					
	Cost Center Description	Cost Reimbursed	Cost Reimbursed				
		Services	Services Not				
		Subject To	Subject To				
		Ded. & Coins.					
		(see inst.)	(see inst.)				
		6.00	7.00				
	LLARY SERVICE COST CENTERS	,					
	0 OPERATING ROOM	0	0				50.0
	0 DELIVERY ROOM & LABOR ROOM	0	0				52.0
	0 RADIOLOGY-DIAGNOSTIC	0	0				54.0
	2 AMBULATORY CARDIOVASCULAR SVC	0	0				54.0
	3 ULTRASOUND	0	0				54.0
	4 ECHOCARDIOLOGY	0	0				54.0
	1 ONCOLOGY 0 CT SCAN	0	0				54.0
1	0 MRI	0	0				57.0
	0 CARDIAC CATHETERIZATION	0	0				59.0
	1 CARDIAC CATHETERIZATION	0	0				59.0
	0 LABORATORY	65	0				60.0
	0 RESPIRATORY THERAPY	0	0				65.0
	0 PHYSICAL THERAPY	0	0				66.
	0 OCCUPATIONAL THERAPY	0	0				67.
	0 SPEECH PATHOLOGY	159	0				68.
	0 ELECTROCARDIOLOGY	0	0				69.
1	0 ELECTROENCEPHALOGRAPHY	0	0				70.0
.00 0710	0 MEDICAL SUPPLIES CHARGED TO PAT	0	0				71.0
.00 0720	0 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.0
8.00 0730	0 DRUGS CHARGED TO PATIENTS	98	18,690				73.0
1.00 0740	0 RENAL DIALYSIS	0	0				74.0
	0 ASC (NON-DISTINCT PART)	0	0				75.0
	0 ENDOSCOPY	0	0				75.0
	ATIENT SERVICE COST CENTERS		0				
		0	0				90.0
	1 PARTIAL HOSPITALIZATION	0	0				90.0
	2 COVID-19 VACCINE CLINIC 3 BURN CLINIC	0	0				90.
	0 EMERGENCY	0	148				91.
10110910	1 WOUND CARE 002	0	0				91.
		0					91.
.01 0910	Z WOUND CARE OUT	0	0				
.01 0910 .02 0910	2 WOUND CARE 001 3 LAFAYETTE RD CLINIC	0	0				
.01 0910 .02 0910 .03 0910	3 LAFAYETTE RD CLINIC	000000000000000000000000000000000000000	0 0 0				91.
.01 0910 .02 0910 .03 0910 .04 0910		0 0 0	0 0 0 0				91. 91.
.01 0910 .02 0910 .03 0910 .04 0910 .05 0910	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC	0 0 0 0 0	0 0 0 0 0				91. 91. 91.
.01 0910 .02 0910 .03 0910 .04 0910 .05 0910 .06 0910	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC	0 0 0 0 0	0 0 0				91. 91. 91. 91.
01 0910 02 0910 03 0910 04 0910 05 0910 06 0910 07 0910 08 0404	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC 6 OP ANTICOAGULATION CLINIC 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE		0 0 0 0 0 0				91. 91. 91. 91. 91. 91. 91.
01 0910 02 0910 03 0910 04 0910 05 0910 06 0910 07 0910 08 0404 2.00 0920	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC 6 OP ANTICOAGULATION CLINIC 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE 0 OBSERVATION BEDS (NON-DISTINCT	-	0 0 0 0 0				91. 91. 91. 91. 91.
01 0910 02 0910 03 0910 04 0910 05 0910 06 0910 07 0910 08 0404 00 0920 OTHE	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC 6 OP ANTICOAGULATION CLINIC 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE 0 OBSERVATION BEDS (NON-DISTINCT R REIMBURSABLE COST CENTERS	0	0 0 0 0 0 0				91. 91. 91. 91. 91. 91. 91. 92.
.01 0910 .02 0910 .03 0910 .04 0910 .05 0910 .06 0910 .07 0910 .08 0404 .00 0920 OTHEI .00	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC 6 OP ANTICOAGULATION CLINIC 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE 0 OBSERVATION BEDS (NON-DISTINCT R REIMBURSABLE COST CENTERS 0 AMBULANCE SERVICES	0	0 0 0 0 0 0				91. 91. 91. 91. 91. 91. 91. 92. 92.
.01 0910 .02 0910 .03 0910 .04 0910 .05 0910 .06 0910 .07 0910 .08 0404 .00 0920 OTHE .00 .00 0950 .00 0955	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC 6 OP ANTICOAGULATION CLINIC 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE 0 OBSERVATION BEDS (NON-DISTINCT R REIMBURSABLE COST CENTERS 0 AMBULANCE SERVICES 3 GERIATRIC CLINIC	0 0 0					91. 91. 91. 91. 91. 91. 92. 95. 98.
.01 0910 .02 0910 .03 0910 .04 0910 .05 0910 .06 0910 .07 0910 .08 0404 .00 0920 0THEI 0950 .00 0985 .01 0985	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC 6 OP ANTICOAGULATION CLINIC 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE 0 OBSERVATION BEDS (NON-DISTINCT R REIMBURSABLE COST CENTERS 0 AMBULANCE SERVICES 3 GERIATRIC CLINIC 1 ELECTROCONVULSIVE THERAPY		0 0 0 0 0 0				91. 91. 91. 91. 91. 91. 92. 95. 98. 98.
.01 0910 .02 0910 .03 0910 .04 0910 .05 0910 .06 0910 .07 0910 .08 0404 .00 0920 OTHEI .00 .00 0985 .01 0985	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC 6 OP ANTICOAGULATION CLINIC 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE 0 OBSERVATION BEDS (NON-DISTINCT R REIMBURSABLE COST CENTERS 0 AMBULANCE SERVICES 3 GERIATRIC CLINIC 1 ELECTROCONVULSIVE THERAPY 2 DIABETES EDUCATION						91. 91. 91. 91. 91. 91. 92. 95. 98. 98. 98.
.01 0910 .02 0910 .03 0910 .04 0910 .05 0910 .06 0910 .07 0910 .08 0404 .00 0920 071HE .00 0950 .00 0985 .01 0985 .02 0985	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC 6 OP ANTICOAGULATION CLINIC 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE 0 OBSERVATION BEDS (NON-DISTINCT R REIMBURSABLE COST CENTERS 0 AMBULANCE SERVICES 3 GERIATRIC CLINIC 1 ELECTROCONVULSIVE THERAPY 2 DIABETES EDUCATION Subtotal (see instructions)	0 0 0 0 0 0 0 0 322					91. 91. 91. 91. 91. 92. 95. 98. 98. 98. 200.
1.01 0910 1.02 0910 1.03 0910 1.04 0910 1.05 0910 1.05 0910 1.05 0910 1.05 0910 1.05 0910 1.06 0910 1.07 0910 1.08 0404 2.00 0920 OTHEI 0950 3.00 0985 3.01 0985	3 LAFAYETTE RD CLINIC 4 ZIONSVILLE CLINIC 5 BROWNSBURG CLINIC 6 OP ANTICOAGULATION CLINIC 7 ST VINCENT OUTPATIENT TREATMENT 0 FAMILY PRACTICE 0 OBSERVATION BEDS (NON-DISTINCT R REIMBURSABLE COST CENTERS 0 AMBULANCE SERVICES 3 GERIATRIC CLINIC 1 ELECTROCONVULSIVE THERAPY 2 DIABETES EDUCATION						91. 91. 91. 91. 91. 91.

PORTIONMENT OF INPATIENT ANCILLARY SERVICE CAP	ITAL COSTS		CN: 15-0084 CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023		pare
		componente	CCN115 5001	10 00, 50, 2025	11/27/2023 5:	09 pr
		Title	e XVIII	Subprovider - IPF	PPS	
Cost Center Description	Capital	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,			l. Charges	column 4)	
	Part II, col. 26)	8)	2)			
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS	1.00	2.00	5.00	1100	5100	
0.00 05000 OPERATING ROOM	11,944,788	902,059,504	0.01324	42 737,836	9,770	50.
.00 05200 DELIVERY ROOM & LABOR ROOM	738,828			,	0	
.00 05400 RADIOLOGY-DIAGNOSTIC	2,140,905				255	
.01 05402 AMBULATORY CARDIOVASCULAR SVC	1,213,493			,	320	54.
.02 05403 ULTRASOUND	202,143				71	54.
.03 05404 ECHOCARDIOLOGY	429,592				0	54.
.04 05401 ONCOLOGY	3,425,612	91,214,198	0.0375	56 0	0	54.
.00 05700 CT SCAN	476,291	48,710,547	0.0097	78 23,990	235	57.
.00 05800 MRI	769,395	15,067,012	0.0510	55 1,900	97	58.
.00 05900 CARDIAC CATHETERIZATION	2,112,029	280,990,351	0.0075	16 0	0	59.
0.01 05901 CARDIAC REHAB	194,279	3,182,761	0.06104	41 0	0	59.
0.00 06000 LABORATORY	1,187,304	469,309,525	0.0025	30 318,818	807	60.
.00 06500 RESPIRATORY THERAPY	1,196,421	84,487,515	0.0141	51 4,699	67	65
0.00 06600 PHYSICAL THERAPY	1,374,503				1,669	66
.00 06700 OCCUPATIONAL THERAPY	113,983					
.00 06800 SPEECH PATHOLOGY	209,078				85	68
0.00 06900 ELECTROCARDIOLOGY	340,884				107	69
0.00 07000 ELECTROENCEPHALOGRAPHY	769,414	21,152,974	0.0363	74 5,887	214	70
.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	2,914,497	240,801,294	0.01210	51,815	627	71
.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,057,773	243,938,899	0.0125	35 24,182	303	72
.00 07300 DRUGS CHARGED TO PATIENTS	2,857,851	350,671,545	0.0081	50 262,424	2,139	73
.00 07400 RENAL DIALYSIS	178,865		0.0077	16 16,457	127	74
.00 07500 ASC (NON-DISTINCT PART)	0	C	0.0000	0 00	0	75
.01 03330 ENDOSCOPY	889,856	74,431,365			0	75
OUTPATIENT SERVICE COST CENTERS						
0.00 09000 CLINIC	1,919,915	11,290,095	0.1700	53 6,373	1,084	90
.01 09001 PARTIAL HOSPITALIZATION	296,228	14,993,277	0.0197	57 0	0	90
0.02 09002 COVID-19 VACCINE CLINIC	628		0.0000	0 00	0	90
0.03 09003 BURN CLINIC	220,068	432,631	0.5086	74 0	0	90
00 09100 EMERGENCY	2,239,958				881	91
.01 09101 WOUND CARE 002	334,076				0	91
02 09102 WOUND CARE 001	55,644				0	91
03 09103 LAFAYETTE RD CLINIC	0	C C	0.0000		0	91
04 09104 ZIONSVILLE CLINIC	273,829	1,843,587			0	
.05 09105 BROWNSBURG CLINIC	0	C	0.0000			
06 09106 OP ANTICOAGULATION CLINIC	99,335	3,395,604			0	
07 09107 ST VINCENT OUTPATIENT TREATMENT	164,088		1			
08 04040 FAMILY PRACTICE	443,854		0.0000			
.00 09200 OBSERVATION BEDS (NON-DISTINCT	0					
OTHER REIMBURSABLE COST CENTERS		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
09500 AMBULANCE SERVICES						95
.00 09853 GERIATRIC CLINIC	0	c	0.0000	0 00	0	
.01 09851 ELECTROCONVULSIVE THERAPY	0		1			
02 09852 DIABETES EDUCATION	13,244				0	
0.00 Total (lines 50 through 199)		3,764,478,451		1,704,403		

	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S GH COSTS	ERVICE OTHER PAS		CN: 15-0084 CCN: 15-S084		riod: om 07/01/2022 06/30/2023	Worksheet D Part IV Date/Time Pre	
			Title	e XVIII	Si	ubprovider -	11/27/2023 5: PPS	09 pm
	Cost Center Description	Non Physician	Nursing	Nursing	Δ	IPF Allied Health	Allied Health	
	···· · · · · · · · · · · · · · · · · ·	Anesthetist	Program	Program		Post-Stepdown		
		Cost	Post-Stepdown			Adjustments		
			Adjustments					
		1.00	2A	2.00		3A	3.00	
F0 00	ANCILLARY SERVICE COST CENTERS				0		0.040	50.00
50.00		0	-		0	0	9,048	
52.00		0			0	0	8,546	
54.00		0			0	0	341,052	
54.01		0			0 0	0	0	
54.02 54.03		0			0	0	803,357	
54.03		0			0	0	0	
57.00		0			0	0	182,031	•
58.00		0			0	0	56,305	
59.00		0			0	0	0,505	1
59.01		0	0		0	0	0	
60.00		0	0	1	0	0	ů 0	
65.00		0	0		Ő	0	ů 0	65.00
66.00		0	0		Ő	0	0	
67.00		0	-		Ő	0	0	
68.00		0	0)	0	0	0	68.00
69.00		0	0)	0	0	0	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0)	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0)	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	0	72.00
73.00		0	0		0	0	1,538,151	73.00
74.00		0	0		0	0	0	74.00
75.00		0			0	0	0	
75.01		0	0		0	0	0	75.01
	OUTPATIENT SERVICE COST CENTERS		-	1	-			
90.00		0			0	0	26,139	
90.01		0		1	0	0	0	90.01
90.02		0	0		0 0	0	0	
91.00		0			0	0	23,123	
91.00		0			0	0	23,123	91.00
91.02		0	0		0	0	0	•
91.02		0	0		0	0	0	91.02
91.04		0	0		0	0	ů 0	91.04
91.05		0	0		õ	0	ů 0	
91.06		0	0		õ	0	0	
91.07		0	-		Ő	0	ů 0	
91.08		0			0	0	0	91.08
92.00		0			0		0	92.00
	OTHER REIMBURSABLE COST CENTERS]
95.00					T			95.00
98.00		0	-		0	0	0	
98.01		0	-		0	0	0	
	09852 DIABETES EDUCATION	0			0	0	0	
200.0	0 Total (lines 50 through 199)	0	0	1	0	0	2,987,752	1200.00

PORITON	MENT OF INPATIENT/OUTPATIENT ANCILLARY	SERVICE OTHER PAS	S Provider C	CN: 15-0084	Period:	Worksheet D	
IROUGH C	OSTS		Component	CCN:15-S084	From 07/01/2022 To 06/30/2023	Part IV Date/Time Pre 11/27/2023 5:	
			Title	e XVIII	Subprovider - IPF	PPS	
	Cost Center Description	All Other	Total Cost	Total	Total Charges		
		Medical	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
		Education Cost	1, 2, 3, and	Cost (sum of		(col. 5 ÷ col.	
			4)	cols. 2, 3,	8)	7)	
				and 4)		(see	
		4.00	5.00	6.00	7.00	instructions) 8.00	
ANC	CILLARY SERVICE COST CENTERS	4.00	5.00	0.00	7.00	8.00	
	000 OPERATING ROOM	0	9,048	9,04	8 902,059,504	0.000010	50
	200 DELIVERY ROOM & LABOR ROOM	0					
	400 RADIOLOGY-DIAGNOSTIC	0	341,052				
	402 AMBULATORY CARDIOVASCULAR SVC	0	0		0 56,622,757		
	403 ULTRASOUND	0	803,357	803,35			
	404 ECHOCARDIOLOGY	0	0		0 40,828,979		
	401 ONCOLOGY	0	0		0 91,214,198		
.00 052	700 CT SCAN	0	182,031	182,03			57
.00 058	800 MRI	0	56,305	56,30	15,067,012	0.003737	58
.00 059	900 CARDIAC CATHETERIZATION	0	0		0 280,990,351	0.000000	59
	901 CARDIAC REHAB	0	0		0 3,182,761	0.000000	59
.00 060	000 LABORATORY	0	0		0 469,309,525	0.000000	60
.00 06	500 RESPIRATORY THERAPY	0	0		0 84,487,515	0.000000	65
.00 060	600 PHYSICAL THERAPY	0	0		0 28,348,515	0.00000	66
.00 062	700 OCCUPATIONAL THERAPY	0	0		0 15,220,147	0.000000	67
	800 SPEECH PATHOLOGY	0	0		0 11,150,745	0.000000	68
.00 069	900 ELECTROCARDIOLOGY	0	0		0 31,880,609	0.000000	69
.00 070	000 ELECTROENCEPHALOGRAPHY	0	0		0 21,152,974	0.000000	70
.00 073	100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		0 240,801,294	0.000000	71
	200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 243,938,899	0.000000	72
	300 DRUGS CHARGED TO PATIENTS	0	1,538,151	1,538,15	350,671,545	0.004386	73
.00 074	400 RENAL DIALYSIS	0	0		0 23,181,526	0.000000	74
.00 07	500 ASC (NON-DISTINCT PART)	0	0		0 0	0.000000	75
	330 ENDOSCOPY	0	0		0 74,431,365	0.000000	75
	TPATIENT SERVICE COST CENTERS			1			
	000 CLINIC	0	.,				
	001 PARTIAL HOSPITALIZATION	0	0		0 14,993,277	0.00000	
	002 COVID-19 VACCINE CLINIC	0	0		0 0	0.00000	
	003 BURN CLINIC	0	0		0 432,631	0.000000	
	100 EMERGENCY	0	23,123				
	101 WOUND CARE 002	0	0		0 25,100,293		
	102 WOUND CARE 001	0	0		0 3,600,315	0.000000	
	103 LAFAYETTE RD CLINIC	0	0		0 0	0.000000	
	104 ZIONSVILLE CLINIC	0	0		0 1,843,587	0.000000	
	105 BROWNSBURG CLINIC	0				0.000000	
	106 OP ANTICOAGULATION CLINIC	0	0		0 3,395,604		
	107 ST VINCENT OUTPATIENT TREATMENT	0	-		0 4,116,703		
	040 FAMILY PRACTICE	0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	200 OBSERVATION BEDS (NON-DISTINCT	0	0	1	0 57,785,077	0.00000	92
	HER REIMBURSABLE COST CENTERS 500 AMBULANCE SERVICES						95
	853 GERIATRIC CLINIC	_			0	0 000000	
		0			0 0	0.000000	
TOT 1039	851 ELECTROCONVULSIVE THERAPY	0	1 0		0	0.000000	
	852 DIABETES EDUCATION	Δ Δ			0 0	0.000000	98

PORTIONMENT OF INPATIENT/OUTPATIENT ANCIL	LARY SERVICE OTHER PASS	Provider C	CN: 15-0084	Period:	Worksheet D	
ROUGH COSTS		Component	CCN:15-S084	From 07/01/2022 To 06/30/2023	Part IV Date/Time Pre 11/27/2023 5:	
		Title	YVIII	Subprovider - IPF	PPS	
Cost Center Description	Outpatient	Inpatient	Inpatient	Outpatient	Outpatient	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	n Charges	Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)	10.00	x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS	0.000010	222 020		7 0	0	1 50 /
00 05000 OPERATING ROOM	0.000010	737,836		7 0	0	
00 05200 DELIVERY ROOM & LABOR ROOM	0.000101	0		0 0	0	
00 05400 RADIOLOGY-DIAGNOSTIC	0.003738	10,880		1 0	0	
01 05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	14,925		0 417	0	
02 05403 ULTRASOUND	0.025558	10,976			0	
03 05404 ECHOCARDIOLOGY	0.000000	0		0 0	0	
04 05401 ONCOLOGY	0.000000	0		0 0	0	
00 05700 CT SCAN	0.003737	23,990	-	850	3	57.
00 05800 MRI	0.003737	1,900		7 0	0	
00 05900 CARDIAC CATHETERIZATION	0.00000	0		0 0	0	
01 05901 CARDIAC REHAB	0.000000	0		0 0	0	
00 06000 LABORATORY	0.000000	318,818		0 0	0	
00 06500 RESPIRATORY THERAPY	0.000000	4,699		0 0	0	
00 06600 PHYSICAL THERAPY	0.000000	34,423		0 0	0	
00 06700 OCCUPATIONAL THERAPY	0.000000	6,346		0 0	0	
00 06800 SPEECH PATHOLOGY	0.000000	4,513		0 0	0	68.
00 06900 ELECTROCARDIOLOGY	0.000000	10,002		0 0	0	
00 07000 ELECTROENCEPHALOGRAPHY	0.000000	5,887		0 0	0	70.
00 07100 MEDICAL SUPPLIES CHARGED TO PAT		51,815		0 0	0	1
00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	24,182		0 0	0	72.
00 07300 DRUGS CHARGED TO PATIENTS	0.004386	262,424	1,15	51 714	3	73
00 07400 RENAL DIALYSIS	0.000000	16,457		0 0	0	1
00 07500 ASC (NON-DISTINCT PART)	0.000000	0		0 0	0	
01 03330 ENDOSCOPY	0.00000	0		0 0	0	75
OUTPATIENT SERVICE COST CENTERS						
00 09000 CLINIC	0.002315	6,373	1	.5 0	0	
01 09001 PARTIAL HOSPITALIZATION	0.000000	0		0 663	0	
02 09002 COVID-19 VACCINE CLINIC	0.000000	0		0 0	0	90
03 09003 BURN CLINIC	0.000000	0		0 0	0	90
00 09100 EMERGENCY	0.000058	157,957		9 0	0	91
01 09101 WOUND CARE 002	0.000000	0		0 0	0	91
02 09102 WOUND CARE 001	0.000000	0		0 0	0	91
03 09103 LAFAYETTE RD CLINIC	0.000000	0		0 0	0	91
04 09104 ZIONSVILLE CLINIC	0.000000	0		0 0	0	91
05 09105 BROWNSBURG CLINIC	0.000000	0		0 0	0	91
06 09106 OP ANTICOAGULATION CLINIC	0.000000	0		0 0	0	91
07 09107 ST VINCENT OUTPATIENT TREATMENT	0.000000	0		0 0	0	91
08 04040 FAMILY PRACTICE	0.000000	0		0 0	0	91
00 09200 OBSERVATION BEDS (NON-DISTINCT	0.000000	0		0 0	0	92
OTHER REIMBURSABLE COST CENTERS	· · ·					1
00 09500 AMBULANCE SERVICES						95
00 09853 GERIATRIC CLINIC	0.000000	0		0 0	0	98
01 09851 ELECTROCONVULSIVE THERAPY	0.000000	0		0 0	0	98
02 09852 DIABETES EDUCATION	0.000000	0		0 0	0	98.
Total (lines 50 through 199)		1,704,403	1,60	2,644	6	200.

PORTI	DNMENT OF MEDICAL, OTHER HEALTH SERVICES ANI	O VACCINE COST	Provider Concernent	CN: 15-0084 CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part V Date/Time Pre 11/27/2023 5:	
			Title	XVIII	Subprovider - IPF	PPS	00 pm
				Charges	TLL	Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
		Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Services	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	
	NCILLARY SERVICE COST CENTERS	1		1	-1 -1		
	5000 OPERATING ROOM	0.095147	0		0 0	0	
	5200 DELIVERY ROOM & LABOR ROOM	0.158598	0		0 0	0	
	5400 RADIOLOGY-DIAGNOSTIC	0.219480	0		0 0	0	
	5402 AMBULATORY CARDIOVASCULAR SVC	0.160726	417		0 0	67	
	5403 ULTRASOUND	0.096845	0		0 0	0	
.03 0	5404 ECHOCARDIOLOGY	0.064666	0		0 0	0	54.0
	5401 ONCOLOGY	0.162215	0		0 0	0	54.0
.00 0	5700 CT SCAN	0.084397	850		0 0	72	57.0
.00 0	5800 MRI	0.218783	0		0 0	0	58.0
.00 0	5900 CARDIAC CATHETERIZATION	0.051912	0		0 0	0	59.0
.01 0	5901 CARDIAC REHAB	0.429878	0		0 0	0	59.0
.00 0	6000 LABORATORY	0.089707	0		0 0	0	60.0
.00 0	6500 RESPIRATORY THERAPY	0.214572	0		0 0	0	65.0
.00 0	6600 PHYSICAL THERAPY	0.462109	0		0 0	0	66.0
	6700 OCCUPATIONAL THERAPY	0.425946	0		0 0	0	67.0
	6800 SPEECH PATHOLOGY	0.376306	0		0 0	0	68.0
	6900 ELECTROCARDIOLOGY	0.101381	0		0 0	0	69.0
	7000 ELECTROENCEPHALOGRAPHY	0.292458	0		0 0	0	
	7100 MEDICAL SUPPLIES CHARGED TO PAT	0.352170	0		0 0	0	1
	7200 IMPL. DEV. CHARGED TO PATIENTS	0.360210	0		0 0	0	
	7300 DRUGS CHARGED TO PATIENTS	0.277365	714		0 485	198	
	7400 RENAL DIALYSIS	0.270409	0		0 0	0	
	7500 ASC (NON-DISTINCT PART)	0.000000	0		0 0	0	
	3330 ENDOSCOPY	0.097964	0		0 0	0	
	UTPATIENT SERVICE COST CENTERS				-		1
	9000 CLINIC	0.993305	0		0 0	0	90.0
	9001 PARTIAL HOSPITALIZATION	0.350195	663		0 0	232	
	9002 COVID-19 VACCINE CLINIC	0.000000	0		0 0	0	
	9003 BURN CLINIC	2.626462	0		0 0	0	
	9100 EMERGENCY	0.118403	0		0 0	0	
	9101 WOUND CARE 002	0.142946	0		0 0	0	
	9102 WOUND CARE 001	0.281350	0		0 0	0	
	9103 LAFAYETTE RD CLINIC	0.000000	0		0 0	0	
	9104 ZIONSVILLE CLINIC	0.425803	0		0 0	0	
	9105 BROWNSBURG CLINIC	0.000000	0		0 0	0	
	9106 OP ANTICOAGULATION CLINIC	0.310548	0		0 0	0	
	9107 ST VINCENT OUTPATIENT TREATMENT	0.354613	0		0 0	0	
	4040 FAMILY PRACTICE	0.000000	0		0 0	0	
	9200 OBSERVATION BEDS (NON-DISTINCT	0.393475	0		0 0	0	
	THER REIMBURSABLE COST CENTERS	0.555475	0	I	0 0	0	52.0
	9500 AMBULANCE SERVICES	0.692542			0		95.0
	9853 GERIATRIC CLINIC	0.000000	0		0 0	0	
	9855 GERIATRIC CLINIC 9851 ELECTROCONVULSIVE THERAPY	0.000000	0		0 0	0	
	9852 DIABETES EDUCATION	0.000000	0		0	0	
	Subtotal (see instructions)	0.00000	0 2 644				
0.00			2,644		0 485 0 0	569	200.0
	Less PBP Clinic Lab. Services-Program			1	0		201.0
1.00	Only Charges						

PORTIONME	NT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST		CON: 15-0084	Period: From 07/01/2022	Worksheet D Part V
				CCN: 15-S084	то 06/30/2023	Date/Time Prepa 11/27/2023 5:09
			Titl	e XVIII	Subprovider - IPF	PPS
		Cos	sts		111	
	Cost Center Description	Cost	Cost			
		Reimbursed	Reimbursed			
		Services	Services Not			
		Subject To	Subject To			
		Ded. & Coins.				
		(see inst.)	(see inst.)	4		
ANCT	LADY CEDVICE COCT CENTERS	6.00	7.00			
	LLARY SERVICE COST CENTERS	0		0		
	D DELIVERY ROOM & LABOR ROOM	0				
	0 RADIOLOGY-DIAGNOSTIC	0				
	2 AMBULATORY CARDIOVASCULAR SVC	0				
	ULTRASOUND	0				
	4 ECHOCARDIOLOGY	0		õ		
	1 ONCOLOGY	0		Ď		
	0 CT SCAN	0		Ď		
00 05800		0		Ď		
-	CARDIAC CATHETERIZATION	0				
1	1 CARDIAC REHAB	0				
	0 LABORATORY	0				
	0 RESPIRATORY THERAPY	0				
-	D PHYSICAL THERAPY	0				
	O OCCUPATIONAL THERAPY	0				
	0 SPEECH PATHOLOGY	0				
	0 ELECTROCARDIOLOGY	0				
	0 ELECTROENCEPHALOGRAPHY	0				
	0 MEDICAL SUPPLIES CHARGED TO PAT	0		o O		
	0 IMPL. DEV. CHARGED TO PATIENTS	0		o l		
	D DRUGS CHARGED TO PATIENTS	0	13	-		
	0 RENAL DIALYSIS	0		D		
	0 ASC (NON-DISTINCT PART)	0		D		
	0 ENDOSCOPY	0		D		
	ATIENT SERVICE COST CENTERS			- 1		
00 09000	0 CLINIC	0		0		
01 09003	1 PARTIAL HOSPITALIZATION	0	(o		
02 09002	2 COVID-19 VACCINE CLINIC	0	(D		
03 09003	3 BURN CLINIC	0	(D		
00 09100	DEMERGENCY	0	(D		
	1 WOUND CARE 002	0	(D		
	2 WOUND CARE 001	0	(D		
	3 LAFAYETTE RD CLINIC	0	(D		
	4 ZIONSVILLE CLINIC	0	(D		
	5 BROWNSBURG CLINIC	0		D		
	6 OP ANTICOAGULATION CLINIC	0		D		
1	7 ST VINCENT OUTPATIENT TREATMENT	0		0		
	0 FAMILY PRACTICE	0		0		
	O OBSERVATION BEDS (NON-DISTINCT	0		0		
	R REIMBURSABLE COST CENTERS					
	0 AMBULANCE SERVICES	0				
-	3 GERIATRIC CLINIC	0		0		
	1 ELECTROCONVULSIVE THERAPY	0		0		
	2 DIABETES EDUCATION	0		0		
0.00	Subtotal (see instructions)	0	13	5		2
.00	Less PBP Clinic Lab. Services-Program	0				2
	Only Charges	1		1		

APPORT	Financial Systems TONMENT OF INPATIENT ROUTINE SERVICE OTHER	ASCENSION ST. VI		CN: 15-0084	Period:	u of Form CMS- Worksheet D	2332 1
	INNERT OF IN ATENT ROUTINE SERVICE OTHER				From 07/01/2022 To 06/30/2023	Part III	epared 09 pm
				e XIX	Hospital	Cost	
	Cost Center Description	Nursing	Nursing		h Allied Health	All Other	
		Program	Program	Post-Stepdow		Medical	
		Post-Stepdown		Adjustments		Education Cost	
		Adjustments					
		1A	1.00	2A	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	0	0		0 200,571	0	
31.00	03100 INTENSIVE CARE UNIT	0	0		0 108,579	0	31.0
32.00	03200 CORONARY CARE UNIT	0	0		0 0	0	32.0
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL	0	0		0 52,279	0	32.0
33.00	03300 BURN INTENSIVE CARE UNIT	0	0		0 0	0	33.0
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT	0	0		0 8,546	0	33.0
	03400 SURGICAL INTENSIVE CARE UNIT	0	0		0 0	0	34.0
34.01	02060 NEONATAL INTENSIVE CARE UNIT	0	0		0 53,284	0	34.0
40.00	04000 SUBPROVIDER - IPF	0	0		0 43,733		
	04300 NURSERY	0	0		0 0	0	
200.00		0	0		466,992		200.0
200.00	Cost Center Description	Swing-Bed	Total Costs	Total Dation	t Per Diem (col.	Inpatient	200.0
	cost center beschiption	Adjustment	(sum of cols.	Days	$5 \div col. 6$	Program Days	
		Amount (see	1 through 3.	Days	J - COI. 0)	FIOGIAIII DAYS	
			minus col. 4)				
		4.00	5.00	6.00	7.00	8.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	4.00	5.00	0.00	7.00	0.00	-
30.00	03000 ADULTS & PEDIATRICS	0	200,571	125,87	3 1.59	5,823	30.0
		0	,	· · · ·		,	
	03100 INTENSIVE CARE UNIT		108,579	23,61			
	03200 CORONARY CARE UNIT		0		0.00		
	03201 CARDIOTHORACIC VASCULAR TRANSPL		52,279				
33.00	03300 BURN INTENSIVE CARE UNIT		0	1,50			
33.01	02080 PEDIATRIC INTENSIVE CARE UNIT		8,546	2,56		229	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0.00	0	34.0
34.01	02060 NEONATAL INTENSIVE CARE UNIT		53,284			- ,	
40.00	04000 SUBPROVIDER - IPF	0	43,733	13,19	8 3.31	675	40.0
43.00	04300 NURSERY		0	4,56	0.00	2,765	43.0
200.00	Total (lines 30 through 199)		466,992	203,31	.5	14,282	200.0
	Cost Center Description	Inpatient					
		Program					
		Pass-Through					
		Cost (col. 7 x					
		col. 8)					
		9.00					
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	9,259					30.0
31.00	03100 INTENSIVE CARE UNIT	4,310					31.0
32.00	03200 CORONARY CARE UNIT	0					32.0
32.01	03201 CARDIOTHORACIC VASCULAR TRANSPL	2,039					32.0
33.00	03300 BURN INTENSIVE CARE UNIT	0					33.0
	02080 PEDIATRIC INTENSIVE CARE UNIT	763					33.0
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0					34.0
34.01	02060 NEONATAL INTENSIVE CARE UNIT	7,313					34.0
40.00	04000 SUBPROVIDER - IPF	2,234					40.0
40.00	04000 SUBPROVIDER - IPF	2,234					40.0
+) . UU	UHJUU NUKJEKT	0					43.0
200.00	Total (lines 30 through 199)	25,918					200.0

	Financial Systems TONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	ASCENSION ST. VI SERVICE OTHER PAS		CN: 15-0084	Period:	eu of Form CMS-2 Worksheet D	
THROUG	H COSTS				From 07/01/2022 To 06/30/2023		
			Titl	e XIX	Hospital	Cost	
	Cost Center Description	Non Physician	Nursing	Nursing	Allied Health	Allied Health	
		Anesthetist	Program	Program	Post-Stepdown		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS	0	0		0	0.048	50.00
50.00	05000 OPERATING ROOM	0	0		0 0		
52.00	05200 DELIVERY ROOM & LABOR ROOM	Ŭ	0		о С	0,510	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		0 0		
54.01 54.02	05402 AMBULATORY CARDIOVASCULAR SVC	0	0		0 0	, · · · · ·	
	05403 ULTRASOUND	0	0		0 0		
54.03 54.04	05404 ECHOCARDIOLOGY	0	0				
57.00	05401 ONCOLOGY	0	0		0 0	-	
57.00	05700 CT SCAN	0	0			102,001	
59.00		0	0		0 0	50,505	
59.00	05900 CARDIAC CATHETERIZATION	0	0		0 0		
	05901 CARDIAC REHAB	0	0		0 0	°	
60.00	06000 LABORATORY	0	0		0 0		
66.00	06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY	0	0				66.00
		0	0				
67.00	06700 OCCUPATIONAL THERAPY	0	0		0 0		
68.00 69.00		0	0				68.00
70.00	06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0		
70.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		0 0		
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				
		0	0				
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0				
75.00	07400 RENAL DIALYSIS	0	0		0 0	° .	
75.00	07500 ASC (NON-DISTINCT PART)	0	0		0 0		
75.UI	03330 ENDOSCOPY OUTPATIENT SERVICE COST CENTERS	0	0		0 0	0	1 /5.01
90.00	09000 CLINIC	0	0		0 0	26,139	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0		0 0		
90.02	09002 COVID-19 VACCINE CLINIC	0	0		0 0	°	
90.03	09003 BURN CLINIC	0	0		0 0	-	
91.00	09100 EMERGENCY	0	0		0 0	°	
91.01	09101 WOUND CARE 002	0	0		0 0		91.01
91.02	09102 WOUND CARE 001	0	0		0 0	-	
91.03	09103 LAFAYETTE RD CLINIC	0	0		0 0		91.03
91.04	09104 ZIONSVILLE CLINIC	0	0		0 0	ol o	
91.05	09105 BROWNSBURG CLINIC	0	0		0 0		
91.05	09106 OP ANTICOAGULATION CLINIC	0	0		0 0	o o	
91.00	09107 ST VINCENT OUTPATIENT TREATMENT	0	0		0 0		
91.08	04040 FAMILY PRACTICE	0	0		0 0		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	Ű		0	25,352	
	OTHER REIMBURSABLE COST CENTERS				-1	25,552	1
95.00	09500 AMBULANCE SERVICES						95.00
98.00	09853 GERIATRIC CLINIC	0	0		0 0	0 0	
		-			-		
98.01	09851 ELECTROCONVULSIVE THERAPY	0	0		0 0	0 0	98.01
	09851 ELECTROCONVULSIVE THERAPY 09852 DIABETES EDUCATION	0	0				

DOODTTONIMENT OF	Systems INPATIENT/OUTPATIENT ANCILLARY	ASCENSION ST. VI			Period:	u of Form CMS-2 Worksheet D	
HROUGH COSTS	INPATIENT/OUTPATIENT ANCILLARY	SERVICE UTHER PAS	s provider c	CN: 15-0084	From 07/01/2022 To 06/30/2023	Part IV Date/Time Pre 11/27/2023 5:	parec
			Tit	e XIX	Hospital	Cost	os pi
Cost	Center Description	All Other	Total Cost	Total	Total Charges		
		Medical	(sum of cols.	Outpatient	(from Wkst. C.	to Charges	
		Education Cost		Cost (sum of		(col. 5 ÷ col.	
			4)	cols. 2, 3,	8)	7)	
				and 4)	- ,	(see	
						instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY	SERVICE COST CENTERS						
0.00 05000 OPER		0	9,048	9,04	8 902,059,504	0.000010	50.
2.00 05200 DELI	VERY ROOM & LABOR ROOM	0	8,546	8,54	6 84,589,333	0.000101	52.
	OLOGY-DIAGNOSTIC	0				0.003738	54.
	LATORY CARDIOVASCULAR SVC	0	C C	,	0 56,622,757	0.000000	
4.02 05403 ULTR		0	803,357	803,35		0.025558	
4.03 05404 ECHO		0	000,001		0 40,828,979	0.000000	
4.04 05401 ONCO		0			0 91,214,198	0.000000	
7.00 05700 CT S		0	182,031			0.003737	
8.00 05800 MRI	CAN	0	56,305			0.003737	
		0	0,505			0.000000	
	IAC CATHETERIZATION	0			,		
		0	-			0.000000	
0.00 06000 LABO		0	C		0 469,309,525	0.000000	
	IRATORY THERAPY	0	C		0 84,487,515	0.000000	
	ICAL THERAPY	0	C		0 28,348,515	0.000000	
	PATIONAL THERAPY	0	C	1	0 15,220,147	0.00000	
	CH PATHOLOGY	0	C		0 11,150,745	0.000000	
	TROCARDIOLOGY	0	C		0 31,880,609	0.000000	
	TROENCEPHALOGRAPHY	0	C		0 21,152,974	0.000000	
	CAL SUPPLIES CHARGED TO PAT	0	0		0 240,801,294	0.000000	
	. DEV. CHARGED TO PATIENTS	0	0		0 243,938,899	0.000000	
3.00 07300 DRUG	S CHARGED TO PATIENTS	0	1,538,151	1,538,15	350,671,545	0.004386	73.
4.00 07400 RENA		0	C		0 23,181,526	0.000000	74.
5.00 07500 ASC	(NON-DISTINCT PART)	0	C)	0 0	0.00000	75.
5.01 03330 ENDO	SCOPY	0	C		0 74,431,365	0.00000	75.
OUTPATIENT	SERVICE COST CENTERS						
0.00 09000 CLIN	IC	0	26,139	26,13	9 11,290,095	0.002315	90.
0.01 09001 PART	IAL HOSPITALIZATION	0	C		0 14,993,277	0.000000	90.
0.02 09002 COVI	D-19 VACCINE CLINIC	0	C		0 0	0.000000	90.
0.03 09003 BURN	CLINIC	0	C		0 432,631	0.000000	90.
1.00 09100 EMER	GENCY	0	23,123	23,12	401,405,209	0.000058	91.
1.01 09101 WOUN		0	l c		0 25,100,293	0.000000	
1.02 09102 WOUN		0	l c		0 3,600,315	0.000000	
	YETTE RD CLINIC	0			0 0	0.000000	
	SVILLE CLINIC	0			0 1,843,587	0.000000	
	NSBURG CLINIC	0			0 1,045,507	0.000000	
	NTICOAGULATION CLINIC	0			0 3,395,604	0.000000	
	INCENT OUTPATIENT TREATMENT	0			0 4,116,703	0.000000	
	LY PRACTICE	0			0 4,110,703	0.000000	
	RVATION BEDS (NON-DISTINCT	0		25,35	•	0.000439	
		0	23,352	23,55	57,703,077	0.000439	92.
	BURSABLE COST CENTERS			1			95.
	LANCE SERVICES	0			0	0 00000	
	ATRIC CLINIC	0	-		0 0	0.000000	
	TROCONVULSIVE THERAPY	0			0 0	0.000000	
	ETES EDUCATION	0		2 012 17	0 0	0.000000	
00.00 Tota	l (lines 50 through 199)	0	3,013,104	J 3,013,10	04 3,764,478,451		200

	IONMENT OF INPATIENT/OUTPATIENT ANCILLARY H COSTS	SERVICE OTHER PASS	Provider Co	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D Part IV Date/Time Prep 11/27/2023 5:0	par 09
			Titl	e XIX	Hospital	Cost	
	Cost Center Description	Outpatient	Inpatient	Inpatient	Outpatient	Outpatient	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Throug	h 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	· ·		•			
0.00	05000 OPERATING ROOM	0.000010	19,504,263	1	95 0	0	50
2.00	05200 DELIVERY ROOM & LABOR ROOM	0.000101	2,642,331	20	67 0	0	52
1.00	05400 RADIOLOGY-DIAGNOSTIC	0.003738	1,290,681	4,8	25 0	0	54
1.01	05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	549,459	1	0 0	0	54
1.02	05403 ULTRASOUND	0.025558	1,133,525	28,9	71 0	0	54
1.03	05404 ECHOCARDIOLOGY	0.000000	0		0 0	0	54
1.04	05401 ONCOLOGY	0.000000	545,571		0 0	0	
7.00	05700 CT SCAN	0.003737	1,317,240	4,9		0	
3.00	05800 MRI	0.003737	342,471	1,2		0	58
9.00	05900 CARDIAC CATHETERIZATION	0.000000	4,294,218		0 0	0	
).01	05901 CARDIAC REHAB	0.000000	0		0 0	0	
0.00	06000 LABORATORY	0.000000	16,830,875		0 0	0	
5.00	06500 RESPIRATORY THERAPY	0.000000	5,668,458		0 0	0	
5.00	06600 PHYSICAL THERAPY	0.000000	908,394		0 0	0	
7.00	06700 OCCUPATIONAL THERAPY	0.000000	573,330		0 0	0	
3.00	06800 SPEECH PATHOLOGY	0.000000	279,714		0 0	0	
9.00		0.000000	867,550		0 0	0	
0.00	06900 ELECTROCARDIOLOGY 07000 ELECTROENCEPHALOGRAPHY	0.000000	381,401		0 0	0	
L.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	4,595,021		0 0	0	
2.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	, ,		0 0	0	
3.00			5,931,443			0	
	07300 DRUGS CHARGED TO PATIENTS	0.004386	11,464,148			0	
4.00	07400 RENAL DIALYSIS	0.000000	1,002,104		0 0 0 0	0	1 .
5.00	07500 ASC (NON-DISTINCT PART)		0		0 0	0	
.01	03330 ENDOSCOPY	0.000000	678,689		0 0	0	17:
.00	OUTPATIENT SERVICE COST CENTERS	0.002315	0		0 0	0	90
).00	09001 PARTIAL HOSPITALIZATION	0.000000	0		0 0	0	
).01			0		0 0	0	
0.02	09002 COVID-19 VACCINE CLINIC	0.000000	0		0 0	0	1
	09003 BURN CLINIC		0		-	0	
00	09100 EMERGENCY	0.000058	8,974,150			•	
01	09101 WOUND CARE 002	0.000000	37,336		0 0	0	
L.02	09102 WOUND CARE 001	0.00000	235,388		0 0	0	
L.03	09103 LAFAYETTE RD CLINIC	0.000000	0		0 0	0	
L.04	09104 ZIONSVILLE CLINIC	0.00000	0		0 0	0	
1.05	09105 BROWNSBURG CLINIC	0.000000	0		0 0	0	
06	09106 OP ANTICOAGULATION CLINIC	0.00000	0		0 0	0	
07	09107 ST VINCENT OUTPATIENT TREATMENT	0.00000	0		0 0	0	
.08	04040 FAMILY PRACTICE	0.000000	0		0 0	0	
.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000439	1,675,017	7.	35 0	0	97
	OTHER REIMBURSABLE COST CENTERS						4
.00	09500 AMBULANCE SERVICES						9
3.00	09853 GERIATRIC CLINIC	0.000000	0		0 0	0	
8.01	09851 ELECTROCONVULSIVE THERAPY	0.000000	0		0 0	0	-
.02	09852 DIABETES EDUCATION	0.000000	0		0 0	0	
0.00	Total (lines 50 through 199)		91,722,777	91,9	99 0	0	200

PORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES	AND VACCINE COST	INCENT HOSPITAL		Period: From 07/01/2022 To 06/30/2023	u of Form CMS- Worksheet D Part V Date/Time Pre 11/27/2023 5:	pared:
			e XIX	Hospital	Cost	
			Charges		Costs	
Cost Center Description	Cost to Charge Ratio From	PPS Reimbursed Services (see	Cost Reimbursed	Cost Reimbursed	PPS Services (see inst.)	
	Worksheet C,	inst.)	Services	Services Not		
	Part I, col. 9		Subject To	Subject To		
				. Ded. & Coins.		
	1.00	2.00	(see inst.) 3.00	(see inst.) 4.00	5.00	
ANCILLARY SERVICE COST CENTERS	1.00	2.00	5.00	4.00	5.00	
.00 05000 OPERATING ROOM	0.103359	0	9,485,9	33 0	0	50.0
.00 05200 DELIVERY ROOM & LABOR ROOM	0.178767		1		0	
.00 05400 RADIOLOGY-DIAGNOSTIC	0.224036				0	
.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.160726				0	54.0
.02 05403 ULTRASOUND	0.106361	. 0	287,3	90 0	0	54.0
.03 05404 ECHOCARDIOLOGY	0.069908	0	1		0	54.0
.04 05401 ONCOLOGY	0.169631	. 0			0	54.0
.00 05700 CT SCAN	0.084397	0			0	57.0
.00 05800 MRI	0.220742	0	254,4	48 0	0	58.0
.00 05900 CARDIAC CATHETERIZATION	0.056261	. 0	1,826,7	25 0	0	59.0
.01 05901 CARDIAC REHAB	0.445335	0	10,3	50 0	0	59.0
.00 06000 LABORATORY	0.090538	0	3,902,2	75 0	0	60.0
.00 06500 RESPIRATORY THERAPY	0.218572	0	149,5	16 0	0	65.0
.00 06600 PHYSICAL THERAPY	0.466326	0	921,9	11 0	0	66.0
.00 06700 OCCUPATIONAL THERAPY	0.425946	0	9,6	30 0	0	67.0
.00 06800 SPEECH PATHOLOGY	0.376306	0	75,2	87 0	0	68.0
.00 06900 ELECTROCARDIOLOGY	0.124142	0	138,2	30 0	0	69.0
.00 07000 ELECTROENCEPHALOGRAPHY	0.307320	0	,.		0	70.0
.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.352170		,- ,-		0	
.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.360210		-,,-		0	
.00 07300 DRUGS CHARGED TO PATIENTS	0.277526		, ,		0	
.00 07400 RENAL DIALYSIS	0.276479		200,2		0	
.00 07500 ASC (NON-DISTINCT PART)	0.000000			0 0	0	
.01 03330 ENDOSCOPY	0.108017	0	634,8	56 0	0	75.0
0UTPATIENT SERVICE COST CENTERS	1.029733	0		0 0	0	90.0
.01 09001 PARTIAL HOSPITALIZATION	0.351278	-		0 0	0	
.02 09002 COVID-19 VACCINE CLINIC	0.000000			0 0	0	
.03 09003 BURN CLINIC	2.626462			0 0	0	
.00 09100 EMERGENCY	0.120603			-	0	
.01 09101 WOUND CARE 002	0.148395				0	
.02 09102 WOUND CARE 001	0.281350	-			0	
.03 09103 LAFAYETTE RD CLINIC	0.000000			0 0	0	
.04 09104 ZIONSVILLE CLINIC	0.425803		6,4	40 0	0	
.05 09105 BROWNSBURG CLINIC	0.000000			0 0	0	
.06 09106 OP ANTICOAGULATION CLINIC	0.310548		8,5	48 0	0	
.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.354613					
.08 04040 FAMILY PRACTICE	0.00000		, .	0 0	0	91.0
.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.393475					
OTHER REIMBURSABLE COST CENTERS						1
.00 09500 AMBULANCE SERVICES	0.692542	0	902,9	00		95.0
.00 09853 GERIATRIC CLINIC	0.000000	0		0 0	0	
.01 09851 ELECTROCONVULSIVE THERAPY	0.00000	0		0 0	0	
.02 09852 DIABETES EDUCATION	0.00000	0		0 0	0	98.0
0.00 Subtotal (see instructions)		0	40,704,4	33 0	0	200.0
1.00 Less PBP Clinic Lab. Services-Progr	am			0 0		201.0
Only Charges						
2.00 Net Charges (line 200 - line 201)		0	40,704,4	33 0	0	202.0

ORTIONMEN	T OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider CO	CN: 15-0084	Period: From 07/01/2022	Worksheet D Part V	
					то 06/30/2023	Date/Time Pr 11/27/2023 5	epare :09 pi
				e XIX	Hospital	Cost	
	Cost Center Description	Cost	Cost				
	cost center bescription	Reimbursed	Reimbursed				
		Services	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				
	ARY SERVICE COST CENTERS	000.460					
	OPERATING ROOM	980,462	0				50.
	DELIVERY ROOM & LABOR ROOM	20,337	0				52.
	RADIOLOGY-DIAGNOSTIC AMBULATORY CARDIOVASCULAR SVC	317,816	0				54.
	ULTRASOUND	48,669 30,567	0				54.
	ECHOCARDIOLOGY ONCOLOGY	6,339	0				54
	ONCOLOGY CT SCAN	229,144 41,769	0				54
00 05800		56,167	0				58
	CARDIAC CATHETERIZATION	102,773	0				59
	CARDIAC CATHETERIZATION	4,609	0				59
	LABORATORY	353,304	0				60
	RESPIRATORY THERAPY	32,680	0				65
	PHYSICAL THERAPY	429,911	0				66
	OCCUPATIONAL THERAPY	4,123	0				67
	SPEECH PATHOLOGY	28,331	0				68
	ELECTROCARDIOLOGY	17,160	0				69
	ELECTROENCEPHALOGRAPHY	230,723	0				70
	MEDICAL SUPPLIES CHARGED TO PAT	472,630	0				71
	IMPL. DEV. CHARGED TO PATIENTS	1,205,018	0				72
	DRUGS CHARGED TO PATIENTS	603,000	0				73
	RENAL DIALYSIS	81,899	0				74
	ASC (NON-DISTINCT PART)	0	0				75
	ENDOSCOPY	68,575	0				75
	IENT SERVICE COST CENTERS						
00 09000	CLINIC	0	0				90
01 09001	PARTIAL HOSPITALIZATION	0	0				90
02 09002	COVID-19 VACCINE CLINIC	0	0				90
03 09003	BURN CLINIC	0	0				90
00 09100	EMERGENCY	1,012,487	0				91
01 09101	wound care 002	59,805	0				91
02 09102	WOUND CARE 001	3,589	0				91
	LAFAYETTE RD CLINIC	0	0				91
	ZIONSVILLE CLINIC	2,742	0				91
	BROWNSBURG CLINIC	0	0				91
	OP ANTICOAGULATION CLINIC	2,655	0				91
	ST VINCENT OUTPATIENT TREATMENT	14,559	0				91
	FAMILY PRACTICE	0	0				91
	OBSERVATION BEDS (NON-DISTINCT	613,490	0				92
	REIMBURSABLE COST CENTERS	C25 200					
	AMBULANCE SERVICES	625,296	^				95
	GERIATRIC CLINIC	0	0				98
	ELECTROCONVULSIVE THERAPY	0	0				98
	DIABETES EDUCATION	7 700 630	0				98
	Subtotal (see instructions)	7,700,629	0				200
	Less PBP Clinic Lab. Services-Program Only Charges	0					201

	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S GH COSTS	ERVICE OTHER PAS		CN: 15-0084 CCN: 15-S084		niod: m 07/01/2022 06/30/2023	Worksheet D Part IV Date/Time Pre	nared.
			component	CCN. 15-3004	10	00/30/2023	11/27/2023 5:	
			Titl	e XIX	Su	ıbprovider - IPF	Cost	
	Cost Center Description	Non Physician	Nursing	Nursing	A	llied Health	Allied Health	
		Anesthetist	Program	Program		ost-Stepdown		
		Cost	Post-Stepdown			Adjustments		
		1.00	Adjustments	2.00		2.	2.00	
	ANCTULARY CERVICE COST CENTERS	1.00	2A	2.00		3A	3.00	
50.00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	0	0		0	0	9,048	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	-		0	0	8,546	
54.00		0			0	0	341,052	
54.00		0	-		0	0	0	1
54.02	05403 ULTRASOUND	0			0	0	803,357	
54.03	05404 ECHOCARDIOLOGY	0	, s		0	0	005,557	
54.04		0	, s		0	0	0	
57.00	05700 CT SCAN	0			0	0	182,031	1
58.00	05800 MRI	0			0	0	56,305	
59.00	05900 CARDIAC CATHETERIZATION	0	, s		0	0	0	
59.01	05901 CARDIAC REHAB	0			0	0	0	
60.00	06000 LABORATORY	0	°		õ	0	ů 0	
65.00	06500 RESPIRATORY THERAPY	0	, s		õ	0	ů 0	65.00
66.00		0			õ	0	ů 0	
67.00	06700 OCCUPATIONAL THERAPY	0	, s		õ	0	ů 0	
68.00	06800 SPEECH PATHOLOGY	0			õ	0	0	68.00
69.00		0	, s		õ	0	ů 0	
70.00		0	°		õ	0	ů 0	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		0	0	0	
72.00		0	0		0	0	0	72.00
73.00		0	0		0	0	1,538,151	73.00
74.00		0	0		0	0	0	
75.00	07500 ASC (NON-DISTINCT PART)	0	0		0	0	0	75.00
75.01		0	0		0	0	0	75.01
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0		0	0	26,139	90.00
90.01	09001 PARTIAL HOSPITALIZATION	0	0		0	0	0	90.01
90.02	09002 COVID-19 VACCINE CLINIC	0	0		0	0	0	90.02
90.03	09003 BURN CLINIC	0	0		0	0	0	90.03
91.00	09100 EMERGENCY	0	0		0	0	23,123	91.00
91.01	09101 WOUND CARE 002	0	0		0	0	0	91.01
91.02		0	0		0	0	0	
91.03		0	0		0	0	0	91.03
91.04		0	0		0	0	0	91.04
91.05		0	0		0	0	0	
91.06		0	-		0	0	0	
91.07	09107 ST VINCENT OUTPATIENT TREATMENT	0			0	0	0	
91.08		0			0	0	0	91.08
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	l		0		0	92.00
	OTHER REIMBURSABLE COST CENTERS			1				0.5.5.5
95.00	09500 AMBULANCE SERVICES	-	-			-	-	95.00
98.00	09853 GERIATRIC CLINIC	0	-		0	0	0	
98.01	09851 ELECTROCONVULSIVE THERAPY	0	-		0	0	0	
98.02 200.0	09852 DIABETES EDUCATION	0		•	0	0	0	
21111 ()(0 Total (lines 50 through 199)	0	0	1	0	0	2,987,752	1200.00

PORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY	SERVICE OTHER PASS	5 Provider C	CN: 15-0084	Period:	Worksheet D	
ROUGH COSTS		Component	CCN:15-S084	From 07/01/2022 To 06/30/2023	Part IV Date/Time Pre 11/27/2023 5:	pare 09 i
		Tit	e XIX	Subprovider - IPF	Cost	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medical	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and	Cost (sum of		$(col. 5 \div col.$	
		4)	cols. 2, 3,	8)	7)	
			and 4)		(see	
					instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS			1			
.00 05000 OPERATING ROOM	0					
.00 05200 DELIVERY ROOM & LABOR ROOM	0	8,546	8,54	46 84,589,333	0.000101	52
.00 05400 RADIOLOGY-DIAGNOSTIC	0	341,052	341,05	52 91,242,840	0.003738	54
.01 05402 AMBULATORY CARDIOVASCULAR SVC	0	C		0 56,622,757	0.000000	54
.02 05403 ULTRASOUND	0	803,357	803,35	31,432,719	0.025558	54
.03 05404 ECHOCARDIOLOGY	0	C		0 40,828,979	0.000000	54
.04 05401 ONCOLOGY	0	C		0 91,214,198	0.000000	54
.00 05700 CT SCAN	0	182,031	182,03	48,710,547	0.003737	57
.00 05800 MRI	0	56,305	56,30	15,067,012	0.003737	58
.00 05900 CARDIAC CATHETERIZATION	0	C		0 280,990,351	0.000000	59
.01 05901 CARDIAC REHAB	0	C		0 3,182,761		59
.00 06000 LABORATORY	0	c		0 469,309,525		60
.00 06500 RESPIRATORY THERAPY	0	Ċ)	0 84,487,515		
.00 06600 PHYSICAL THERAPY	0	l c		0 28,348,515		
.00 06700 OCCUPATIONAL THERAPY	0	0		0 15,220,147		
.00 06800 SPEECH PATHOLOGY	0			0 11,150,745		
.00 06900 ELECTROCARDIOLOGY	0	0		0 31,880,609		
.00 07000 ELECTROENCEPHALOGRAPHY	0			0 21,152,974		
.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0			0 240,801,294		
.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0			0 243,938,899		
.00 07200 DRUGS CHARGED TO PATIENTS	0	1,538,151	1,538,15			
.00 07300 DR0GS CHARGED TO PATIENTS	0	1,550,151	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	0 23,181,526		
	°					
.00 07500 ASC (NON-DISTINCT PART)	0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.000000	
.01 03330 ENDOSCOPY OUTPATIENT SERVICE COST CENTERS	0	L .	1	0 74,431,365	0.000000	7:
.00 09000 CLINIC	0	26,139	26,13	39 11,290,095	0.002315	90
.01 09001 PARTIAL HOSPITALIZATION	0	20,133		0 14,993,277		
.02 09002 COVID-19 VACCINE CLINIC	0			0 14,555,277	0.000000	
.03 09003 BURN CLINIC	0			0 432,631	0.000000	
.00 09100 EMERGENCY	0	23,123	23,12			
.01 09101 WOUND CARE 002	0	25,125		0 25,100,293		
.02 09102 WOUND CARE 002	0			0 23,100,293	0.000000	
.03 09103 LAFAYETTE RD CLINIC	0			0 5,000,515		
	0				0.000000	
.04 09104 ZIONSVILLE CLINIC .05 09105 BROWNSBURG CLINIC	0			0 1,843,587	0.000000	
	0				0.000000	
.06 09106 OP ANTICOAGULATION CLINIC	0			0 3,395,604		
.07 09107 ST VINCENT OUTPATIENT TREATMENT	0	-		0 4,116,703		
.08 04040 FAMILY PRACTICE	0			0 0	0.000000	
.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	C	1	0 57,785,077	0.000000	92
OTHER REIMBURSABLE COST CENTERS			1			1
.00 09500 AMBULANCE SERVICES	_	-		-	0 000000	9
.00 09853 GERIATRIC CLINIC	0			0	0.000000	
.01 09851 ELECTROCONVULSIVE THERAPY	0	C		0	0.000000	
.02 09852 DIABETES EDUCATION	0	C		U 0	0.000000	
0.00 Total (lines 50 through 199)	0	2,987,752	2,987,75	52 3,764,478,451		200

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0084 Component CCN: 15-S084		Worksheet D Part IV Date/Time Prepared:	
		Component	CCN. 13-5064	то 06/30/2023	11/27/2023 5:	
		Titl	e XIX	Subprovider - IPF	Cost	
Cost Center Description	Outpatient	Inpatient	Inpatient	Outpatient	Outpatient	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Throug		Pass-Through	
	$(col. 6 \div col.$		Costs (col.	8	Costs (col. 9	
	7)	10.00	x col. 10) 11.00	12.00	x col. 12) 13.00	
ANCILLARY SERVICE COST CENTERS	9.00	10.00	11.00	12.00	15.00	-
0.00 05000 OPERATING ROOM	0.000010	0		0 (0 0	50.00
2.00 05200 DELIVERY ROOM & LABOR ROOM	0.000101	0		0		
4.00 05400 RADIOLOGY-DIAGNOSTIC	0.003738	701		3		
4.01 05402 AMBULATORY CARDIOVASCULAR SVC	0.000000	417		0 0		
4.02 05403 ULTRASOUND	0.025558	417		0 0	· · · ·	
4.03 05404 ECHOCARDIOLOGY	0.000000	0		0 0	· · · · ·	
4.05 05404 ECHOCARDIOLOGY 4.04 05401 ONCOLOGY	0.000000	0		0 0	· · · · ·	
	1 1	0		0 0	· · · · ·	
7.00 05700 CT SCAN	0.003737	0			· · · · ·	
8.00 05800 MRI 9.00 05900 CARDIAC CATHETERIZATION	0.003737	0		•	· · · · ·	
	0.00000	0		•	· · · · ·	
9.01 05901 CARDIAC REHAB	0.00000	0			· · · · ·	
	0.00000	77,014			· · · · ·	00.0
5.00 06500 RESPIRATORY THERAPY	0.00000	3,470		0 (-	
6.00 06600 PHYSICAL THERAPY	0.00000	468		0 (-	
7.00 06700 OCCUPATIONAL THERAPY	0.00000	0		0 (-	
8.00 06800 SPEECH PATHOLOGY	0.00000	0		0 (-	
9.00 06900 ELECTROCARDIOLOGY	0.00000	0		0 (-	
0.00 07000 ELECTROENCEPHALOGRAPHY	0.00000	0		0 (· · · · ·	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.00000	233		0 0	-	1
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.00000	0		0 (· · · · ·	1
3.00 07300 DRUGS CHARGED TO PATIENTS	0.004386	42,239	1	85 (· · · · ·	1
4.00 07400 RENAL DIALYSIS	0.00000	0		0 (-	1
5.00 07500 ASC (NON-DISTINCT PART)	0.00000	0		0 (1
5.01 03330 ENDOSCOPY	0.000000	0		0 (0 0	75.0
OUTPATIENT SERVICE COST CENTERS	0.002215	0				
0.00 09000 CLINIC	0.002315	0		0 (
0.01 09001 PARTIAL HOSPITALIZATION	0.00000	18,059		0 (
0.02 09002 COVID-19 VACCINE CLINIC	0.00000	0		0 (
0.03 09003 BURN CLINIC	0.000000	0		0 (· · · · ·	
1.00 09100 EMERGENCY	0.000058	0		0 (· · · · ·	01.0
1.01 09101 WOUND CARE 002	0.00000	0		0 (· · · · ·	
1.02 09102 WOUND CARE 001	0.00000	0		0 (· · · · ·	01.0
1.03 09103 LAFAYETTE RD CLINIC	0.00000	0		0 (-	
1.04 09104 ZIONSVILLE CLINIC	0.00000	0		0 0	, v	
1.05 09105 BROWNSBURG CLINIC	0.00000	0		0 (-	1
1.06 09106 OP ANTICOAGULATION CLINIC	0.00000	0		0 (· · · · ·	
1.07 09107 ST VINCENT OUTPATIENT TREATMENT	0.00000	0		0 0		
1.08 04040 FAMILY PRACTICE	0.00000	0		0 0		1
2.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.000000	0		0 (0 0	92.0
OTHER REIMBURSABLE COST CENTERS			1		1	
5.00 09500 AMBULANCE SERVICES	0.000000	~				95.0
8.00 09853 GERIATRIC CLINIC	0.00000	0		0 0		
8.01 09851 ELECTROCONVULSIVE THERAPY	0.00000	0		0 0		
8.02 09852 DIABETES EDUCATION	0.00000	0	-	0 (
DO.00 Total (lines 50 through 199)		142,601	1	88 (и 0	200.0

	ATION OF INPATIENT OPERATING COST Pro	ovider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Pre 11/27/2023 5:0	pare
		Title XVIII	Hospital	PPS	
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS		I	1.00	
	INPATIENT DAYS				
00	Inpatient days (including private room days and swing-bed days, e			125,873	
00	Inpatient days (including private room days, excluding swing-bed			125,873	
00	Private room days (excluding swing-bed and observation bed days). do not complete this line.	. IT you nave only pi	rivate room days,	0	3
00	Semi-private room days (excluding swing-bed and observation bed d	davs)		109,956	4
00	Total swing-bed SNF type inpatient days (including private room d	3	er 31 of the cost	0	
	reporting period				
00	Total swing-bed SNF type inpatient days (including private room d	days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room da	ave) through Decombo	21 of the cost	0	7
00	reporting period	ays) through becember	SI OI LHE COSL	0	'
00	Total swing-bed NF type inpatient days (including private room da	avs) after December 3	31 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)				
00	Total inpatient days including private room days applicable to th	ne Program (excluding	g swing-bed and	29,025	9
~ ~	newborn days) (see instructions)				
.00	Swing-bed SNF type inpatient days applicable to title XVIII only through December 31 of the cost reporting period (see instruction		room days)	0	10
.00	Swing-bed SNF type inpatient days applicable to title XVIII only		room days) after	0	11
	December 31 of the cost reporting period (if calendar year, enter		oom days) areer	0	
.00	Swing-bed NF type inpatient days applicable to titles V or XIX on	nly (including privat	te room days)	0	12
	through December 31 of the cost reporting period				
.00	Swing-bed NF type inpatient days applicable to titles V or XIX on			0	13
.00	after December 31 of the cost reporting period (if calendar year, Medically necessary private room days applicable to the Program (0	14
	Total nursery days (title V or XIX only)	(excluding swing bed	uuys)	0	
	Nursery days (title V or XIX only)				16
	SWING BED ADJUSTMENT]
.00	Medicare rate for swing-bed SNF services applicable to services t	through December 31 o	of the cost	0.00	17
.00	reporting period Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost		0.00	10	
.00	reporting period	arter becember 51 01		0.00	1 10
.00	Medicaid rate for swing-bed NF services applicable to services th	rough December 31 of	f the cost	0.00	19
	reporting period				
.00	Medicaid rate for swing-bed NF services applicable to services af	fter December 31 of 1	the cost	0.00	20
.00	reporting period Total general inpatient routine service cost (see instructions)			179,805,180	21
.00	Swing-bed cost applicable to SNF type services through December 3	179,803,180			
	5×1 ine 17)			Ũ	
.00	Swing-bed cost applicable to SNF type services after December 31	of the cost reportion	ng period (line 6	0	23
	x line 18)				
.00	Swing-bed cost applicable to NF type services through December 31 7 x line 19)	L of the cost report	ing period (line	0	24
.00	Swing-bed cost applicable to NF type services after December 31 o	of the cost reporting	n period (line 8	0	25
	x line 20)			Ũ	
.00	Total swing-bed cost (see instructions)			0	
.00	General inpatient routine service cost net of swing-bed cost (lin	ne 21 minus line 26)		179,805,180	27
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	ad abcomunition had a		0	1 20
.00	General inpatient routine service charges (excluding swing-bed an Private room charges (excluding swing-bed charges)	id observation bed cr	larges)	0	28
	Semi-private room charges (excluding swing bed charges)			0	
.00	General inpatient routine service cost/charge ratio (line 27 ÷ li	ine 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	32
	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
00	Average per diem private room charge differential (line 32 minus		ctions)	0.00	
.00					
.00 .00					
.00 .00					-
.00	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
. 00 . 00 . 00	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTM		1		
.00 .00 .00	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTM Adjusted general inpatient routine service cost per diem (see ins	structions)		1,428.47	
.00 .00 .00	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTM	structions))		1,428.47 41,461,342 0	39

ealth Financial Systems AS OMPUTATION OF INPATIENT OPERATING COST		SCENSION ST. VI	Provider CCN: 15-0084		Period: From 07/01/2022	eu of Form CMS-2552 Worksheet D-1	
						2 B Date/Time Prepa 11/27/2023 5:09	
			Title	XVIII	Hospital	PPS	05 1
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Cost	Inpatient Days		÷	(col. 3 x col.	
		1.00		<u>col. 2)</u>	1.00	4)	<u> </u>
00		1.00	2.00	3.00	4.00	5.00	42
	NURSERY (title V & XIX only)	0	0	0.0	0 0	0	42
	Intensive Care Type Inpatient Hospital Units INTENSIVE CARE UNIT	44,477,408	23,618	1,883.2	0 6,464	12,173,005	43
	CORONARY CARE UNIT	, , , , , , , , , , , 00	25,010	0.0			
	CARDIOTHORACIC VASCULAR TRANSPL	25,568,806	6,360			°	
	BURN INTENSIVE CARE UNIT	4,346,412	1,501	2,895.6	,		
	PEDIATRIC INTENSIVE CARE UNIT	7,689,450	2,564				
00	SURGICAL INTENSIVE CARE UNIT	0	0	0.0	0 0	0	46
	NEONATAL INTENSIVE CARE UNIT	36,266,713	25,641	1,414.4	0 0	0	46
00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description						
00	Present institut envillent control of	* 2 2 2 2 2	14.4.4.200)			1.00	4.0
	Program inpatient ancillary service cost (Wks			TTT line 10	column 1)	81,093,968	48
-	Program inpatient cellular therapy acquisition Total Program inpatient costs (sum of lines 4					141,612,920	1
	PASS THROUGH COST ADJUSTMENTS	·				171,012,920	1 - 3
	Pass through costs applicable to Program inpa	atient routine	services (from	Wkst. D. sum	of Parts I and	3,875,406	50
	III)			, , , , , , , , , , , , , , , , , , , ,		_,,, . 50	
	Pass through costs applicable to Program inpa	atient ancillar	y services (fr	om Wkst. D, s	um of Parts II	5,151,532	51
	and IV)	50 and 51)				0.000.000	
	Total Program excludable cost (sum of lines !		lated and all	delen	and an and	9,026,938	
	Total Program inpatient operating cost excluo medical education costs (line 49 minus line !		iaceu, non-phy	sician anesth	erist, and	132,585,982	53
	TARGET AMOUNT AND LIMIT COMPUTATION	52)					
	Program discharges					0	54
	Target amount per discharge					0.00	
	Permanent adjustment amount per discharge					0.00	55
02	Adjustment amount per discharge (contractor u	use only)				0.00	55
	Target amount (line 54 x sum of lines 55, 55					0	
	Bonus payment (see instructions)	1			1. 1000	0 0.00	
							59
	updated and compounded by the market basket) Expected costs (lesser of line 53 ÷ line 54,	or line 55 fro	m prior year c	ost report i	ndated by the	0.00	60
	market basket)	01 11112 33 110	in prior year c	ost report, t	puaced by the	0.00	
	Continuous improvement bonus payment (if line	e 53 ÷ line 54	is less than t	he lowest of	lines 55 plus	0	61
	55.01, or line 59, or line 60, enter the less						
	53) are less than expected costs (lines 54 x	60), or 1 % of	the target am	ount (line 56), otherwise		
	enter zero. (see instructions) Relief payment (see instructions)					0	62
	Allowable Inpatient cost plus incentive payme	ont (coo instru	ctions)			0	
	PROGRAM INPATIENT ROUTINE SWING BED COST					0	0.
	Medicare swing-bed SNF inpatient routine cost	ts through Dece	mber 31 of the	cost reporti	ng period (See	0	64
	instructions)(title XVIII only)			600 C 1 6poi C 1	ing per loca (occ	Ŭ	
00	Medicare swing-bed SNF inpatient routine cost	ts after Decemb	er 31 of the c	ost reporting	period (See	0	65
	instructions)(title XVIII only)						
	Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line 6	5)(title XVII	I only); for	0	66
	CAH, see instructions Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period						6-
	(line 12 x line 19)	e cosis inrough	December, 3T 0	n the cost re	porting period	0	67
	Title V or XIX swing-bed NF inpatient routing	e costs after n	ecember 31 of	the cost repo	rting period	0	68
	(line 13 x line 20)		J_ UI	ine cose repe			
	Total title V or XIX swing-bed NF inpatient	routine costs (<u>line 67 + li</u> ne	68)		0	69
	PART III - SKILLED NURSING FACILITY, OTHER NU						
	Skilled nursing facility/other nursing facil	21 1		, ,			70
	Adjusted general inpatient routine service co		ıne /U ÷ lıne	2)			71
	5						72
							74
	Capital-related cost allocated to inpatient				art II, column		75
	26, line 45)				, . ,		
	Per diem capital-related costs (line 75 ÷ lin	ne 2)					76
	Program capital-related costs (line 9 x line						77
	Inpatient routine service cost (line 74 minus						78
	Aggregate charges to beneficiaries for excess						79
	Total Program routine service costs for compa		ost limitation	(line 78 mir	us line 79)		80
	Inpatient routine service cost per diem limit						81
	Inpatient routine service cost limitation (1-						82
	Reasonable inpatient routine service costs (: Program inpatient ancillary services (see in:		5)				83
							1 04
.00	Utilization review - physician compensation		ns)				85

ealth Financial Systems ASCENSION ST. VINCENT HOSPITAL In Li						2552-10		
COMPUTATION OF INPATIENT OPERATING COST		Provider CO	Provider CCN: 15-0084		Worksheet D-1	v-1		
		From 07/01/2022 To 06/30/2023						
	Title XVIII Hospital							
Cost Center Description								
					1.00			
PART IV - COMPUTATION OF OBSERVATION BED PASS	THROUGH COST							
87.00 Total observation bed days (see instructions)		15,917	87.00					
88.00 Adjusted general inpatient routine cost per	1,428.47	88.00						
89.00 Observation bed cost (line 87 x line 88) (see	22,736,957	89.00						
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation			
		(from line 21)	column 2	Observation	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	11,178,741	179,805,180	0.062171	L 22,736,957	1,413,579	90.00		
91.00 Nursing Program cost	0	179,805,180	0.00000	22,736,957	0	91.00		
92.00 Allied health cost	200,571	179,805,180	0.001115	22,736,957	25,352	92.00		
93.00 All other Medical Education	0		0.00000	22,736,957	0	93.00		

MPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023		pare
		Title XVIII	Subprovider -	11/27/2023 5:0 PPS	09 pi
	Cost Center Description		IPF	1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				
00	Inpatient days (including private room days and swing-bed days			13,198	
00 00	Inpatient days (including private room days, excluding swing-bed and observation bed day		ivato room dave	13,198 0	2
00	do not complete this line.	(3). If you have only pr	Ivace Ioom days,	0	
00	Semi-private room days (excluding swing-bed and observation be			13,198	
00	Total swing-bed SNF type inpatient days (including private roo	om days) through Decembe	r 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private roo	m days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line)	areer becember	SI OF the cost	0	
00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7
~~	reporting period				
00	Total swing-bed NF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	n days) after December 3	1 of the cost	0	8
00	Total inpatient days including private room days applicable to	the Program (excluding	swing-bed and	1,494	9
	newborn days) (see instructions)		-		
.00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days)	0	10
.00	through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII or		nom davs) after	0	11
	December 31 of the cost reporting period (if calendar year, er	iter 0 on this line)		, i i i i i i i i i i i i i i i i i i i	
.00	Swing-bed NF type inpatient days applicable to titles V or XI>	conly (including privat	e room days)	0	12
.00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XI>	(only (including privat	a room dave)	0	13
.00	after December 31 of the cost reporting period (if calendar ve			0	172
.00	Medically necessary private room days applicable to the Progra			0	14
	Total nursery days (title V or XIX only)			0	-
.00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16
.00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	of the cost	0.00	17
	reporting period	-			
.00	Medicare rate for swing-bed SNF services applicable to service reporting period	es after December 31 of	the cost	0.00	18
.00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19
	reporting period	-			
.00	Medicaid rate for swing-bed NF services applicable to services reporting period	s after December 31 of t	he cost	0.00	20
.00	Total general inpatient routine service cost (see instructions	5)		12,170,946	21
	Swing-bed cost applicable to SNF type services through December	-	ing period (line	0	
	5 x line 17)				
.00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reportin	g period (line 6	0	23
.00	Swing-bed cost applicable to NF type services through December	· 31 of the cost reporti	ng period (line	0	24
	7 x line 19)				
.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) Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost ((line 21 minus line 26)		12,170,946	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		-		
	General inpatient routine service charges (excluding swing-bed	and observation bed ch	arges)	0	
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	-
	General inpatient routine service cost/charge ratio (line 27 =	- line 28)		0.000000	
.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32
	Average semi-private room per diem charge (line 30 ÷ line 4)	un line 22) ('	tions)	0.00	
	Average per diem private room charge differential (line 32 mir Average per diem private room cost differential (line 34 x lir		LIONS)	0.00	
	Private room cost differential adjustment (line 3 x line 35)			0.00	
	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	12,170,946	
	27 minus line 36)				
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	ISTMENTS			
.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU Adjusted general inpatient routine service cost per diem (see			922.18	38
	Program general inpatient routine service cost (line 9 x line			1,377,737	
.00	Medically necessary private room cost applicable to the Progra	am (line 14 x line 35)		0	40
00	Total Program general inpatient routine service cost (line 39	+ line 40)		1,377,737	41

	Financial Systems ATION OF INPATIENT OPERATING COST	ASCENSION ST. VIN	CENT HOSPITAL Provider CC		Period:	u of Form CMS-2 Worksheet D-1	
			Component C		rom 07/01/2022 To 06/30/2023	Date/Time Pre 11/27/2023 5:	
			Title	XVIII	Subprovider - IPF	PPS	<u>09 piii</u>
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient CostI		col. 2)		(col. 3 x col. 4)	
2.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00 0 0	5.00	42.0
8.00	Intensive Care Type Inpatient Hospital UN INTENSIVE CARE UNIT	nits 0	0	0.0	0 0	0	43.0
.00	CORONARY CARE UNIT	0	0	0.0		-	
.01	CARDIOTHORACIC VASCULAR TRANSPL	0	0	0.0		-	
.00 .01	BURN INTENSIVE CARE UNIT PEDIATRIC INTENSIVE CARE UNIT	0	0	0.0		0	
.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.0		0	
.01	NEONATAL INTENSIVE CARE UNIT	0	Ő	0.0		0	
.00	OTHER SPECIAL CARE (SPECIFY)						47.
	Cost Center Description					1.00	
.00	Program inpatient ancillary service cost				_	260,375	
.01	Program inpatient cellular therapy acqui Total Program inpatient costs (sum of li				column 1)	0 1,638,112	48.
.00	PASS THROUGH COST ADJUSTMENTS	nes 41 through 48.01	J(see mscruc			1,038,112	49.
.00	Pass through costs applicable to Program	inpatient routine s	ervices (from	Wkst. D, sum	of Parts I and	89,087	50.
.00	III) Pass through costs applicable to Program and IV)	inpatient ancillary	services (fro	om Wkst. D, si	um of Parts II	20,507	51.
00	Total Program excludable cost (sum of li	nes 50 and 51)				109,594	52.
00	Total Program inpatient operating cost e medical education costs (line 49 minus l		ated, non-phys	sician anesth	etist, and	1,528,518	53.
~ ~	TARGET AMOUNT AND LIMIT COMPUTATION						l
00 00	Program discharges Target amount per discharge					0.00	
01	Permanent adjustment amount per discharg	٩				0.00	
02	Adjustment amount per discharge (contrac					0.00	
00	Target amount (line 54 x sum of lines 55					0	
00	Difference between adjusted inpatient op	erating cost and tar	get amount (1	ine 56 minus [·]	line 53)	0	
00	Bonus payment (see instructions)	54				0	
.00	Trended costs (lesser of line $53 \div$ line updated and compounded by the market bas Expected costs (lesser of line $53 \div$ line	ket)		5.		0.00	
	market basket)				-	0.00	
.00	Continuous improvement bonus payment (if 55.01, or line 59, or line 60, enter the 53) are less than expected costs (lines enter zero. (see instructions)	lesser of 50% of th	e amount by wl	nich operating	g costs (line	0	61.
.00	Relief payment (see instructions)					0	
00	Allowable Inpatient cost plus incentive PROGRAM INPATIENT ROUTINE SWING BED COST	payment (see instruc	tions)			0	63
00	Medicare swing-bed SNF inpatient routine instructions)(title XVIII only)	costs through Decem	ber 31 of the	cost reporti	ng period (See	0	64
00	Medicare swing-bed SNF inpatient routine instructions)(title XVIII only)	costs after Decembe	r 31 of the co	ost reporting	period (See	0	65
.00	Total Medicare swing-bed SNF inpatient r CAH. see instructions	outine costs (line 6	4 plus line 6	5)(title XVII:	[only); for	0	66
.00	Title V or XIX swing-bed NF inpatient ro (line 12 x line 19)	utine costs through	December 31 o	f the cost re	porting period	0	67
00	Title V or XIX swing-bed NF inpatient ro (line 13 x line 20)	utine costs after De	cember 31 of	the cost repo	rting period	0	68.
00	Total title V or XIX swing-bed NF inpati PART III - SKILLED NURSING FACILITY, OTH					0	69
00	Skilled nursing facility/other nursing f						70
00	Adjusted general inpatient routine servi		ne 70 ÷ line 2	2)			71
00	Program routine service cost (line 9 x 1		(1	25)			72
00 00	Medically necessary private room cost ap Total Program general inpatient routine			ie 35)			73
00	Capital-related cost allocated to inpati			orksheet B, Pa	art II, column		74
00	26, line 45)	· lino 2)					70
00 00	Per diem capital-related costs (line 75 Program capital-related costs (line 9 x						76
00	Inpatient routine service cost (line 74						78
00	Aggregate charges to beneficiaries for e		ovider record	5)			79
00	Total Program routine service costs for	comparison to the co			ıs line 79)		80
00	Inpatient routine service cost per diem						81
00	Inpatient routine service cost limitatio	• • •					82
.00	Reasonable inpatient routine service cos Program inpatient ancillary services (se)				83 84
1.11.1	program inpacticit ancitially services (Se						
.00 .00	Utilization review - physician compensat	ion (see instruction	s)				85

Health Financial Systems AS	CENSION ST. VI	NCENT HOSPITAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
		Component C		From 07/01/2022 To 06/30/2023		
		Title	XVIII	Subprovider - IPF	PPS	
Cost Center Description						
					1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS	THROUGH COST					
87.00 Total observation bed days (see instructions))				0	87.00
88.00 Adjusted general inpatient routine cost per d	ent routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see	e instructions)				0	89.00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observation	Bed Pass	
				Bed Cost (from		
				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 C				1		
90.00 Capital-related cost	743,272				0	90.00
91.00 Nursing Program cost	0	12,170,946			0	91.00
92.00 Allied health cost	43,733				0	92.00
93.00 All other Medical Education	0	12,170,946	0.00000	0 0	0	93.00

Health	Financia	l Systems	
COMPLIE	ATTON OF	TNPATTENT	OPERATING

ASCENSION	ST.	VINCE	NT	HOSPIT	4L	
			Pr	ovider	CCN:	15 - 0084

In Lieu of Form CMS-2552-10

MPUT	TION OF INPATIENT OPERATING COST	Provider CCN: 15-0084	Period: From 07/01/2022	Worksheet D-1	
			то 06/30/2023	Date/Time Pre 11/27/2023 5:	epare
		Title XIX	Hospital	Cost	.05 p
	Cost Center Description				
				1.00	_
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				-
	Inpatient days (including private room days and swing-bed day	ys, excluding newborn)		125,873	1
	Inpatient days (including private room days, excluding swing-			125,873	
00	Private room days (excluding swing-bed and observation bed da	ays). If you have only p	rivate room days,	0	3
00	do not complete this line. Semi-private room days (excluding swing-bed and observation b	had days)		109,956	4
	Total swing-bed SNF type inpatient days (including private ro		er 31 of the cost	109,930	
	reporting period				
00	Total swing-bed SNF type inpatient days (including private ro	oom days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private roc	am davis) through Docombo	n 21 of the cost	0	
50	reporting period	om days) through becembe	I SI OI LINE COSL	0	ή ΄
00	Total swing-bed NF type inpatient days (including private roo	om days) after December	31 of the cost	0	8 10
	reporting period (if calendar year, enter 0 on this line)				
00	Total inpatient days including private room days applicable t	to the Program (excludin	g swing-bed and	5,823	9
.00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII c	only (including private	room days)	0	10
	through December 31 of the cost reporting period (see instruc		. com aayoj	0	
.00	Swing-bed SNF type inpatient days applicable to title XVIII o	only (including private	room days) after	0	11
00	December 31 of the cost reporting period (if calendar year, e			0	
.00	Swing-bed NF type inpatient days applicable to titles V or XI through December 31 of the cost reporting period	ix only (including priva	te room days)	0	12
.00	Swing-bed NF type inpatient days applicable to titles V or XI	IX only (including priva	te room days)	0	13
	after December 31 of the cost reporting period (if calendar y	year, enter 0 on this li	ne)		
	Medically necessary private room days applicable to the Progr	ram (excluding swing-bed	days)	-	14
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			4,560 2,765	
	SWING BED ADJUSTMENT			2,703	1 10
	Medicare rate for swing-bed SNF services applicable to servic	ces through December 31	of the cost	0.00	17
	reporting period				
.00	Medicare rate for swing-bed SNF services applicable to servic reporting period	ces after December 31 of	the cost	0.00	18
.00	Medicaid rate for swing-bed NF services applicable to service	es through December 31 o	f the cost	0.00	19
	reporting period			0100	
.00	Medicaid rate for swing-bed NF services applicable to service	es after December 31 of	the cost	0.00	20
.00	reporting period Total general inpatient routine service cost (see instructior			185,441,706	21
	Swing-bed cost applicable to SNF type services through Decemb		ting period (line	105,441,706	22
	5 x line 17)		enig per lou (The	Ŭ	
.00	Swing-bed cost applicable to SNF type services after December	r 31 of the cost reporti	ng period (line 6	0	23
00	x line 18) Swing had cost applicable to N5 type convises through Decembe	an 21 of the cost nonent	ing ported (line	0	24
.00	Swing-bed cost applicable to NF type services through Decembe 7 x line 19)	er si of the cost report	ing period (Tine	0	' 24
.00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	g period (line 8	0	25
	x line 20)				
	Total swing-bed cost (see instructions)	(line 21 minus line 26)		0 185,441,706	
	General inpatient routine service cost net of swing-bed cost PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(THE 21 MINUS THE 20)		105,441,700	2/
	General inpatient routine service charges (excluding swing-be	ed and observation bed c	harges)	0	28
.00	Private room charges (excluding swing-bed charges)			0	
	Semi-private room charges (excluding swing-bed charges)	7.1		0	
00	General inpatient routine service cost/charge ratio (line 27 Average private room per diem charge (line 29 ÷ line 3)	÷ 11ne 28)		0.000000.0	
.00	Average semi-private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average per diem private room charge differential (line 32 mi	inus line 33)(see instru	ctions)	0.00	
	Average per diem private room cost differential (line 34 x li	ine 31)		0.00	
	Private room cost differential adjustment (line 3 x line 35)	and and unto the second second	ifforential (list	185 441 706	
.00	General inpatient routine service cost net of swing-bed cost 27 minus line 36)	and private room cost d	itterential (line	185,441,706	5 37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
1	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	JUSTMENTS			
				4 470 04	38
.00	Adjusted general inpatient routine service cost per diem (see			1,473.24	
.00		e 38)		1,473.24 8,578,677 0	39

	ATION OF INPATIENT OPERATING COST		Provider CC		Period: From 07/01/2022	Worksheet D-1	
					ro 06/30/2023	Date/Time Prep 11/27/2023 5:0	
			Title	e XIX	Hospital	Cost	<u> </u>
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient CostI	npatient Days	Diem (col. 1 -	÷	(col. 3 x col.	
				col. 2)		4)	
		1.00	2.00	3.00	4.00	5.00	
00	NURSERY (title V & XIX only)	5,416,824	4,560	1,187.90	2,765	3,284,544	42
	Intensive Care Type Inpatient Hospital Units						
00	INTENSIVE CARE UNIT	46,598,749	23,618	1,973.02	937	1,848,720	43
00	CORONARY CARE UNIT	0	0	0.00	0 0	0	44
01	CARDIOTHORACIC VASCULAR TRANSPL	25,595,863	6,360	4,024.53	L 248	998,078	44
00	BURN INTENSIVE CARE UNIT	4,349,363	1,501	2,897.64	1 89	257,890	45
01	PEDIATRIC INTENSIVE CARE UNIT	7,837,039	2,564	3,056.57	229	699,955	45
00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0 0	0	46
01	NEONATAL INTENSIVE CARE UNIT	36,547,132	25,641	1,425.34	3,516	5,011,495	46
00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description	· · · ·					
						1.00	
00	Program inpatient ancillary service cost (Wks	st. D-3, col. 3,	line 200)			16,367,950	48
01	Program inpatient cellular therapy acquisition	on cost (Workshe	et D-6, Part I	III, line 10,	column 1)	0	48
00	Total Program inpatient costs (sum of lines 4					37,047,309	49
	PASS THROUGH COST ADJUSTMENTS						
00	Pass through costs applicable to Program inpa	atient routine s	ervices (from	Wkst. D, sum	of Parts I and	0	50
	III)						
00	Pass through costs applicable to Program inpa	atient ancillary	/ services (fro	om Wkst. D, su	um of Parts II	0	51
	and IV)						
00	Total Program excludable cost (sum of lines 5					0	52
00	Total Program inpatient operating cost exclud		ated, non-phys	ician anesthe	etist, and	0	53
	medical education costs (line 49 minus line 5	52)					1
	TARGET AMOUNT AND LIMIT COMPUTATION						
00	Program discharges						54
00	Target amount per discharge					0.00	
01	Permanent adjustment amount per discharge					0.00	
02	Adjustment amount per discharge (contractor u					0.00	
00	Target amount (line 54 x sum of lines 55, 55,					0	56
00	Difference between adjusted inpatient operation	ing cost and tar	rget amount (li	ne 56 minus 1	ine 53)	0	
00	Bonus payment (see instructions)					0	58
00	Trended costs (lesser of line 53 ÷ line 54, o	or line 55 from	the cost repor	ting period e	ending 1996,	0.00	59
	updated and compounded by the market basket)						
00	Expected costs (lesser of line 53 ÷ line 54,	or line 55 from	n prior year co	ost report, up	odated by the	0.00	60
~~	market basket)	- F2 - 1' - F4 '			· · · · · · · · · · · ·		0.1
00	Continuous improvement bonus payment (if line					0	61
	55.01, or line 59, or line 60, enter the less						
	53) are less than expected costs (lines 54 x enter zero. (see instructions)	60), or 1 % or	the target and	bunt (Time 50,	, otherwise		
00	Relief payment (see instructions)					0	62
00	Allowable Inpatient cost plus incentive payme	ont (coo instruc	tions)			0	
00	PROGRAM INPATIENT ROUTINE SWING BED COST					0	03
00	Medicare swing-bed SNF inpatient routine cost	ts through Docor	bor 31 of the	cost roportir	a pariod (soo	0	64
00	instructions)(title XVIII only)	LS LITTOUGH DECEN	iber 31 01 the	cost reportin	ig per lou (see	0	04
00	Medicare swing-bed SNF inpatient routine cost	ts after Decembe	or 31 of the co	st renorting	neriod (See	0	65
00	instructions)(title XVIII only)	LS aiter Decembe	JE OF LIE LL	se reporting	periou (See	0	
00	Total Medicare swing-bed SNF inpatient routin	ne costs (line 6	4 nlus line 65)(title XVTT	only): for	0	66
	CAH. see instructions			., (U	
00	Title V or XIX swing-bed NF inpatient routine	e costs through	December 31 of	the cost rer	ortina period	0	67
	(line 12 x line 19)				- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	Ű	''
00	Title V or XIX swing-bed NF inpatient routine	e costs after De	cember 31 of t	the cost report	ting period	0	68
	(line 13 x line 20)				5 1		
00	Total title V or XIX swing-bed NF inpatient i	routine costs (1	ine 67 + line	68)		0	69
	PART III - SKILLED NURSING FACILITY, OTHER NU	RSING FACILITY,	AND ICF/IID 0	NLY			1
00	Skilled nursing facility/other nursing facili	ity/ICF/IID rout	ine service co	ost (line 37)			70
00	Adjusted general inpatient routine service co	ost per diem (li	ne 70 ÷ line 2	2)			71
00	Program routine service cost (line 9 x line 2						72
00	Medically necessary private room cost applica	able to Program	(line 14 x lin	ne 35)			73
00	Total Program general inpatient routine serv						74
00	Capital-related cost allocated to inpatient i	routine service	costs (from Wo	orksheet B, Pa	art II, column		75
	26, line 45)						
00	Per diem capital-related costs (line 75 ÷ lin						76
	Program capital-related costs (line 9 x line						77
	Inpatient routine service cost (line 74 minus	s line 77)					78
00	Aggregate charges to beneficiaries for excess						79
00 00	Total Program routine service costs for compa	arison to the co	st limitation	(line 78 minu	ıs line 79)		80
00 00 00		tation					81
00 00 00 00	Inpatient routine service cost per diem limit						1 07
00 00 00 00	Inpatient routine service cost per diem limit Inpatient routine service cost limitation (1		1				02
00 00 00 00 00		ine 9 x line 81)					
.00 .00 .00 .00 .00 .00 .00	Inpatient routine service cost limitation (1	ine 9 x line 81) see instructions					82 83 84
00 00 00 00 00 00	Inpatient routine service cost limitation (1 Reasonable inpatient routine service costs (s	ine 9 x line 81) see instructions structions)	;)				83

Health Financial Systems AS	CENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
			٦	rom 07/01/2022 Γο 06/30/2023		
		Titl	e XIX	Hospital	Cost	
Cost Center Description						
					1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS	THROUGH COST					
87.00 Total observation bed days (see instructions))				15,917	87.00
88.00 Adjusted general inpatient routine cost per		line 2)			1,473.24	88.00
89.00 Observation bed cost (line 87 x line 88) (see					23,449,561	89.00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observation	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 O	OST					
90.00 Capital-related cost	11,178,741	185,441,706	0.060282	2 23,449,561	1,413,586	90.00
91.00 Nursing Program cost	0	185,441,706	0.00000	23,449,561	0	91.00
92.00 Allied health cost	200,571	185,441,706	0.001082	2 23,449,561	25,372	92.00
93.00 All other Medical Education	0	185,441,706	0.00000	23,449,561		93.00

MPUT/	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet D-1 Date/Time Prep 11/27/2023 5:0	pare
		Title XIX	Subprovider - IPF	Cost	09
	Cost Center Description		-	1.00	
1	PART I - ALL PROVIDER COMPONENTS		4		
	INPATIENT DAYS Inpatient days (including private room days and swing-bed days	excluding newborn)		13,198	1
	Inpatient days (including private room days, excluding swing-bed days			13,198	
	Private room days (excluding swing-bed and observation bed day		rivate room days,	0	3
	do not complete this line.				
00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roo		r 31 of the cost	13,198	4
	reporting period	om days) through becembe	I SI OI LIE COSC	0	'
00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)		21 .6 +b		_
00	Total swing-bed NF type inpatient days (including private roor reporting period	n days) through December	' 31 OF THE COST	0	7
00	Total swing-bed NF type inpatient days (including private roor	n days) after December 3	1 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)			_	
00	Total inpatient days including private room days applicable to newborn days) (see instructions)	o the Program (excluding	swing-bed and	675	9
.00	Swing-bed SNF type inpatient days applicable to title XVIII or	nlv (including private r	oom davs)	0	10
	through December 31 of the cost reporting period (see instruct				
.00	Swing-bed SNF type inpatient days applicable to title XVIII on December 31 of the cost reporting period (if calendar year, en		oom days) after	0	11
.00	Swing-bed NF type inpatient days applicable to titles V or XI		e room days)	0	12
	through December 31 of the cost reporting period				
.00	Swing-bed NF type inpatient days applicable to titles V or XI			0	13
.00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra			0	14
	Total nursery days (title V or XIX only)	am (excluding swing bed	uays)	4,560	
	Nursery days (title V or XIX only)			2,765	
	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	as through December 21 s	f the cost	0.00	1 1 7
.00	reporting period	es through becember si t		0.00	1 1/
.00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18
.00	reporting period Medicaid rate for swing-bed NF services applicable to services	s through December 21 of	the cost	0.00	10
.00	reporting period	s through becember 31 01	the cost	0.00	1 19
.00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20
.00	reporting period Total general inpatient routine service cost (see instructions	c)		12,480,883	21
	Swing-bed cost applicable to SNF type services through December	-	ing period (line	12,400,005	
	5 x line 17)			-	
.00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportir	ng period (line 6	0	23
.00	x line 18) Swing-bed cost applicable to NF type services through Decembe	r 31 of the cost reporti	ng period (line	0	24
	7 x line 19)				
.00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25
.00	x line 20) Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		12,480,883	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges)	d and observation bed cr	larges)	0	
	Semi-private room charges (excluding swing-bed charges)			0	
.00	General inpatient routine service cost/charge ratio (line 27 -	: line 28)		0.000000	31
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 mi	nus line 33)(see instruc	tions)	0.00 0.00	
.00	Average per diem private room cost differential (line 34 x lin	ne 31)		0.00	
.00	Private room cost differential adjustment (line 3 x line 35)			0	36
.00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	12,480,883	37
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
1	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	JSTMENTS			1
	Adjusted general inpatient routine service cost per diem (see			945.66	
.00	Program general inpatient routine service cost (line 9 x line			638,321	
00	Medically necessary private room cost applicable to the Progra			0	

Health	Financial Systems AS	SCENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0084	Period:	Worksheet D-1	
					From 07/01/2022 To 06/30/2023	Date/Time Pre	pared:
			Titl	e XIX	Subprovider - IPF	11/27/2023 5: Cost	<u>09 pm</u>
	Cost Center Description	Total	Total Inpatient Days	Average Per	Program Days	Program Cost (col. 3 x col.	
		1.00	2.00	<u>col. 2)</u> 3.00	4.00	<u>4)</u> 5.00	
42.00	NURSERY (title V & XIX only)	0				0	42.00
	Intensive Care Type Inpatient Hospital Units	1					
	INTENSIVE CARE UNIT	0	, i			0	
	CORONARY CARE UNIT	0	-			0	
	CARDIOTHORACIC VASCULAR TRANSPL	0	, i			0	
	BURN INTENSIVE CARE UNIT	0	0			0	
	PEDIATRIC INTENSIVE CARE UNIT	0	0			0	
	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	0	, i			0	
	OTHER SPECIAL CARE (SPECIFY)	0		0.0	0	0	47.00
47.00	Cost Center Description		1	I			47.00
						1.00	
	Program inpatient ancillary service cost (Wk					26,321	
	Program inpatient cellular therapy acquisiti				column 1)	0	
49.00	Total Program inpatient costs (sum of lines	41 through 48.0	01)(see instruc	tions)		664,642	49.00
F0 00	PASS THROUGH COST ADJUSTMENTS	ationt mouting	convices (from	Whet D ave	of Donto I and	0	50.00
50.00	Pass through costs applicable to Program inp. III)	atient routine	services (Tron	1 WKST. D, SUM	or Parts I and	0	50.00
51.00		atient ancilla	ry services (fr	om Wkst. D, s	um of Parts II	0	51.00
52.00	Total Program excludable cost (sum of lines	50 and 51)				0	52.00
53.00			elated. non-phy	sician anesth	etist. and	0	
	medical education costs (line 49 minus line TARGET AMOUNT AND LIMIT COMPUTATION				,		
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
	Permanent adjustment amount per discharge					0.00	
	Adjustment amount per discharge (contractor					0.00	•
56.00						0	56.00
	Difference between adjusted inpatient operat	ing cost and ta	arget amount (1	ine 56 minus	line 53)	0	57.00
58.00	Bonus payment (see instructions)				1000	0	58.00
59.00	Trended costs (lesser of line 53 ÷ line 54, updated and compounded by the market basket)					0.00	
60.00	Expected costs (lesser of line 53 ÷ line 54, market basket)					0.00	
61.00	Continuous improvement bonus payment (if lin 55.01 , or line 59, or line 60, enter the les 53) are less than expected costs (lines 54×53)	ser of 50% of t	the amount by w	hich operatin	g costs (line	0	61.00
62.00	enter zero. (see instructions)					0	62.00
	Relief payment (see instructions) Allowable Inpatient cost plus incentive paym	ont (soo instru	uctions)			0	
05.00	PROGRAM INPATIENT ROUTINE SWING BED COST					0	05.00
64.00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of the	e cost reporti	ng period (See	0	64.00
	instructions)(title XVIII only)						
65.00	Medicare swing-bed SNF inpatient routine cos	ts after Decemb	ber 31 of the c	cost reporting	period (See	0	65.00
66.00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routi	ne costs (line	64 plus line 6	5)(title XVII	I only); for	0	66.00
67 00	CAH, see instructions Title V or XIX swing-bed NF inpatient routin	e costs through	December 31 c	of the cost re	porting period	0	67.00
	(line 12 x line 19)	-					
68.00	Title V or XIX swing-bed NF inpatient routine (line 13 x line 20)	e costs after [December 31 of	the cost repo	rting period	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient	routine costs	(line 67 + line	e 68)		0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER N						
70.00	Skilled nursing facility/other nursing facil	ity/ICF/IID rou	utine service o	ost (line 37)			70.00
	Adjusted general inpatient routine service c		line 70 ÷ line	2)			71.00
	Program routine service cost (line 9 x line		(7) (1) 7	25)			72.00
73.00	Medically necessary private room cost applic						73.00
	Total Program general inpatient routine serv						74.00
75.00	Capital-related cost allocated to inpatient 26, line 45) Der diem capital related costs (line 75 ; li		e cosis (trom W	WORKSNEET B, P	ait II, COlumn		75.00
76.00	Per diem capital-related costs (line 75 ÷ line Program capital-related costs (line 9 x line						76.00
	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu						77.00
78.00	Aggregate charges to beneficiaries for exces		provider record	(5)			79.00
	Total Program routine service costs for comp				us line 79)		80.00
	Inpatient routine service cost per diem limit						81.00
	Inpatient routine service cost limitation (1)		1)				82.00
	Reasonable inpatient routine service costs (83.00
	Program inpatient ancillary services (see in						84.00
	Utilization review - physician compensation						85.00
86.00	Total Program inpatient operating costs (sum	of lines 83 th	nrough 85)				86.00

Health Financial Systems AS	CENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
		Component C		From 07/01/2022 To 06/30/2023		
		Titl	e XIX	Subprovider - IPF	Cost	
Cost Center Description						
					1.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS	THROUGH COST					
87.00 Total observation bed days (see instructions))				0	87.00
88.00 Adjusted general inpatient routine cost per o	diem (line 27 ÷	line 2)			88.00	
89.00 Observation bed cost (line 87 x line 88) (see	e instructions)				0	89.00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observation	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 C						
90.00 Capital-related cost	743,272	12,480,883	0.05955	3 0	0	90.00
91.00 Nursing Program cost	0	12,480,883			0	91.00
92.00 Allied health cost	43,733	12,480,883	0.00350	4 0	0	92.00
93.00 All other Medical Education	0	12,480,883	0.00000	0 0	0	93.00

NPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0084	Period: From 07/01/2022	Worksheet D-3	
				то 06/30/2023	Date/Time Pre 11/27/2023 5:	
		Title	XVIII	Hospital	PPS	_
	Cost Center Description		Ratio of Cos To Charges		Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		1	1		
	03000 ADULTS & PEDIATRICS			101,981,351		30
	03100 INTENSIVE CARE UNIT			40,292,670		31
	03200 CORONARY CARE UNIT 03201 CARDIOTHORACIC VASCULAR TRANSPL			12 470 724		32
	03300 BURN INTENSIVE CARE UNIT			13,479,724 3,908,183		33
	02080 PEDIATRIC INTENSIVE CARE UNIT			84,883		33
	03400 SURGICAL INTENSIVE CARE UNIT			04,005		34
	02060 NEONATAL INTENSIVE CARE UNIT			0		34
	04000 SUBPROVIDER - IPF			0		40
43.00	04300 NURSERY					43
	ANCILLARY SERVICE COST CENTERS		-			
	05000 OPERATING ROOM		0.0951			
	05200 DELIVERY ROOM & LABOR ROOM		0.1585		67,469	
	05400 RADIOLOGY-DIAGNOSTIC		0.2194			
	05402 AMBULATORY CARDIOVASCULAR SVC		0.1607		680,853	
	05403 ULTRASOUND		0.0968		415,086	
	05404 ECHOCARDIOLOGY		0.0646		2,854	
	05401 ONCOLOGY 05700 CT SCAN		0.1622		206,281 648,898	
	05800 MRI		0.2187	,,.	291,917	58
	05900 CARDIAC CATHETERIZATION		0.0519	, ,	1,657,877	
	05901 CARDIAC REHAB		0.4298		722	59
	06000 LABORATORY		0.0897		6,951,409	
	06500 RESPIRATORY THERAPY		0.2145		3,013,292	
56.00	06600 PHYSICAL THERAPY		0.4621		1,988,678	
57.00	06700 OCCUPATIONAL THERAPY		0.4259	46 2,663,736	1,134,608	67
	06800 SPEECH PATHOLOGY		0.3763	06 1,111,088	418,109	68
	06900 ELECTROCARDIOLOGY		0.1013		621,614	
	07000 ELECTROENCEPHALOGRAPHY		0.2924		327,285	
	07100 MEDICAL SUPPLIES CHARGED TO PAT		0.3521		11,609,002	
	07200 IMPL. DEV. CHARGED TO PATIENTS		0.3602		17,584,387	
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS		0.2773		13,712,804 1,544,618	
75.00	07500 ASC (NON-DISTINCT PART)		0.2704		1, 544, 618	75
	03330 ENDOSCOPY		0.0979		547,739	
5.01	OUTPATIENT SERVICE COST CENTERS		010010	5,551,225	511,100	1
90.00	09000 CLINIC		0.9933	05 0	0	90
90.01	09001 PARTIAL HOSPITALIZATION		0.3501		3,105	
0.02	09002 COVID-19 VACCINE CLINIC		0.0000	00 0	0	
	09003 BURN CLINIC		2.6264		0	
	09100 EMERGENCY		0.1184		3,337,473	
	09101 WOUND CARE 002		0.1429		5,257	
	09102 WOUND CARE 001 09103 LAFAYETTE RD CLINIC		0.2813		264,860 0	
	09103 LAFAYETTE RD CLINIC		0.0000		0	
	09105 BROWNSBURG CLINIC		0.4238		0	
	09106 OP ANTICOAGULATION CLINIC		0.3105		488	
	09107 ST VINCENT OUTPATIENT TREATMENT		0.3546		557	
	04040 FAMILY PRACTICE		0.0000		0	
	09200 OBSERVATION BEDS (NON-DISTINCT		0.3934			
	OTHER REIMBURSABLE COST CENTERS					
	09500 AMBULANCE SERVICES					9
	09853 GERIATRIC CLINIC		0.0000		0	
	09851 ELECTROCONVULSIVE THERAPY		0.0000		0	
	09852 DIABETES EDUCATION	202	0.0000		0	
	Total (sum of lines 50 through 94 and 96 through 9	0)	L	454,815,000	81,093,968	1200
200.00 201.00						201

Health	Financial	Systems

ASCENSTON ST VINCENT HOSPITAL

In Lieu of Form CMS-2552-10

IDEATEST AUCILLARY SERVICE COST APPORTIONMENT Porvider COX: 15-0984 Feridig: togonent CAX: 15-0984 Vertice X-100 Subprovement CAX: 15-0984 Vertice X-100 PS-100 To Concress To Charges Subprovement CAX: 15-0984 Feridig: Togonent CAX: 15-098	Health F	inancial Systems	ASCENSION ST. VINCE	NT HOSPITAL		In Lie	eu of Form CMS-2	2552-10
Component CCN: 15-508 [10 000/2023] Date/Time Prepared Title XVIII Support Support der - 2003 Support d	INPATIEN	NT ANCILLARY SERVICE COST APPORTIONMENT		Provider C	CN: 15-0084		Worksheet D-3	
Title xVIIT Subprotore - IPF PPS 0.00 GSU0 ADMITS & PEDIATRICS Top Charges Top Charges For Charges Control Ingetient For Charges For Charges Control Ingetient For Charges Control Ingetient For Charges Control Ingetient For Charges Control Ingetient Solo Solo <t< td=""><td></td><td></td><td></td><td>Component</td><td>CCN:15-S084</td><td></td><td></td><td></td></t<>				Component	CCN:15-S084			
TO Charges Program Charges Program (charges Procharges Procharges Pr				Title	e XVIII			
Image: service correspondence: service: service: service correspondence: service correspondence: servic		Cost Center Description						
Image: 1.00 2.00 3.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 30.00 31.00 30.00 30.00 30.00 32.00 30.00 30.00 30.00 32.00 30.00 20.00 30.00 32.00 30.00 20.00 30.00 32.00 30.00 20.00 30.00 32.00 30.00 30.00 30.00 33.00 30.00 30.00 30.00 30.00 33.00 30.00 30.00 30.00 30.00 30.00 33.00 30.00 30.00 30.00 30.00 30.00 33.00 30.00 30.00 50.00 50.00 50.00 50.00 50.00 50.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 52.00 <					To Charges			
INPATLENT ROUTINE SERVICE COST CENTERS 3.00 3.00 3.00 3.00 30.00 33000 ADULTS & PEDLATRICS 30.00						Charges		
IMPATIENT ROUTHE SERVICE COST CENTERS 0.00 00 03000 UNITS & PEDDATATCS ("SCARE UNIT ACCS") 0.00 01.00 03000 UNITS & PEDDATATCS ("SCARE UNIT ACCS") 0.00 01.00 03000 UNITS & PEDDATATCS ("SCARE UNIT ACCS") 0.00 01.00 03000 UNITS & PEDDATATC ("NETNEXTVE CARE UNIT ACCS") 0.00 01.00 03000 UNITS ("A ELEVITATIC CONTENT CARE UNIT ACCS") 0.00 01.00 04000 UNITS ("A ELEVITATIC ("ACE UNIT ACCS") 0.00 01.00 04000 UNITS ("A ELEVITATIC ("ACE UNIT ACCS") 0.00 01.00 04000 UNITS ("A ELEVITATIC ("ACE UNIT ACCS") 0.00 01.00 04000 UNITS ("A ELEVITATIC ("ACE UNIT ACCS") 0.00 01.00 04000 UNITS ("A ELEVITATIC ("ACE UNIT ACCS") 0.00 01.00 04000 UNITA ("A ELEVITATIC ("ACE UNIT ACCS") 0.00 01.00 04000 UNITA ("A ELEVITATIC ("ACE UNIT ACCS") 0.00 01.00 04000 UNITA ("ACES") 0.00 01.00 04000 UNITA ("ACES") 0.00 01.00 04000 UNITA ("ACES") 0.00 01.00 04000 UNITACS") 0.00					1.00	2.00		
31.00 31.00 31.00 31.00 31.00 32.00 33.00 32.00 33.00 32.00 33.00 <td< td=""><td>I</td><td>NPATIENT ROUTINE SERVICE COST CENTERS</td><td></td><td></td><td></td><td></td><td>1</td><td></td></td<>	I	NPATIENT ROUTINE SERVICE COST CENTERS					1	
32.00 03200 CORONARY CARE UNIT 32.00 33.00 03300 BURN INTENSIVE CARE UNIT 32.00 33.00 03300 BURN INTENSIVE CARE UNIT 34.00 34.00 03400 SURGICAL INTENSIVE CARE UNIT 34.00 34.00 03400 SURGICAL INTENSIVE CARE UNIT 34.00 34.00 04000 SURGICAL INTENSIVE CARE UNIT 5,071,526 40.00 40.00 SUBPROVIDER - IPF 5,071,526 50.00 50.00 50.00 50.00 50.00 50.00 50.00 52.00 50.00 <								
32.01 B2201 CARDIOTRONACIC VASCULAR TRANSPL 32.01 33.00 B3200 BRIN TINTISTIC CARE UNIT 33.01 33.01 D2060 RECONTRIVE CARE UNIT 33.01 33.01 D2060 RECONTRIVE CARE UNIT 33.01 34.01 D2060 RECONTRINCT CARE UNIT 34.01 34.01 D2060 RECONTRIVE CARE UNIT 34.01 34.01 D2060 RECONTRINCT CARE UNIT 34.01 34.01 D2060 RECONTRINCT CARE UNIT 34.01 34.01 D4200 WARESEY 5,071,526 43.00 35.00 D5200 DELIVESY ROW & LABOR ROOM 0.155538 70,635 44.02 52.00 35.00 D5300 CARDICAC PERSISTIC 0.120480 10.0880 2.388 54.00 35.01 D5402 AMBULATORY CARDIOASCILLAR SVC 0.1605345 10.976 1.4925 2.399 54.01 35.00 D5300 CARDICAC PERSISTIC 0.066465 0 94.03 95.01 95.00 0.5000 KHI 0.224548 0.06530 85.00 95.01 0.5000 KHI 0.224578 0.0559.01 95.01 0.066666 0 95.01 0.5000 KHI 0.245783 1.9900 4.63 95.01								
33.00 01300 BUKIN INTENSIVE CARE UNIT 33.00 34.00 01300 SURGICAL INTENSIVE CARE UNIT 33.01 34.00 01300 SURGICAL INTENSIVE CARE UNIT 34.00 34.00 01400 SURGICAL INTENSIVE CARE UNIT 34.00 34.00 04400 SURGICAL INTENSIVE CARE UNIT 5.071.520 34.00 35.00 05200 DEVICENTER 0.05401 7.07.816 70.023 50.00 35.00 05400 RAURINERSEY 0.165726 1.06354.22 39.99 54.01 35.00 105400 RAURINERSEY 0.166726 0 54.01 54.01 0.064666 0 0 54.03 35.00 INTRASONIN 0.084197 23.990 64.01 54.03 54.03 0.5001 50.00 55.00 54.03 56.00 54.03 56.00 <								
31.01 02080 PEDATREX INTENSIVE CARE UNIT 31.01 31.00 03400 SUBGRAL INTENSIVE CARE UNIT 34.00 31.01 02060 NEGRAL INTENSIVE CARE UNIT 43.00 31.01 02060 NEGRAL INTENSIVE CARE UNIT 43.00 31.01 02060 NEGRAL INTENSIVE CARE UNIT 43.00 31.01 05000 OPENATING ROM 0.09147 737.836 70.203 50.00 31.01 05000 OPENATING ROM 0.095147 737.836 70.203 50.00 52.00 53.00 53.00 55.00 5								
34.00 014000 SURGICAL INTENSIVE CARE UNIT 34.00 40.00 04000 SUBPROVIDER - 1PF 5,071,526 40.00 04000 SUBPROVIDER - 1PF 5,071,526 40.00 04000 SUBPROVIDER - 1PF 5,071,526 40.00 05000 OPERATING ROM 0.15559 0 50.00 52.00 D5200 DELIVERY NOOM & LABOR ROM 0.15559 0 52.00 51.00 D5400 ANDILOCY-DLAROSTLC 0.16762 14,925 2.38 54.00 51.01 D5401 ANDILOCY-DLAROSTLC 0.16721 0 54.01 54.01 51.01 D5401 NANDLATRY CARDIOVASCULAR SVC 0.167215 0 54.01 51.01 D5401 NANDLATRY CARDIOVASCULAR SVC 0.1684397 0.09 54.01 51.01 D5400 SANDLARSKY 0.214572 4.699 1.008 55.00 51.00 D5900 CARDAC REHAB 0.49376 0 0 59.00 50.00 D5900 CARDAC REHAB 0.49376 0 0 59.00 50.00								
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41.00 04300 JUNESERY 43.00 AUCLLARY SERVICE COST CENTERS 43.00 0.00 05000 OPERATING ROOM 0.095147 737,836 70.203 50.00 0.00 05400 05400 0.515898 0 0 52.00 54.00 05400 0.4000 CPLTVERY ROOM 0.160726 14,925 2,338 54.00 0.10 05402 AURUATORY CARDOVASCULAR SVC 0.160726 14,925 2,339 54.01 0.4001 ONCOLOCY 0.066466 0 0 54.03 0.5404 0.066437 1,063 54.05 54.01 0.5401 54.04 0.66437 23,990 2,025 57.00 55.00 05800 ARI 53.00 05800 ARI 53.00 05800 ARI 53.00 05800 ARI 53.00 05900 CUPATIONAL HERRY 0.4623978 0 35.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00 59.00								•
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50.00 05000 OPERATING ROOM 0.095147 737,836 70,203 50.00 52.00 05200 DELIVERY ROOM 0.15858 0 52.00 53.00 54.04 54.04 54.04 54.04 54.04 54.04 52.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 57.00 55.00 59.01 59.00 59.01 59.01 59.01 59.01 59.01 59.01 59.01 59.01 59.01 59.01 59.00 59.01 59.00 59.01 59.01 59.01 59.01 59.01 59.01 50.00 59.01 50.00 50.00 59.01 50.00 50.00 50.00 50.00 50.00 50.00 50.00								43.00
52.00 05200 DELTVERY ROOM & LABOR ROOM 0.158598 0 0 52.00 54.00 05400 DS400 CARDIOGY-CAROSUTAC 0.2194840 10.860 2.388 54.00 54.01 05400 LARADOND 0.066645 10.976 11.4925 2.393 54.01 54.02 05403 LUTRASOUND 0.066466 0 0 54.03 54.04 05401 (NOCLOGY 0.162725 0 0 54.03 55.00 05700 (T SCAN 0.218733 1.900 44.6 55.00 55.00 05900 (ARDIAC CATHETERIZATION 0.218733 0 95.00 55.00 50.00 05900 (ARDIAC CATHETERIZATION 0.24877 4.699 1.008 66.00 06000 (ARDIAC CATHETERIZATION 0.24877 4.699 1.008 66.00 66.44.2					0.0051	7 737 030	70, 202	50.00
54.00 05400 RADICOGY-DIAGNOSTIC 0.1024400 10.880 2.388 54.00 54.00 05402 0.162725 14.925 2.399 54.01 54.02 05403 ULTRASOUND 0.066845 10.976 14.63 54.02 54.04 05401 OKCOLOGY 0.068455 10.976 54.04 54.04 57.00 05700 CTAN 0.068457 23.990 62.025 57.00 58.00 05800 MRI 0.051212 0 55.00 57.00 57.00 57.00								•
54.01 05402 AMBULATORY CARDIONASCULAR SVC 0.160726 14,925 2,399 54.01 54.02 05404 ECHACARDIOLOGY 0.064666 0 0.54.03 54.03 05404 ECHACARDIOLOGY 0.162725 0 0.54.04 57.00 05700 CT SCAN 0.218783 1.990 4.65.05 59.00 05800 CARDIAC CATHETERIZATION 0.218783 1.990 4.66 58.00 50.00 65000 CARDIAC CATHETERIZATION 0.42978 0 0.59.01 60.00 66000 RESPIRATORY THERAPY 0.214572 4.699 1.008 65.00 66.00 06600 PHYSICAL THERAPY 0.422546 6.346 2.703 67.00 67.00 67000 06000 CLEPATIONAL THERAPY 0.3276306 4.513 1.688 68.00 71.00 07000 ELECTROCAMENTHICS 0.360210 51.815 1.8.28 71.722 70.00 71.00 07000 ELECTROCAMENTHICS 0.3262170 51.815 1.8.28 71.727 70.00 71.00 07000 ELECTROCAMENTHICS 0.2377805 26.742					1		-	•
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OTHER REIMBURSABLE COST CENTERS 95.00 09500 AMBULANCE SERVICES 95.00 98.00 09853 GERIATRIC CLINIC 0.000000 0 98.00 98.01 09851 ELECTROCONVULSIVE THERAPY 0.000000 0 98.01 98.02 09852 DIABETES EDUCATION 0.000000 0 98.02 200.00 Total (sum of lines 50 through 94 and 96 through 98) 1,704,403 260,375 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00								
95.00 09500 AMBULANCE SERVICES 95.00 98.00 09853 GERIATRIC CLINIC 0.000000 0 98.00 98.01 09851 ELECTROCONVULSIVE THERAPY 0.000000 0 98.01 98.02 09852 DIABETES EDUCATION 0.000000 0 98.02 200.00 Total (sum of lines 50 through 94 and 96 through 98) 1,704,403 260,375 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00 201.00					0.39347	0	0	92.00
98.00 09853 GERIATRIC CLINIC 0.00000 0 98.00 98.00 98.01 09851 ELECTROCONVULSIVE THERAPY 0.000000 0 98.01 98.02 98.02 09852 DIABETES EDUCATION 0.000000 0 0 98.02 200.00 Total (sum of lines 50 through 94 and 96 through 98) 1,704,403 260,375 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 0 201.00								95 00
98.01 09851 ELECTROCONVULSIVE THERAPY 0.000000 0 98.01 98.02 09852 DIABETES EDUCATION 0.000000 0 0 98.02 200.00 Total (sum of lines 50 through 94 and 96 through 98) 1,704,403 260,375 200.00 201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00					0.00000	0 0	0	
200.00 201.00Total (sum of lines 50 through 94 and 96 through 98) Less PBP Clinic Laboratory Services-Program only charges (line 61)1,704,403 0260,375 201.00							-	
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61) 0 201.00					0.0000		-	
				(1)		1,704,403	260,375	
202.00 Net charges (The 200 minus The 201) 1,704,403 202.00				(Inne 61)		1 704 403		
	202.00	INEL CHARGES (TIME 200 MINUS TIME 201	L)		I	1,704,403	I	1202.00

	Financial Systems ASCENSION ST. VI ENT ANCILLARY SERVICE COST APPORTIONMENT		CN: 15-0084	Period:	u of Form CMS-2 Worksheet D-3	
				From 07/01/2022		
				то 06/30/2023	Date/Time Pre	
			e XIX	Uccrital	<u>11/27/2023 5:</u>	09
	Cost Center Description	110	Ratio of Cos	Hospital t Inpatient	Cost Inpatient	
	cost center bescription		To Charges	Program	Program Costs	
			ro churges	Charges	(col. 1 x col.	
				enal geo	2)	
			1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS					
0.00	03000 ADULTS & PEDIATRICS			22,078,291		30
1.00	03100 INTENSIVE CARE UNIT			6,711,278		31
2.00	03200 CORONARY CARE UNIT			0		32
	03201 CARDIOTHORACIC VASCULAR TRANSPL			2,008,166		32
	03300 BURN INTENSIVE CARE UNIT			3,124,266		33
	02080 PEDIATRIC INTENSIVE CARE UNIT			3,067,719		33
	03400 SURGICAL INTENSIVE CARE UNIT			0		34
	02060 NEONATAL INTENSIVE CARE UNIT			35,154,589		34
0.00	04000 SUBPROVIDER - IPF			0		40
3.00	04300 NURSERY			3,343,603		43
0 00	ANCILLARY SERVICE COST CENTERS		0 1000		2 045 015	
	05000 OPERATING ROOM		0.1033		2,015,941	
	05200 DELIVERY ROOM & LABOR ROOM		0.1787	,. ,	472,362	
	05400 RADIOLOGY-DIAGNOSTIC		0.2240		289,159	
	05402 AMBULATORY CARDIOVASCULAR SVC		0.1607		88,312	
	05403 ULTRASOUND		0.1063		120,563	
	05404 ECHOCARDIOLOGY		0.0699		0	-
	05401 ONCOLOGY		0.1696		92,546	
	05700 CT SCAN		0.0843		111,171	
	05800 MRI		0.2207		75,598	
	05900 CARDIAC CATHETERIZATION		0.0562	, , , ,	241,597	
	05901 CARDIAC REHAB		0.4453		1 522 824	
	06000 LABORATORY		0.0905		1,523,834	
	06500 RESPIRATORY THERAPY		0.2185		1,238,966	
	06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY		0.4003		423,608 244,208	
	06800 SPEECH PATHOLOGY		0.3763		105,258	
	06900 ELECTROCARDIOLOGY		0.1241		107,699	
	07000 ELECTROENCEPHALOGRAPHY		0.3073		117,212	
	07100 MEDICAL SUPPLIES CHARGED TO PAT		0.3521		1,618,229	
	07200 IMPL. DEV. CHARGED TO PATIENTS		0.3602		2,136,565	
	07300 DRUGS CHARGED TO PATIENTS		0.2775		3,181,599	
	07400 RENAL DIALYSIS		0.2764		277,061	
5.00	07500 ASC (NON-DISTINCT PART)		0.0000		0	75
	03330 ENDOSCOPY		0.1080	678,689	73,310	
	OUTPATIENT SERVICE COST CENTERS			· · ·	,	1
0.00	09000 CLINIC		1.0297	33 0	0	90
0.01	09001 PARTIAL HOSPITALIZATION		0.3512		0	
0.02	09002 COVID-19 VACCINE CLINIC		0.0000		0	
	09003 BURN CLINIC		2.6264		0	
	09100 EMERGENCY		0.1206		1,082,309	
	09101 WOUND CARE 002		0.1483		5,540	
	09102 WOUND CARE 001		0.2813		66,226	
	09103 LAFAYETTE RD CLINIC		0.0000		0	
	09104 ZIONSVILLE CLINIC		0.4258		0	
	09105 BROWNSBURG CLINIC		0.0000		0	
	09106 OP ANTICOAGULATION CLINIC		0.3105		0	
	09107 ST VINCENT OUTPATIENT TREATMENT		0.3546		0	
	04040 FAMILY PRACTICE		0.0000		0	
2.00	09200 OBSERVATION BEDS (NON-DISTINCT		0.3934	75 1,675,017	659,077	92
F 00	OTHER REIMBURSABLE COST CENTERS		1	1		
	09500 AMBULANCE SERVICES		0.0000		^	9
	09853 GERIATRIC CLINIC				0	
	09851 ELECTROCONVULSIVE THERAPY 09852 DIABETES EDUCATION		0.0000		0	
8.02			0.0000		0 16,367,950	
00.00			1	91,722,777	10,307,930	
01.00	Less PBP Clinic Laboratory Services-Program only char	aps (ling 61)				201

	nancial Systems ASCENSION ANCILLARY SERVICE COST APPORTIONMENT	N ST. VINCENT HOSPITAL	CN: 15-0084	Period:	u of Form CMS- Worksheet D-3	
			CCN: 15-S084	From 07/01/2022 To 06/30/2023	Date/Time Pre	
		Component	CCN. 13-5084	10 00/30/2023	11/27/2023 5:	
		Titl	le XIX	Subprovider - IPF	Cost	
	Cost Center Description		Ratio of Cos		Inpatient	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col. 2)	
			1.00	2.00	3.00	
	PATIENT ROUTINE SERVICE COST CENTERS					30.
	100 INTENSIVE CARE UNIT					31.
	200 CORONARY CARE UNIT					32.
	201 CARDIOTHORACIC VASCULAR TRANSPL					32.
	300 BURN INTENSIVE CARE UNIT					33.
	080 PEDIATRIC INTENSIVE CARE UNIT 400 SURGICAL INTENSIVE CARE UNIT					33.
	060 NEONATAL INTENSIVE CARE UNIT					34.
	000 SUBPROVIDER - IPF			1,787,069		40.
3.00 043	300 NURSERY					43.
	CILLARY SERVICE COST CENTERS		1	1	-	ł
	000 OPERATING ROOM		0.1033		0	
	200 DELIVERY ROOM & LABOR ROOM 400 RADIOLOGY-DIAGNOSTIC		0.1787		0	
-	400 RADIOLOGY-DIAGNOSTIC 402 AMBULATORY CARDIOVASCULAR SVC		0.2240		67	
	403 ULTRASOUND		0.1063		0	
4.03 054	404 ECHOCARDIOLOGY		0.0699	0 80	0	54.
	401 ONCOLOGY		0.1696		0	
-	700 CT SCAN		0.0843		0	
	300 MRI		0.2207		0	
	900 CARDIAC CATHETERIZATION 901 CARDIAC REHAB		0.0562		0	
	000 LABORATORY		0.4433		6,973	
	500 RESPIRATORY THERAPY		0.2185		758	
	500 PHYSICAL THERAPY		0.4663	,	218	
	700 OCCUPATIONAL THERAPY		0.4259		0	
	800 SPEECH PATHOLOGY		0.3763		0	
			0.1241		0	
	000 ELECTROENCEPHALOGRAPHY 100 MEDICAL SUPPLIES CHARGED TO PAT		0.3073		82	
	200 IMPL. DEV. CHARGED TO PATIENTS		0.3602		0	
	300 DRUGS CHARGED TO PATIENTS		0.2775		11,722	
4.00 074	400 RENAL DIALYSIS		0.2764	79 0	0	74.
	500 ASC (NON-DISTINCT PART)		0.0000		0	
	330 ENDOSCOPY		0.1080	17 0	0	75.
	IPATIENT SERVICE COST CENTERS D00 CLINIC		1.0297	33 0	0	90.
	001 PARTIAL HOSPITALIZATION		0.3512		6,344	
	002 COVID-19 VACCINE CLINIC		0.0000		0	
	003 BURN CLINIC		2.6264			
	100 EMERGENCY		0.1206		0	
	101 WOUND CARE 002		0.1483 0.2813		0	
	102 WOUND CARE 001 103 LAFAYETTE RD CLINIC		0.2813		0	
	104 ZIONSVILLE CLINIC		0.4258		0	
	105 BROWNSBURG CLINIC		0.0000		0	91.
	106 OP ANTICOAGULATION CLINIC		0.3105		0	91.
	107 ST VINCENT OUTPATIENT TREATMENT		0.3546		0	
	040 FAMILY PRACTICE		0.0000		0	
	200 OBSERVATION BEDS (NON-DISTINCT IER REIMBURSABLE COST CENTERS		0.3934	75 0	0	92.
	500 AMBULANCE SERVICES					95.
	853 GERIATRIC CLINIC		0.0000	0 00	0	
	351 ELECTROCONVULSIVE THERAPY		0.0000	00 0	0	98.
	352 DIABETES EDUCATION		0.0000		0	
200.00	Total (sum of lines 50 through 94 and 96 throu Less PBP Clinic Laboratory Services-Program on			142,601	26,321	200.
201.00						

	TATION OF ORGAN ACQUISITION COSTS AND CHARGES		NT Provider C		Period: From 07/01/2022	Worksheet D-4	
SPIT	TAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROG	RAM	Component		To 06/30/2023	Date/Time Pre 11/27/2023 5:	
			Кі	dney	Hospital	PPS	
	Cost Center Description	Worksheet D-1	Inpatient	Per Diem Cost		Cost (col. 2 x	
		Line Numbers	Routine Organ		Acquisition	col. 3)	
			Charges	D-1, Part II)			
	1	0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION CO Computation of Inpatient Routine Service Co				CES)		-
00	ADULTS & PEDIATRICS	38.00		1,428.4	7 0.00	0	1 1
00	INTENSIVE CARE UNIT	43.00				0	2
00	CORONARY CARE UNIT	44.00		0.0		0	3
)1	CARDIOTHORACIC VASCULAR TRANSPL	44.01				140,709	
00	BURN INTENSIVE CARE UNIT	45.00	,	2,895.6		0	
01	PEDIATRIC INTENSIVE CARE UNIT	45.01		2,999.0		0	4
00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.0		0	5
01	NEONATAL INTENSIVE CARE UNIT	46.01	0	1,414.4	0.00	0	5
00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.0		0	6
00	TOTAL (sum of lines 1 through 6)		222,583		35.00	140,709	
	Cost Center Description		Worksheet C	Ratio of Cost		Organ	
			Line Numbers	to Charges	Acquisition	Acquisition	
				(from Wkst. C) Ancillary	Ancillary	
					Charges	Costs	
			0	1.00	2.00	3.00	
20	Computation of Ancillary Service Cost Applic	able to Organ A		0.0057.1	1 225 255	103.051	Ι.
00	OPERATING ROOM		50.00		, ,	127,051	8
00	RECOVERY ROOM		51.00			0	10
.00	DELIVERY ROOM & LABOR ROOM		52.00			0	10
.00	ANESTHESIOLOGY		53.00			0	11
.00	RADIOLOGY-DIAGNOSTIC		54.00			24,341	
.01	AMBULATORY CARDIOVASCULAR SVC		54.01			0	12
. 02	ULTRASOUND		54.02			314	
.03	ECHOCARDIOLOGY		54.03			0	12
.04	ONCOLOGY		54.04			5,089	
.00	RADIOLOGY-THERAPEUTIC		55.00			0	13
.00	RADIOISOTOPE		56.00			10.050	14
.00	CT SCAN		57.00			19,959	
.00	MRI		58.00			69	
.00	CARDIAC CATHETERIZATION		59.00			2,651	
.01	CARDIAC REHAB		59.01			4,643	
.00	LABORATORY		60.00 61.00			230,301	18
.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		62.00			0	20
.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		63.00			0	21
.00	BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY		64.00			0	22
.00	RESPIRATORY THERAPY		65.00			23,653	
.00	PHYSICAL THERAPY		66.00			3,222	
.00	OCCUPATIONAL THERAPY		67.00			529	
.00			68.00				26
	ELECTROCARDIOLOGY		69.00			4,053	
	ELECTROENCEPHALOGRAPHY		70.00			580	
	MEDICAL SUPPLIES CHARGED TO PAT		70.00			22,631	
	IMPL. DEV. CHARGED TO PATIENTS		72.00				
	DRUGS CHARGED TO PATIENTS		73.00			41,888	
.00			74.00			419	
	ASC (NON-DISTINCT PART)		75.00			0	
.01			75.01			0	
	OTHER ANCILLARY SERVICE COST CENTERS		76.00			0	34
.00			88.00			0	35
.00			89.00			0	36
	CLINIC		90.00			36,228	
	PARTIAL HOSPITALIZATION		90.01			0	
. 02	COVID-19 VACCINE CLINIC		90.02	0.00000	0 0	0	37
.03			90.03			0	
.00	EMERGENCY		91.00			158	38
.01	WOUND CARE 002		91.01	0.14294	6 0	0	38
.02	WOUND CARE 001		91.02	0.28135	0 0	0	38
.03			91.03	0.00000	0 0	0	
.04	ZIONSVILLE CLINIC		91.04	0.42580	3 0	0	38
.05	BROWNSBURG CLINIC		91.05	0.00000	0 0	0	38
	OP ANTICOAGULATION CLINIC		91.06			0	
	ST VINCENT OUTPATIENT TREATMENT		91.07			0	
	FAMILY PRACTICE		91.08			0	
	OBSERVATION BEDS (NON-DISTINCT		92.00	0.39347	5 0	0	39
	OTHER OUTPATIENT SERVICE COST CENTER						40
	TOTAL (sum of lines 8 through 40)		1	1	4,780,430	554,489	1 4

PUT	ATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLA	NT Provider C	CN: 15-0084	Period:	Worksheet D-4	
	AL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Component	1	From 07/01/2022 To 06/30/2023	Date/Time Pre	pare
					11/27/2023 5:	09 p
			dney	Hospital	PPS	
	Cost Center Description	Worksheet D-2,		Organ	Organ	
		Part I Line	Per Day (from	Acquisition	Acquisition	
		Numbers	Wkst. D-2,		Costs (col. 1	
			Part I, col.		x col. 2)	
			4)	2.00	2.00	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THA					-
	Computation of the Cost of Inpatient Services of Interns an					
00	ADULTS & PEDIATRICS	2.00			0	
00	INTENSIVE CARE UNIT	3.00				
00	CORONARY CARE UNIT	4.00				
01	CARDIOTHORACIC VASCULAR TRANSPL	4.01	0.00	35	0	44
00	BURN INTENSIVE CARE UNIT	5.00	0.00	0 0	0	45
01	PEDIATRIC INTENSIVE CARE UNIT	5.01	0.00	0 0	0	45
00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0 0	0	46
01	NEONATAL INTENSIVE CARE UNIT	6.01				
00	OTHER SPECIAL CARE (SPECIFY)	7.00			-	1
00	TOTAL (sum of lines 42 through 47)			35		
50		Worksheet D-2,	Organ Chargos		Organ	
	cost center bescription	Part I Line	(see	To Charges	Acquisition	
					Costs (col. 1	
		Numbers	instructions)			
				D-2, Part I,	x col. 2)	
			1.00	<u>col. 4</u>	2.00	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns a					
00	RURAL HEALTH CLINIC	21.00		0.000000		
00	FEDERALLY QUALIFIED HEALTH CENTER	22.00		0.00000.0		
00	CLINIC	23.00	36,472	2 0.000000	0	51
01	PARTIAL HOSPITALIZATION	23.01	. (0.000000	0	51
02	COVID-19 VACCINE CLINIC	23.02		0.000000	0	51
03	BURN CLINIC	23.03		0.000000	0	51
00	EMERGENCY	24.00	1,33	0.00000	0	52
01	WOUND CARE 002	24.01		0.000000	0	52
02	WOUND CARE 001	24.02		0.000000		52
03	LAFAYETTE RD CLINIC	24.03		0.000000		
04	ZIONSVILLE CLINIC	24.03		0.000000		
04	BROWNSBURG CLINIC	24.04		0.000000	0	
					-	
06	OP ANTICOAGULATION CLINIC	24.06		0.00000	0	
07	ST VINCENT OUTPATIENT TREATMENT	24.07		0.00000		
80	FAMILY PRACTICE	24.08		0.00000		
00	OBSERVATION BEDS (NON-DISTINCT	25.00		0.000000		
00	OTHER OUTPATIENT SERVICE COST CENTER	26.00		0.000000	0	54
00	TOTAL (sum of lines 49 through 52)		37,80	5	0	55
		Co	st	Cha	rges	
	Cost Center Description	Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
00	Routine and Ancillary from Part I	695,198		5,003,013		56
	Interns and Residents (inpatient)	0000,100		0		57
00	Interns and Residents (outpatient)			0		58
00	Direct Organ Acquisition (see instructions)	10,004,335		16 214 552		59
		10,004,335		16,214,553		
00	Cost of physicians' services in a teaching hospital (see	0		0		60
00	intructions)	10 000 533		21 217 500		1 ~~
00	Total (see instructions)	10,699,533		21,217,566		61
	Cost Center Description		Usable Organs			
		1.00	2.00	3.00	4.00	
00	Total Usable Organs (see instructions)		15	5		62
00	Medicare Usable Organs (see instructions)		13	7		63
00						
00	Ratio of Medicare Usable Organs to Total Usable Organs		0.88387	1		64

MCRIF32 - 21.2.177.0

Health	Financial Systems ASCENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-	2552-10
	ATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLAN	T Provider C	CN: 15-0084	Period:	Worksheet D-4	
HOSPIT	AL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Component	CCN:	From 07/01/2022 To 06/30/2023	Date/Time Pre 11/27/2023 5:	
		кі	dney	Hospital	PPS	
		Cc	st	Chai	rges	
	Cost Center Description	Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
65.00	Medicare Cost and Charges (see instructions)	9,457,007		18,753,591		65.00
66.00	Revenue for organs sold (see instructions)	248,400		0		66.00
67.00	Subtotal (see instructions)	9,208,607		18,753,591		67.00
68.00	Organs Furnished Part B	0		0 0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	9,208,607		0 18,753,591	0	69.00
	Cost Center Description		Living Relate	ed Cadaveric	Revenue	
			1.00	2.00	3.00	
	PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)			L4 78		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)			0 0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals			0 0		72.00
73.00	Organs Purchased from OPOs (see instructions)			63		73.00
74.00	Total (sum of lines 70 through 73)			L4 141		74.00
75.00	Organs Transplanted			L4 63		75.00
76.00	Organs sold to other hospitals			0 0	0	76.00
77.00	Organs sold to OPOs			0 78	0	77.00
78.00	Organs sold to transplant hospitals			0 0	0	78.00
79.00	Organs sold to MRTC without an agreement or VA hospitals			0 0	0	79.00
80.00	Organs sold outside the U.S.			0 0	0	80.00
81.00	Organs sent outside the U.S. (no revenue received)			0 0		81.00
82.00	Organs used for research			0 0	0	82.00
83.00	Unusable/Discarded organs (see instructions)			0 0		83.00
84.00	Total (see instructions)		:	L4 141		84.00

	ATION OF ORGAN ACQUISITION COSTS AND CHARGES		NT Provider C		Period: From 07/01/2022	Worksheet D-4	
SPIT	AL WITH A MEDICARE-CERTIFIED TRANSPLANT PROG	RAM	Component		To 06/30/2023	Date/Time Pre	
			He	art	Hospital	11/27/2023 5: PPS	09 p
	Cost Center Description	Worksheet D-1		Per Diem Cost		Cost (col. 2 x	
		Line Numbers	Routine Organ		Acquisition	col. 3)	
			Charges	D-1, Part II)			
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION C Computation of Inpatient Routine Service C				CES)		
00	ADULTS & PEDIATRICS	38.00		1,428.4	7 0.00	0	1
00	INTENSIVE CARE UNIT	43.00	0	1,883.2	0.00	0	2
00	CORONARY CARE UNIT	44.00	0	0.0	0.00	0	3
)1	CARDIOTHORACIC VASCULAR TRANSPL	44.01	,			8,041	3
00	BURN INTENSIVE CARE UNIT	45.00	-	2,895.6			4
)1	PEDIATRIC INTENSIVE CARE UNIT	45.01		,			
00	SURGICAL INTENSIVE CARE UNIT	46.00		0.0			5
)1	NEONATAL INTENSIVE CARE UNIT	46.01		1,414.4			5
00	OTHER SPECIAL CARE (SPECIFY)	47.00	34,500	0.0			6
00	TOTAL (sum of lines 1 through 6) Cost Center Description		Worksheet C	Ratio of Cost	2.00 Corgan	8,041 Organ	7
	cost center bescription		Line Numbers	to Charges	Acquisition	Acquisition	
				(from Wkst. C		Ancillary	
					Charges	Costs	
			0	1.00	2.00	3.00	
00	Computation of Ancillary Service Cost Appli	cable to Organ A	50.00	0.09514	7 161,779	15,393	8
00	RECOVERY ROOM		51.00		· · · ·	0	9
.00	DELIVERY ROOM & LABOR ROOM		52.00			0	10
.00	ANESTHESIOLOGY		53.00			0	11
.00	RADIOLOGY-DIAGNOSTIC		54.00	0.21948	0 6,332	1,390	12
.01	AMBULATORY CARDIOVASCULAR SVC		54.01	0.16072	6 0	0	12
. 02	ULTRASOUND		54.02				
.03	ECHOCARDIOLOGY		54.03			-	12
.04	ONCOLOGY		54.04			-	12
.00	RADIOLOGY-THERAPEUTIC		55.00			0	13
.00	RADIOISOTOPE		56.00			-	
.00	CT SCAN MRI		57.00 58.00			218	15 16
.00	CARDIAC CATHETERIZATION		59.00				
.00	CARDIAC REHAB		59.00			1,078	17
.00	LABORATORY		60.00				
.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00		· · · ·	0	19
.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.00000	0 0	0	20
.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.00000	0 0	0	21
.00	INTRAVENOUS THERAPY		64.00			0	
.00	RESPIRATORY THERAPY		65.00				
.00	PHYSICAL THERAPY		66.00				24
.00	OCCUPATIONAL THERAPY		67.00				
.00	SPEECH PATHOLOGY		68.00			, i i i i i i i i i i i i i i i i i i i	
.00 .00	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY		69.00 70.00				27
.00	MEDICAL SUPPLIES CHARGED TO PAT		70.00				
.00	IMPL. DEV. CHARGED TO PATIENTS		72.00				
	DRUGS CHARGED TO PATIENTS		73.00				
.00	RENAL DIALYSIS		74.00			0	
	ASC (NON-DISTINCT PART)		75.00			0	
.01	ENDOSCOPY		75.01			0	
.00			76.00			0	34
.00	RURAL HEALTH CLINIC		88.00			0	35
.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00			0	36
			90.00			0	
.01	PARTIAL HOSPITALIZATION COVID-19 VACCINE CLINIC		90.01				37
.02	BURN CLINIC		90.02				
	EMERGENCY		91.00		-		
.01			91.00				
	WOUND CARE 001		91.02				38
.03	LAFAYETTE RD CLINIC		91.03			0	38
.04			91.04			0	38
	BROWNSBURG CLINIC		91.05	0.00000	0 0	0	38
	OP ANTICOAGULATION CLINIC		91.06				
	ST VINCENT OUTPATIENT TREATMENT		91.07			0	
	FAMILY PRACTICE		91.08			0	
	OBSERVATION BEDS (NON-DISTINCT		92.00	0.39347	5 0	0	39
	OTHER OUTPATIENT SERVICE COST CENTER TOTAL (sum of lines 8 through 40)				315,559	39,554	40

SPETAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM From 07/01/2023 To 06/3/2023 Distribution of 06/3/2023 Distribution Distribution D	MPUI	Financial Systems ASCENSION ST. V ATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLA			Period:	Worksheet D-4		
Line Heart Heart Imaginal PPS Norkshet D-2, Average Cost Numbers Organ Acquisition Coguistion Coguistion Coguistion Cost Conternet Description Organ Acquisition Cost Conternet Description Cost Cost Cost </th <th></th> <th></th> <th></th> <th></th> <th>From 07/01/2022</th> <th>Date/Time Pre</th> <th>pare</th>					From 07/01/2022	Date/Time Pre	pare	
Cost Center Description Worksheet D-2, Numbers Average Cost Part I Lie Numbers Organ Acquisition (ac					us suites 1		09 p	
Part I Line Per Day (From Numbers Acquisition Part I, col. Acquisition (col. 2, Part I, col. 4, Part I, col. 2, Part I, col. 2, Part I, col. 4, Part I, col. 2, Part I, col. 4, Part I, col. 2, Part I, col. 4, Part A, Col. 2, Part I, col. 2, Part B, Part B, Part B,				-		1		
Numbers wist. p-2, 43 Costs (col. 1) 43 Costs (col. 2) 43 0 1.00 2.00 3.00 Computation of the Cost of Angatient Services of Interns and Residents Not In Approved Teaching Program 0 0 00 Computation of the Cost of Angatient Services of Interns and Residents Not In Approved Teaching Program 0 00 Computation of the Cost of Angatient Services of Interns and Residents Not In Approved Teaching Program 0 00 Computation of the Cost of Angatient Services of Interns and Residents Not In Approved Teaching Program 0 00 Distribution Computation Computating Program 00		Cost Center Description						
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PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INVATION FAUD AACTLARY SERVICES COSTS) 0 1.00 2.00 3.00 COBULATION OF ORGAN ACQUISITION COSTS (OTHER THAN INVATION FORVER SERVICES COSTS) 0 0.00 0				Part I, col.		x col. 2)		
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00 TOTAL (sum of lines 42 through 47) cold cold <thcold< th=""> cold</thcold<>						-	1	
Cost Center Description worksheet D-2, Part L, Line Numbers Vorksheet D-2, Part L, D-2, Part L, D-2, Par			7.00	0.0	U 0			
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MCRIF32 - 21.2.177.0

Health	Financial Systems ASCENSION ST. VI	NCENT HOSPITAL		In Lie	u of Form CMS-	2552-10
	ATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLAN	T Provider C	CN:15-0084	Period:	Worksheet D-4	
HOSPIT	AL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	Component	CCN:	From 07/01/2022 To 06/30/2023	Date/Time Pre 11/27/2023 5:	
		He	art	Hospital	PPS	
		Co	st	Cha	rges	
	Cost Center Description	Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
	Medicare Cost and Charges (see instructions)	2,838,307		2,226,778		65.00
	Revenue for organs sold (see instructions)	23,836		0		66.00
67.00	Subtotal (see instructions)	2,814,471		2,226,778		67.00
	Organs Furnished Part B	0		0 0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,814,471		0 2,226,778	0	69.00
	Cost Center Description		Living Relat	ed Cadaveric	Revenue	
			1.00	2.00	3.00	
	PART IV - STATISTICS					
	Organs Excised in Provider (1)			0 13		70.00
	Organs Purchased from Other Transplant Hospitals (2)			0 0		71.00
	Organs Purchased from Non-Transplant Hospitals			0 0		72.00
73.00	Organs Purchased from OPOs (see instructions)			26		73.00
74.00	Total (sum of lines 70 through 73)			0 39		74.00
75.00	Organs Transplanted			0 26		75.00
76.00	Organs sold to other hospitals			0 0	0	76.00
77.00	Organs sold to OPOs			0 12	0	77.00
78.00	Organs sold to transplant hospitals			0 0	0	78.00
79.00	Organs sold to MRTC without an agreement or VA hospitals			0 0	0	79.00
80.00	Organs sold outside the U.S.			0 0	0	80.00
81.00	Organs sent outside the U.S. (no revenue received)			0 0		81.00
82.00	Organs used for research			0 1	0	82.00
83.00	Unusable/Discarded organs (see instructions)			0 0		83.00
84.00	Total (see instructions)			0 39		84.00

Note Add A Endertain Modeline Appendix 1.00 DBG Amounts Other Hum Outlier payments for discharges occurring prior to October 1 (see instructions) 0.1 0.2 1.248,857 1.00 DBG Amounts other Hum Outlier payments for discharges occurring on or after October 1 (see instructions) 0.1 0.1 1.00 DBG Amounts other Hum Outlier payments for Model 4 BPCI for discharges occurring on or after October 1 (see instructions) 0.1 1.04 DBG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions) 0.2 2.00 Outlier payment for discharges occurring on or after October 1 (see instructions) 0.2 2.00 Outlier payment for discharges occurring on or after October 1 (see instructions) 0.2 2.01 Outlier payment for discharges occurring on or after October 1 (see instructions) 0.2 2.02 Outlier payment for discharges occurring on or after October 1 (see instructions) 1.480,8412 - 26 2.03 Outlier payment for discharges occurring on or after october 1 (see instructions) 1.204,0512 - 27,052,053 2.04 Outlier payment for discharges occurring on or after october 1 (see instructions) 1.204,052,053,053,053,053,053,053,053,053,053,053		Financial Systems ASCENSION ST. VINCENT ATION OF REIMBURSEMENT SETTLEMENT P	T HOSPITAL Provider CCN: 15-0084 Title XVIII	In Lie Period: From 07/01/2022 To 06/30/2023 Hospital	u of Form CMS- Worksheet E Part A Date/Time Pre 11/27/2023 5: PPS	pared:
Mark A - INPARTAN GOPTAL SERVICES UNDER PPS 1 100 DEG ADMONES OFFER THAN OUTHER PAYMENTS 1 101 DEG ADMONES OFFER THAN OUTHER PAYMENTS for discharges occurring prior to October 1 (see instructions) 1 1 101 DEG ADMONES OFFER THAN OUTHER PAYMENTS for discharges occurring on or after october 1 (see instructions) 1 6 65,042,043 1 1 101 DEG for Tederal Specific operating payment for Model 4 BPCI for discharges occurring on or after october 1 (see instructions) 0 2 0 1 6 6 6 0 1 6 0 1 6 6 0 1 6 0 1 6 0 1 6 0 1 0 1 0 1 0 <th></th> <th></th> <th></th> <th></th> <th>1.00</th> <th></th>					1.00	
1.00 DBC Amounts other than outlier payments for discharges occurring prior to October 1 (see 0.1,248,857 1.01 DBC Amounts other than outlier payments for discharges occurring on or after October 1 (see 65,042,403 1.6 1.02 DBC Amounts other than outlier payments for Kodel 4 BRCL for discharges occurring prior to October 1 (see 0.1 0.1 1.03 DBC Amounts other than outlier payments for Kodel 4 BRCL for discharges occurring on or after 0.1 0.1 1.04 DBC Amounts other than outlier payments for Kodel 4 BRCL for discharges occurring on or after 0.1 0.1 1.05 DUTIEr Payments for discharges (see instructions) 1.448,851 0.2 0.2 1.00 DUTIEr payments for discharges occurring prior to October 1 (see instructions) 1.448,0541 0.2 0.2 1.00 DUTIEr payments for discharges occurring on after october 1 (see instructions) 1.448,0541 0.2 <td< th=""><th></th><th>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</th><th></th><th></th><th>1.00</th><th></th></td<>		PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
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Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA23.00Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.1050.0223.00(f)(1)(iv)(C).13.9224.024.00IME FTE Resident Count Over Cap (see instructions)13.9224.025.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.0225.026.00Resident to bed ratio (divide line 25 by line 4)0.00002826.027.00IME payments adjustment factor. (see instructions)0.00000727.028.01IME add-on adjustment amount (see instructions)66428.029.00Total IME payment (sum of lines 22 and 28)7,232,50229.029.01Total IME payment – Managed Care (sum of lines 22.01 and 28.01)5,892,88029.00.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)3.723.0031.00Percentage of Medicaid patient days (see instructions)3.723.0232.00Sum of lines 30 and 3138.8532.033.00Allowable disproportionate share percentage (see instructions)21.2733.0						
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24.00IME FTE Resident Count Over Cap (see instructions)13.9224.025.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.0225.026.00Resident to bed ratio (divide line 25 by line 4)0.00000826.027.00IME payments adjustment factor. (see instructions)0.00000727.028.00IME add-on adjustment amount (see instructions)0.00000728.028.01IME add-on adjustment amount - Managed Care (see instructions)60428.029.00Total IME payment (sum of lines 22 and 28)7,232,50229.029.01Total IME payment - Managed Care (sum of lines 22.01 and 28.01)5,892,88029.0Disproportionate Share Adjustment30.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)37.231.00Sum of lines 30 and 3138.8532.033.00Allowable disproportionate share percentage (see instructions)21.2733.0	23.00		t cap slots under 42 C	FR 412.105	0.02	23.00
25.00If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see0.0225.0226.00Resident to bed ratio (divide line 25 by line 4)0.00002826.0227.00IME payments adjustment factor. (see instructions)0.00000727.0228.00IME add-on adjustment amount (see instructions)60428.0229.00Total IME payment (sum of lines 22 and 28)7,232,50229.0229.01Total IME payment - Managed Care (see instructions)5,892,88029.0229.01Total IME payment - Managed Care (sum of lines 22.01 and 28.01)5,892,88029.0220.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)3.7230.0231.00Percentage of Medicaid patient days (see instructions)35.1331.0232.00Sum of lines 30 and 3138.8532.0233.00Allowable disproportionate share percentage (see instructions)21.2733.02	24.00				13.92	24.00
26.00Resident to bed ratio (divide line 25 by line 4)0.00002826.027.00IME payments adjustment factor. (see instructions)0.00000727.028.00IME add-on adjustment amount (see instructions)60428.028.01IME add-on adjustment amount - Managed Care (see instructions)49228.029.00Total IME payment (sum of lines 22 and 28)7,232,50229.029.01Total IME payment - Managed Care (sum of lines 22.01 and 28.01)5,892,88029.0Disproportionate Share Adjustment30.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)3.7231.00Percentage of Medicaid patient days (see instructions)35.1331.032.00Sum of lines 30 and 3138.8532.033.00Allowable disproportionate share percentage (see instructions)21.2733.0		If the amount on line 24 is greater than -O-, then enter the low	wer of line 23 or line	24 (see		
27.00IME payments adjustment factor. (see instructions)0.00000727.028.00IME add-on adjustment amount (see instructions)60428.028.01IME add-on adjustment amount - Managed Care (see instructions)49228.029.00Total IME payment (sum of lines 22 and 28)7,232,50229.029.01Total IME payment - Managed Care (sum of lines 22.01 and 28.01)5,892,88029.0Disproportionate Share Adjustment30.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)3.7231.00Percentage of Medicaid patient days (see instructions)35.1332.00Sum of lines 30 and 3138.8533.00Allowable disproportionate share percentage (see instructions)21.27	26.00				0 000028	26.00
28.00IME add-on adjustment amount (see instructions)60428.028.01IME add-on adjustment amount - Managed Care (see instructions)49228.029.00Total IME payment (sum of lines 22 and 28)7,232,50229.029.01Total IME payment - Managed Care (sum of lines 22.01 and 28.01)5,892,88029.0Disproportionate Share Adjustment30.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)3.7231.00Percentage of Medicaid patient days (see instructions)35.1331.032.00Sum of lines 30 and 3138.8532.033.00Allowable disproportionate share percentage (see instructions)21.2733.0						1
29.00Total IME payment (sum of lines 22 and 28)7,232,50229.0129.01Total IME payment - Managed Care (sum of lines 22.01 and 28.01)5,892,88029.01Disproportionate Share Adjustment30.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)3.7231.00Percentage of Medicaid patient days (see instructions)35.1332.00Sum of lines 30 and 3138.8533.00Allowable disproportionate share percentage (see instructions)21.27	28.00	IME add-on adjustment amount (see instructions)			604	28.00
29.01Total IME payment - Managed Care (sum of lines 22.01 and 28.01)5,892,88029.0Disproportionate Share Adjustment30.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)3.7230.031.00Percentage of Medicaid patient days (see instructions)35.1331.032.00Sum of lines 30 and 3138.8532.033.00Allowable disproportionate share percentage (see instructions)21.2733.0						1
Disproportionate Share Adjustment30.00Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)3.7231.00Percentage of Medicaid patient days (see instructions)35.1332.00Sum of lines 30 and 3138.8533.00Allowable disproportionate share percentage (see instructions)21.27						
31.00Percentage of Medicaid patient days (see instructions)35.1331.032.00Sum of lines 30 and 3138.8532.033.00Allowable disproportionate share percentage (see instructions)21.2733.0		Disproportionate Share Adjustment				1
32.00sum of lines 30 and 3138.8532.033.00Allowable disproportionate share percentage (see instructions)21.2733.0			ient days (see instruc	tions)		
33.00 Allowable disproportionate share percentage (see instructions) 21.27 33.0						
	33.00	Allowable disproportionate share percentage (see instructions)			21.27	33.00
1/27/2023 5:09 pm C:\Users\danr\OneDrive - Bradley Associates\Desktop\Fall Cost Reports\86th Street HFS\28500-23.mcrx	34.00	Disproportionate share adjustment (see instructions)			•	34.00

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023		parec 09 pn
		Title XVIII	Hospital	PPS	
				On/After 10/1	
	Uncomponented Cone Desmant Addition		1.00	2.00	
	Uncompensated Care Payment Adjustment Total uncompensated care amount (see instructions)		0	0	35.
	Factor 3 (see instructions)		0.00000000		•
	Hospital UCP, including supplemental UCP (If line 34 is ze	aro enter zero on this lin			
.02	(see instructions)	ero, enter zero on tins rin	e) 11,455,210	10,391,939	55.
.03	Pro rata share of the hospital UCP, including supplemental	UCP (see instructions)	2,882,302	7,772,614	35.
	Total UCP adjustment (sum of columns 1 and 2 on line 35.03		10,654,916		36.
	Additional payment for high percentage of ESRD beneficiary	discharges (lines 40 thro	ugh 46)		1
.00	Total Medicare discharges (see instructions)		0		40.
			Before 1/1	On/After 1/1	
			1.00	1.01	
	Total ESRD Medicare discharges (see instructions)		0	0	
-	Total ESRD Medicare covered and paid discharges (see instr		0	0	
1	Divide line 41 by line 40 (if less than 10%, you do not qu Total Medicare ESRD inpatient days (see instructions)	failing for adjustment)	0.00		42.
	Ratio of average length of stay to one week (line 43 divid	led by line 41 divided by 7	0.00000		44.
	days)	ice by thic at unvided by 7	0.00000		
.00	Average weekly cost for dialysis treatments (see instructi	ons)	0.00	0.00	45.
.00	Total additional payment (line 45 times line 44 times line	e 41.01)	0		46
.00	Subtotal (see instructions)		113,412,116		47
.00	Hospital specific payments (to be completed by SCH and MDH	I, small rural hospitals	0		48
	only.(see instructions)				
				Amount	
.00	Total payment for inpatient operating costs (see instructi	ons)		1.00 119,304,996	49
	Payment for inpatient program capital (from Wkst. L, Pt. I	-)	7,927,762	
	Exception payment for inpatient program capital (Wkst. L,			0	1
	Direct graduate medical education payment (from Wkst. E-4,			4,147,727	
1	Nursing and Allied Health Managed Care payment			159,406	
.00	Special add-on payments for new technologies			518,284	
	Islet isolation add-on payment			0	
	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, lin	ie 69)		12,023,078	
	Cellular therapy acquisition cost (see instructions)			0	
	Cost of physicians' services in a teaching hospital (see i		through 25)	0	
	Routine service other pass through costs (from Wkst. D, Pt Ancillary service other pass through costs from Wkst. D, P		tillough 55).	88,949 384,404	
	Total (sum of amounts on lines 49 through 58)	10, col. 11 the 200)		144,554,606	
	Primary payer payments			1,627	
	Total amount payable for program beneficiaries (line 59 mi	nus line 60)		144,552,979	
.00	Deductibles billed to program beneficiaries			6,929,128	62
.00	Coinsurance billed to program beneficiaries			414,178	63
	Allowable bad debts (see instructions)			545,990	
	Adjusted reimbursable bad debts (see instructions)			354,894	
	Allowable bad debts for dual eligible beneficiaries (see i	instructions)		232,179	
	Subtotal (line 61 plus line 65 minus lines 62 and 63)	an applicable to MC DDCs (coo instructions)	137,564,567	
-	Credits received from manufacturers for replaced devices f Outlier payments reconciliation (sum of lines 93, 95 and 9			3,783 0	
	OTHER ADJUSTMENTS	With the set of the se	1137	-3	
	Rural Community Hospital Demonstration Project (§410A Demo	onstration) adiustment (see	instructions)	0	
	N95 respirator payment adjustment amount (see instructions			0	
	Demonstration payment adjustment amount before sequestrati	-		0	
-	SCH or MDH volume decrease adjustment (contractor use only			0	
	Pioneer ACO demonstration payment adjustment amount (see i				70
	HSP bonus payment HVBP adjustment amount (see instructions			0	
.91	HSP bonus payment HRR adjustment amount (see instructions)	•		0	
	Bundled Model 1 discount amount (see instructions)			0	
	HVBP payment adjustment amount (see instructions)			0	70
	HRR adjustment amount (see instructions)			-108,451	70

	ATION OF REIMBURSEMENT SETTLEMENT	Provider Co	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Date/Time Pre 11/27/2023 5:	pared 09 pm
		Title	XVIII	Hospital	PPS	
			FF\	<u>((yyyy)</u>	Amount	
0.96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	in column O		0	1.00	70.9
0.90	the corresponding federal year for the period prior to $10/1$			0	0	70.5
0.97	Low volume adjustment for federal fiscal year (yyyy) (Enter i	in column O		0	0	70.9
	the corresponding federal year for the period ending on or af	fter 10/1)				
0.98	Low Volume Payment-3			0	0	70.9
0.99	HAC adjustment amount (see instructions)				0	
1.00	Amount due provider (line 67 minus lines 68 plus/minus lines	69 & 70)			137,452,330	
1.01	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration				2,749,047	71.0
1.02					0	71.0
2.00	Interim payments				130,423,155	
	Interim payments-PARHM				150, 125, 155	72.0
3.00	Tentative settlement (for contractor use only)				0	73.0
3.01	Tentative settlement-PARHM (for contractor use only)					73.0
4.00	Balance due provider/program (line 71 minus lines 71.01, 71.0	02, 72, and			4,280,128	74.0
	73)					
4.01	Balance due provider/program-PARHM (see instructions)					74.0
5.00	Protested amounts (nonallowable cost report items) in accorda	ance with			1,871,403	75.0
	CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
0.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum	of 2.03			0	90.0
	plus 2.04 (see instructions)	0. 2.00			Ũ	50.0
1.00	Capital outlier from Wkst. L, Pt. I, line 2				0	91.0
2.00	Operating outlier reconciliation adjustment amount (see instr	ructions)			0	92.0
3.00	Capital outlier reconciliation adjustment amount (see instruc				0	93.0
4.00					0.00	
5.00					0	95.0 96.0
6.00	Time value of money for capital related expenses (see instruc			Prior to 10/1	Ŷ	96.0
				1.00	2.00	
	HSP Bonus Payment Amount					
00.00	HSP bonus amount (see instructions)			0	0	100.0
	HVBP Adjustment for HSP Bonus Payment					
	HVBP adjustment factor (see instructions)			0.000000000	0.0000000000	
					0	
	HVBP adjustment amount for HSP bonus payment (see instruction	ns)		0	0	102.0
02.00	HVBP adjustment amount for HSP bonus payment (see instructior HRR Adjustment for HSP Bonus Payment	ns)		0		102.0
)2.00	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions)			0.0000	0.0000	103.
02.00 03.00	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions	s)	stment	0	0.0000	103.0
02.00 03.00 04.00	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst	s) tration) Adju		0.0000	0.0000 0	103.0 104.0
02.00 03.00 04.00	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions	s) tration) Adju		0.0000	0.0000 0	103.0
02.00 03.00 04.00	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe	s) tration) Adju		0.0000	0.0000 0	103.0 104.0
)2.00)3.00)4.00)0.00	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lir	s) t ration) Adju eriod under t		0.0000	0.0000	103.0 104.0 200.0
02.00 03.00 04.00 00.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) 	s) t ration) Adju eriod under t		0.0000	0.0000	103. 104. 200. 201. 201.
02.00 03.00 04.00 00.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration percentury Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) 	s) tration) Adju eriod under t ne 49)	he 21st	0.0000	0.0000 0	103. 104. 200. 201. 201.
02.00 03.00 04.00 00.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in 	s) tration) Adju eriod under t ne 49)	he 21st	0.0000	0.0000 0	103.0 104.0 200.0
02.00 03.00 04.00 00.00 01.00 02.00 03.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural community Hospital Demonstration Project (§410A Demonst Contury Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 	s) tration) Adju eriod under t ne 49)	he 21st	0.0000	0.0000 0	103.0 104.0 200.0 201.0 202.0 203.0
02.00 03.00 04.00 00.00 01.00 02.00 03.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pecentary Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 	s) tration) Adju eriod under t ne 49)	he 21st	0.0000	0.0000 0	103.0 104.0 200.0 201.0 202.0 203.0
02.00 03.00 04.00 00.00 01.00 02.00 03.00	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	s) t ration) Adju eriod under t ne 49) n first year	he 21st	0.0000	0.0000 0	103.0 104.0 200.0 201.0 202.0 203.0 204.0 204.0
)2.00)3.00)4.00)0.00)1.00)2.00)3.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pecentary Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) 	s) t ration) Adju eriod under t ne 49) n first year	he 21st	0.0000	0.0000 0	103.0 104.0 200.0 201.0 202.0 203.0 204.0 204.0
22.00 3.00 4.00 00.00 1.00 2.00 3.00 4.00 5.00 6.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Case-mix adjustment factor (see instructions) Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) 	s) t ration) Adju eriod under t ne 49) n first year	he 21st	0.0000	0.0000 0	103. 104. 200. 201. 202. 203. 204. 205. 206. 207.
2.00 3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Rural Community Generation Project (§410A Demonstration period)) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement) Program reimbursement under the §410A Demonstration (see inst) Medicare Part A inpatient service costs (from Wkst. E, Pt. A,	s) tration) Adju eriod under t ne 49) n first year) tructions)	he 21st	0.0000	0.0000 0	103. 104. 200. 201. 202. 203. 204. 205. 206. 206.
02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00 06.00 07.00 08.00 09.00	HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions)	s) tration) Adju eriod under t ne 49) n first year) tructions)	he 21st	0.0000	0.0000 0	103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209.
2.00 3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Dis this the first year of the current 5-year demonstration percentury Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Adjustment to Medicare IPPS payments (see instructions) 	s) tration) Adju eriod under t ne 49) n first year) tructions) , line 59)	he 21st	0.0000	0.0000 0	103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210.
2.00 3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 0.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pecentury Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) 	s) tration) Adju eriod under t ne 49) n first year) tructions) , line 59)	he 21st	0.0000	0.0000 0	103. 104. 200. 201. 202. 203. 205. 206. 207. 208. 209. 209. 210.
02.00 03.00 04.00 00.00 01.00 02.00 03.00 04.00 05.00 06.00 07.00 08.00 09.00 11.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Rural Community Generation Tayes or "N" for no. Cost Reimbursement Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement 	s) tration) Adju eriod under t ne 49) n first year) tructions) , line 59)	he 21st	0.0000	0.0000 0	103.1 104.1 200.1 201.1 202.1 203.1 204.1 205.2 206.1 207.1 208.2 209.2 201.1 201.1
2.00 3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 0.00 1.00 2.00 2.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Rural Community Hospital Demonstration Project (§410A Demonstration Project (§410A Demonstration Project (§410A Demonstration Project Rural Community Hospital Demonstration Project (§410A Demonstration performance) Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) 	s) tration) Adju eriod under t ne 49) n first year) tructions) , line 59)	he 21st	0.0000	0.0000 0	103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 209. 201. 211. 211.
2.00 3.00 4.00 0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 0.00 1.00 2.00 3.00	 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Rural Community Generation Tayes or "N" for no. Cost Reimbursement Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement 	s) tration) Adju eriod under t ne 49) n first year) tructions) , line 59)) 211)	of the curre	0.0000	0.0000 0	103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211.

VO	Financial Systems LUME CALCULATION EXHIBIT 4			Provider C	CN: 15-0084	Period:	Worksheet E	
						From 07/01/2022 To 06/30/2023		
							11/27/2023 5:	
					XVIII	Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
0	DRG amounts other than outlier	1.00	0	0		0 0	0	1
1	payments DRG amounts other than outlier payments for discharges	1.01	21,248,857	0	21,248,85	57	21,248,857	1
2	occurring prior to October 1 DRG amounts other than outlier payments for discharges	1.02	65,042,403	0		65,042,403	65,042,403	1
3	occurring on or after October 1	1.03	0	0		0	0	
2	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.05	0	0		0	0	
4	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	
0	Outlier payments for discharges (see instructions)	2.00						2
1	Outlier payments for discharges for Model 4 BPCI	2.02	0	0		0 0	0	2
2	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,480,841	0	1,480,84	1	1,480,841	2
3	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,164,059	0		3,164,059	3,164,059	2
0	Operating outlier	2.01	0	0		0 0	0	3
0	reconciliation Managed care simulated payments	3.00	70,308,185	0	17,138,95	53,169,234	70,308,185	4
	Indirect Medical Education Adju		· · ·					1
0	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.160341	0.160341	0.16034	0.160341		5
0	IME payment adjustment (see instructions)	22.00	7,231,898	0	1,780,82	5,451,074	7,231,898	6
1	IME payment adjustment for managed care (see instructions)	22.01	5,892,388	0	1,436,38	4,456,007	5,892,388	6
	Indirect Medical Education Adju	stment for the	Add-on for Sec	ction 422 of t				
0	IME payment adjustment factor	27.00	0.00007	0.00007	0.0000	0.000007		7
0	(see instructions) IME adjustment (see instructions)	28.00	604	0	14	455	604	8
1	IME payment adjustment add on for managed care (see instructions)	28.01	492	0	12	.0 372	492	8
0	Total IME payment (sum of lines 6 and 8)	29.00	7,232,502	0	1,780,97	73 5,451,529	7,232,502	g
1	Total IME payment for managed care (sum of lines 6.01 and	29.01	5,892,880	0	1,436,50	4,456,379	5,892,880	9
	8.01) Disproportionate Share Adjustme	nt	<u> </u>		l			1
00	Allowable disproportionate share percentage (see	33.00	0.2127	0.2127	0.212	0.2127		10
00	instructions) Disproportionate share adjustment (see instructions)	34.00	4,588,538	0	1,129,90	3,458,630	4,588,538	11
01	adjustment (see instructions) Uncompensated care payments	36.00	10,654,916	0	2,882,30	7,772,614	10,654,916	11
00		centage of ESI 46.00	RD beneficiary o	discharges 0		0 0	0	12
00 00	(see instructions) Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47.00 48.00	113,412,116 0	0 0	28,522,88	81 84,889,235 0 0	113,412,116 0	
00	(see instructions) Total payment for inpatient operating costs (see	49.00	119,304,996	0	29,959,38	89,345,614	119,304,996	15
00	<pre>instructions) Payment for inpatient program capital (from wkst. L, Pt. I, if applicable)</pre>	50.00	7,927,762	0	2,008,07	74 5,919,688	7,927,762	16

	Financial Systems	A.	Seems ion still vi	NCENT HOSPITAL			u of Form CMS-	2332-1
LOW VO	LUME CALCULATION EXHIBIT 4			Provider Co		Period: From 07/01/2022 To 06/30/2023	Worksheet E Part A Exhibi Date/Time Pre 11/27/2023 5:	pared:
				Title	XVIII	Hospital	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prio	r Period	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	518,284	0	149,02	369,258	518,284	17.00
17.01	Net organ aquisition cost							17.0
17.02	Credits received from manufacturers for replaced	68.00	3,783	0		0 3,783	3,783	17.02
	devices for applicable MS-DRGs							
18.00	Capital outlier reconciliation adjustment amount (see		0	0		0 0	0	18.00
	instructions)							
19.00	SUBTOTAL			0	32,116,48	95,638,343	127,754,825	19.0
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,523,546	0	1,622,31	L9 4,901,227	6,523,546	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0		0 0	0	
21.00	Capital DRG outlier payments	2.00	342,183	0	121,64	41 220,542	342,183	21.0
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0		0 0	0	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0809	0.0809	0.080	0.0809		22.0
23.00	Indirect medical education adjustment (see instructions)	6.00	527,755	0	131,24	46 396,509	527,755	23.0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0819	0.0819	0.081	L9 0.0819		24.0
25.00	Disproportionate share adjustment (see instructions)	11.00	534,278	0	132,80	401,410	534,278	25.0
26.00	Total prospective capital payments (see instructions)	12.00	7,927,762	0	2,008,07	5,919,688	7,927,762	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.0000	0.00000.0		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E,	70.96				0	0	28.00
29.00	Pt. A, line) Low volume adjustment (transfer amount to Wkst. E,	70.97				0	0	29.0
100.00	Pt. A, line) Transfer low volume		Y					100.0

03711	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	FION EXHIBIT 5		-	Period: From 07/01/2022 Fo 06/30/2023		pared:
	·		Title		Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
L.00 L.01	DRG amounts other than outlier payments DRG amounts other than outlier payments for	1.00	21 249 957	21 240 05	7	21 249 957	1.00
.01	discharges occurring prior to October 1	1.01	21,248,857	21,248,85		21,248,857	1.01
.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	65,042,403		65,042,403	65,042,403	1.02
.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1.03	0		D	0	1.03
04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
.00	Outlier payments for discharges (see instructions)	2.00					2.00
.01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0 0	0	2.01
.02	Outlier payments for discharges occurring	2.03	1,480,841	1,480,84	1	1,480,841	2.02
.03	prior to October 1 (see instructions) Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	3,164,059		3,164,059	3,164,059	2.0
.00	Operating outlier reconciliation	2.01	0		0 0	0	3.0
.00	Managed care simulated payments	3.00	70,308,185	17,138,95	1 53,169,234	70,308,185	4.0
.00	Indirect Medical Education Adjustment Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.160341	0.16034	1 0.160341		5.0
.00 .01	IME payment adjustment (see instructions) IME payment adjustment for managed care (see	22.00 22.01	7,231,898 5,892,388	1,780,82 1,436,38			6.0
.01	instructions)	-			4,450,007	5,052,500	0.0
00	Indirect Medical Education Adjustment for the				7 0 00007		7
.00	IME payment adjustment factor (see instructions)	27.00	0.000007	0.00000	7 0.000007		7.0
.00 .01	IME adjustment (see instructions) IME payment adjustment add on for managed care (see instructions)	28.00 28.01	604 492	149 120			8.0 8.0
.00 .01	Total IME payment (sum of lines 6 and 8) Total IME payment for managed care (sum of	29.00 29.01	7,232,502 5,892,880	1,780,97 1,436,50			9.0 9.0
	lines 6.01 and 8.01)						
0.00	Disproportionate Share Adjustment Allowable disproportionate share percentage	33.00	0.2127	0.212	7 0.2127		10.0
1.00	(see instructions) Disproportionate share adjustment (see	34.00	4,588,538	1,129,90	3,458,630	4,588,538	11.0
1.01	instructions) Uncompensated care payments	36.00	10,654,916	2,882,30	2 7,772,614	10,654,916	11.0
	Additional payment for high percentage of ESR			2,002,00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,001,010	
2.00		46.00	0	(0 0	0	12.0
3.00 4.00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	47.00 48.00	113,412,116 0	28,522,88	1 84,889,235 0 0	113,412,116 0	1
.00	instructions) Total payment for inpatient operating costs	49.00	119,304,996	29,959,38	2 89,345,614	119,304,996	15.0
5.00	(see instructions) Payment for inpatient program capital (from whet	50.00	7,927,762	2,008,07	4 5,919,688	7,927,762	16.0
7.00 7.01	Wkst. L, Pt. I, if applicable) Special add-on payments for new technologies Net organ acquisition cost	54.00	518,284	149,02	369,258	518,284	17.0
.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	3,783		3,783	3,783	
		02 00			0 0		100
8.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0		0 0	0	18.0

HOSPI	TAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider Co		Period: From 07/01/2022 To 06/30/2023		pared:
			Title	XVIII	Hospital	PPS	
		Wkst. L, line	(Amt. from				
		-	Wkst. L)	2.00	2.00	4.00	
20.00	Constal ppc other than outling	0	1.00	2.00	3.00	4.00	20.00
20.00		1.00	6,523,546	1,622,3	4,901,227	6,523,546	
		2.00	242 192	121 6	U U U	, v	
21.00		2.00	342,183	121,6	41 220,542	342,183	
21.01			0	0.00		-	21.01
22.00	instructions)	5.00	0.0809				
23.00	Indirect medical education adjustment (see instructions)	6.00	527,755	131,2	46 396,509	527,755	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0819	0.08	19 0.0819		24.00
25.00		11.00	534,278	132,8	68 401,410	534,278	25.00
26.00		12.00	7,927,762	2,008,0	5,919,688	7,927,762	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0		0	0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0		0 0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0		0 0	0	30.01
31.00		70.94	-108,451	-29,9	57 -78,494	-108,451	31.00
31.01	•	70.91	0	,	0 0	0	
						(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.		Y				100.00

CALCUL	Financial Systems ASCENSION ST. VINCENT ATION OF REIMBURSEMENT SETTLEMENT Pr	rovider CCN: 15-0084	Period: From 07/01/2022	Worksheet E Part B	2552-10
			то 06/30/2023		
		Title XVIII	Hospital	PPS	<u>09 piii</u>
				1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00 2.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instruction	ns)		19,160 58,006,726	
3.00	OPPS or REH payments	113)		52,955,665	
4.00	Outlier payment (see instructions)			339,010	
4.01 5.00	Outlier reconciliation amount (see instructions) Enter the hospital specific payment to cost ratio (see instructions)	one)		0 0.000	
6.00	Line 2 times line 5	0115)		0.000	1
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	1
8.00 9.00	Transitional corridor payment (see instructions) Ancillary service other pass through costs from Wkst. D, Pt. IV,	col 13 lino 200		0 252,270	
10.00	Organ acquisitions	cor. 13, rifle 200		232,270	
11.00	Total cost (sum of lines 1 and 10) (see instructions)			19,160	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				-
12.00	Ancillary service charges			70,138	12.00
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line	69)		0	
14.00	Total reasonable charges (sum of lines 12 and 13) Customary charges			70,138	14.00
15.00	Aggregate amount actually collected from patients liable for pay	ment for services on	a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for p	ayment for services o	on a chargebasis	0	16.00
17.00	had such payment been made in accordance with 42 CFR §413.13(e) Ratio of line 15 to line 16 (not to exceed 1.000000)			0.00000	17 00
	Total customary charges (see instructions)			70,138	1
19.00	Excess of customary charges over reasonable cost (complete only	if line 18 exceeds l	ine 11) (see	50,978	19.00
20.00	instructions) Excess of reasonable cost over customary charges (complete only	if line 11 exceeds l	ine 18) (see	0	20.00
20.00	instructions)		10) (300		
	Lesser of cost or charges (see instructions)				21.00
22.00	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see instruc	tions)		0	
	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			53,546,945	
25 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			0.5	25.00
25.00 26.00	Deductibles and coinsurance amounts (for CAH, see instructions) Deductibles and Coinsurance amounts relating to amount on line 2	4 (for CAH, see inst	ructions)	8,341,217	25.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus			45,224,803	
28 00	instructions)	50)		1 556 502	28.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line REH facility payment amount	50)		1,556,502	28.00
	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00 31.00	Subtotal (sum of lines 27, 28, 28.50 and 29) Primary payer payments			46,781,305	1
32.00	Subtotal (line 30 minus line 31)			10,372 46,770,933	
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES))			
33.00 34.00	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions)			0 771,385	
35.00	Adjusted reimbursable bad debts (see instructions)			501,400	
36.00	Allowable bad debts for dual eligible beneficiaries (see instruc	tions)		581,505	
37.00 38.00	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R			47,272,333	37.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
39.75 39.97	N95 respirator payment adjustment amount (see instructions) Demonstration payment adjustment amount before sequestration			0	
39.98	Partial or full credits received from manufacturers for replaced	devices (see instru	ctions)		39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	
40.00 40.01	Subtotal (see instructions) Sequestration adjustment (see instructions)			47,272,072 945,441	
40.01	Demonstration payment adjustment amount after sequestration			945,441	1
40.03	Sequestration adjustment-PARHM pass-throughs				40.03
	Interim payments			46,221,125	
	Interim payments-PARHM Tentative settlement (for contractors use only)			0	41.01
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43.00 43.01	Balance due provider/program (see instructions)			105,506	43.00
44.00	Balance due provider/program-PARHM (see instructions) Protested amounts (nonallowable cost report items) in accordance	with CMS Pub. 15-2.	chapter 1.	25.001	43.01
	§115.2				
90 00	TO BE COMPLETED BY CONTRACTOR Original outlier amount (see instructions)			0	90.00
	Outlier reconciliation adjustment amount (see instructions)			0	
91.00 92.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			-	92.00

Health Financial Systems	ASCENSION ST. VINCENT HOSPITAL	In Lieu of Form CMS-2552-10				
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E Part B Date/Time Pre 11/27/2023 5:			
	Title XVIII	Hospital	PPS			
			1.00			
MEDICARE PART B ANCILLARY COSTS 200.00 Part B Combined Billed Days			0	200.00		

	Financial Systems ASCENSION ST. VINC ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0084	Period: From 07/01/2022	u of Form CMS-2 Worksheet E Part B	
		Component CCN: 15-S084	то 06/30/2023	Date/Time Pre 11/27/2023 5:	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			135	1
00	Medical and other services reimbursed under OPPS (see instruc	ctions)		563	2
00	OPPS or REH payments			481	-
00 01	Outlier payment (see instructions) Outlier reconciliation amount (see instructions)			0	4
00	Enter the hospital specific payment to cost ratio (see instru	uctions)		0.000	
00	Line 2 times line 5			0	
00 00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	
00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		6	9
.00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0 135	
.00	COMPUTATION OF LESSER OF COST OR CHARGES			133	11
	Reasonable charges				
.00	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, 1	line 69)		485	12
.00	Total reasonable charges (sum of lines 12 and 13)	The obj		485	
	Customary charges	<u> </u>			
.00	Aggregate amount actually collected from patients liable for Amounts that would have been realized from patients liable for		5	0	15 16
	had such payment been made in accordance with 42 CFR §413.13(a cha geodo o		
.00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0.000000 485	
.00	Excess of customary charges over reasonable cost (complete or	nly if line 18 exceeds li	ne 11) (see	350	
	instructions)	-			
.00	Excess of reasonable cost over customary charges (complete or instructions)	ily if line 11 exceeds li	ne 18) (see	0	20
.00	Lesser of cost or charges (see instructions)			135	21
.00	Interns and residents (see instructions)			0	
.00	Cost of physicians' services in a teaching hospital (see inst Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	tructions)		0 487	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
.00	Deductibles and coinsurance amounts (for CAH, see instruction Deductibles and Coinsurance amounts relating to amount on lir		uctions)		25
.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)			574	
~~	instructions)				
.00 .50	Direct graduate medical education payments (from Wkst. E-4, 1 REH facility payment amount	line 50)		0	28
.00	ESRD direct medical education costs (from Wkst. E-4, line 36))		0	
.00	Subtotal (sum of lines 27, 28, 28.50 and 29)			574	
.00	Primary payer payments Subtotal (line 30 minus line 31)			574	31
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI	CES)			
.00	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions)			0	33
	Adjusted reimbursable bad debts (see instructions)				35
	Allowable bad debts for dual eligible beneficiaries (see inst	tructions)		0	
.00	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R			574 0	
.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39
.50 .75	Pioneer ACO demonstration payment adjustment (see instructior N95 respirator payment adjustment amount (see instructions)	15)		0	39
. 97	Demonstration payment adjustment amount (see Instructions)			0	
. 98	Partial or full credits received from manufacturers for repla	aced devices (see instruc	tions)	0	39
.99 .00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0 574	
	Sequestration adjustment (see instructions)				40
.02	Demonstration payment adjustment amount after sequestration			0	
	Sequestration adjustment-PARHM pass-throughs Interim payments			552	40
.01	Interim payments-PARHM				41
.00	Tentative settlement (for contractors use only)			0	42
.01	Tentative settlement-PARHM (for contractor use only) Balance due provider/program (see instructions)			11	42
.01	Balance due provider/program-PARHM (see instructions)				43
.00	Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub. 15-2,	chapter 1,	0	44
	§115.2 TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)				90
	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money			0 0.00	
	I The value of encounce the time value of Money			0.00	1 52

Health Financial Systems	u of Form CMS	-2552-10		
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0084	Period:	Worksheet E	
	Component CCN:15-S084	From 07/01/2022 To 06/30/2023		epared: :09 pm
	Title XVIII	Subprovider -	PPS	
		IPF		
			1.00	
94.00 Total (sum of lines 91 and 93)				0 94.00
			1.00	
MEDICARE PART B ANCILLARY COSTS				
200.00 Part B Combined Billed Days				200.00

NALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CO	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023		bared
			XVIII	Hospital	PPS	
		Inpatien	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
.00	Total interim payments paid to provider		128,287,9	55	46,194,625	1.0
.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	0	2.0
.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.(
	Program to Provider					
.01	ADJUSTMENTS TO PROVIDER	02/22/2023	1,749,6		26,500	3.0
.02		05/17/2023	385,6		0	3.
.03 .04				0	0	3. 3.
.04				0	0	3.
.05	Provider to Program					5.
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	3.
52				0	0	3.
53				0	0	3.
. 54 . 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		2,135,2	0	0 26,500	3.
.99	3.50-3.98)		2,133,2	00	20,300	5.
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as		130,423,1	55	46,221,125	4.
	appropriate) TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after					5.
00	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.
01	Program to Provider TENTATIVE TO PROVIDER			0	0	F
01 02	IENIALLYE TO PROVIDER			0	0	5. 5.
03				0	0	5
	Provider to Program	·				
50	TENTATIVE TO PROGRAM			0	0	5
51				0	0	5
52 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5
99 00	5.50-5.98) Determined net settlement amount (balance due) based on			0	0	5
01	the cost report. (1) SETTLEMENT TO PROVIDER		4,280,1	28	105,506	6
02	SETTLEMENT TO PROGRAM		,,_	0	0	6
00	Total Medicare program liability (see instructions)		134,703,2	83	46,326,631	7
				Contractor Number	NPR Date (Mo/Day/Yr)	
		()	1.00	2.00	8.

ALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider Concernent	CN: 15-0084 CCN: 15-S084		iod: m 07/01/2022 06/30/2023		oared
		Title	YVIII	Su	bprovider - IPF	PPS	
		Inpatien	t Part A			t B	
		mm/dd/yyyy	Amount		mm/dd/yyyy	Amount	
		1.00	2.00		3.00	4.00	
00 00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate		1,326,2	15		552 0	1. 2. 3.
	for the cost reporting period. Also show date of each						
	payment. If none, write "NONE" or enter a zero. (1) Program to Provider						
01	ADJUSTMENTS TO PROVIDER			0		0	3
02				0		0	3
03				0		0	3
04 05				0 0		0	3
55	Provider to Program			0		0	5
50	ADJUSTMENTS TO PROGRAM			0		0	3
51				0		0	3
52				0		0	3
53 54				0 0		0	3
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0		0	3
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,326,2	15		552	4
	TO BE COMPLETED BY CONTRACTOR		1				
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5
)1	Program to Provider			0		0	5
02				0		0	5
)3				0		0	5
	Provider to Program						_
50 51	TENTATIVE TO PROGRAM			0 0		0	5 5
52				0		0	5
9	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0		0	5
00	Determined net settlement amount (balance due) based on the cost report. (1)						6
)1	SETTLEMENT TO PROVIDER		40,4			11	6
02 00	SETTLEMENT TO PROGRAM Total Medicare program liability (see instructions)		1,366,6	0		0 563	6 7
	Total mearcare program tradities (see instructions)		1,500,0		Contractor	NPR Date	/
					Number	(Mo/Day/Yr)	
	Name of Contractor	(0		1.00	2.00	

Health	Financial Systems ASCENSION ST. VINC	ENT HOSPITAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0084	Period: From 07/01/2022		
			то 06/30/2023	Date/Time Pre 11/27/2023 5:	
		Title XVIII	Hospital	PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				-
1.00	Total hospital discharges as defined in AARA §4102 from Wkst.		14		1.00
2.00	Medicare days (see instructions)		2.00		
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 1				6.00
7.00	CAH only - The reasonable cost incurred for the purchase of coline 168	ertified HIT technology	Wkst. S-2, Pt. I		7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
	Initial/interim HIT payment adjustment (see instructions)				30.00 31.00
	5 (1)/				
32.00	Balance due provider (line 8 (or line 10) minus line 30 and l	ine 31) (see instruction	is)		32.00

	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0084 Component CCN: 15-S084	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part II Date/Time Pre	pare
		Title XVIII	Subprovider - IPF	11/27/2023 5:0 PPS	09 p
			111	1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		I		
.00	Net Federal IPF PPS Payments (excluding outlier, ECT, an	d medical education payments)		1,487,501	
.00	Net IPF PPS Outlier Payments			0	
00	Net IPF PPS ECT Payments		6	36,702	
00	Unweighted intern and resident FTE count in the most rec	ent cost report filed on or b	etore November	0.00	4
01	15, 2004. (see instructions) Cap increases for the unweighted intern and resident FTE	count for residents that wer	a displaced by	0.00	4
01	program or hospital closure, that would not be counted w			0.00	7
	CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)				
00	New Teaching program adjustment. (see instructions)			0.00	5
00	Current year's unweighted FTE count of I&R excluding FTE	s in the new program growth p	eriod of a "new	0.00	6
	teaching program" (see instuctions)				
00	Current year's unweighted I&R FTE count for residents wi	thin the new program growth p	eriod of a "new	0.00	7
~ ~	teaching program" (see instuctions)				
00	Intern and resident count for IPF PPS medical education	adjustment (see instructions)		0.00	
00	Average Daily Census (see instructions)	d to the new of $[100, 1]$		36.158904 0.000000	
.00	Teaching Adjustment Factor $\{((1 + (line 8/line 9)) raise Teaching Adjustment (line 1 multiplied by line 10).$	a to the power of .5150 -1}.		0.000000	
	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and	11)		1,524,203	
.00	Nursing and Allied Health Managed Care payment (see inst			1, 524, 203	
	Organ acquisition (DO NOT USE THIS LINE)			0	14
.00	Cost of physicians' services in a teaching hospital (see	instructions)		0	
	Subtotal (see instructions)			1,524,203	
.00	Primary payer payments			0	
3.00	Subtotal (line 16 less line 17).			1,524,203	18
9.00	Deductibles			130,820	19
	Subtotal (line 18 minus line 19)			1,393,383	
	Coinsurance			40,067	
	Subtotal (line 20 minus line 21)			1,353,316	
	Allowable bad debts (exclude bad debts for professional	services) (see instructions)		53,416	
	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see	instructions)		34,720	
5.00	Subtotal (sum of lines 22 and 24)	Instructions)		41,979	
7.00	Direct graduate medical education payments (see instruct	ions)		1,388,036 0	
	Other pass through costs (see instructions)			6,546	
.00	Outlier payments reconciliation			0,510	29
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	30
0.50	Pioneer ACO demonstration payment adjustment (see instru	ctions)		0	30
).98	Recovery of accelerated depreciation.			0	30
).99	Demonstration payment adjustment amount before sequestra	tion		0	30
	Total amount payable to the provider (see instructions)			1,394,582	
	Sequestration adjustment (see instructions)			27,892	
	Demonstration payment adjustment amount after sequestrat	10N		0	
	Interim payments			1,326,215	
3.00 4.00	Tentative settlement (for contractor use only) Balance due provider/program (line 31 minus lines 31.01,	31 02 32 and 32		0 40,475	
.00	Protested amounts (nonallowable cost report items) in ac		chanter 1	40,475	
.00	§115.2		chapter 1,	0	
	TO BE COMPLETED BY CONTRACTOR				1
.00	Original outlier amount from Worksheet E-3, Part II, lin	e 2		0	50
	Outlier reconciliation adjustment amount (see instructio			0	51
.00	The rate used to calculate the Time Value of Money			0.00	52
3.00	Time Value of Money (see instructions)			0	53
	FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 202	0 AND BEGINNING ON OR BEFORE	MAY 11, 2023 (THE	END OF	
	THE COVID-19 PHE)				
00	Teaching Adjustment Factor for the cost reporting period	the second se	20 2020	0.00000	1 ~ -

CULA	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Worksheet E-3 Part VII Date/Time Pre 11/27/2023 5:0	par
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER	VICES FOR TITLES V OR >	XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		27.047.200		
	Inpatient hospital/SNF/NF services		37,047,309	7 700 600	1
	Medical and other services			7,700,629	2
	Organ acquisition (certified transplant programs only)		27 047 200	7 700 600	3
	Subtotal (sum of lines 1, 2 and 3) Inpatient primary payer payments		37,047,309	7,700,629	4
	Outpatient primary payer payments		0	0	6
	Subtotal (line 4 less sum of lines 5 and 6)		37,047,309	7,700,629	
	COMPUTATION OF LESSER OF COST OR CHARGES		57,047,505	7,700,029	· '
	Reasonable Charges				
	Routine service charges		75,487,912		8
	Ancillary service charges		91,722,777	40,704,433	9
	Organ acquisition charges, net of revenue		0	,,	10
	Incentive from target amount computation		0		11
	Total reasonable charges (sum of lines 8 through 11)		167,210,689	40,704,433	12
Ì	CUSTOMARY CHARGES				1
	Amount actually collected from patients liable for payment for	r services on a charge	0	0	13
00	basis Amounts that would have been realized from patients liable for		on 0	0	14
	a charge basis had such payment been made in accordance with 4	12 CFR §413.13(e)			
	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.00000	
	Total customary charges (see instructions)		167,210,689	40,704,433	
00	Excess of customary charges over reasonable cost (complete onl	ly if line 16 exceeds	130,163,380	33,003,804	17
~	line 4) (see instructions)			0	10
	Excess of reasonable cost over customary charges (complete onl 16) (see instructions)	ly if line 4 exceeds li	ne U	0	18
	Interns and Residents (see instructions)		0	0	19
	Cost of physicians' services in a teaching hospital (see instr	suctions)	0	0	20
	Cost of covered services (enter the lesser of line 4 or line 1		37,047,309	7,700,629	
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be			7,700,025	1
	Other than outlier payments		0	0	22
	Outlier payments		0	0	23
00	Program capital payments		0		24
00	Capital exception payments (see instructions)		0		2
00	Routine and Ancillary service other pass through costs		0	0	26
	Subtotal (sum of lines 22 through 26)		0	0	27
	Customary charges (title V or XIX PPS covered services only)		0	0	28
	Titles V or XIX (sum of lines 21 and 27)		37,047,309	7,700,629	29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
	Excess of reasonable cost (from line 18)		0	0	
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6))	37,047,309	7,700,629	
	Deductibles		0	0	32
	Coinsurance		0	0	
	Allowable bad debts (see instructions)		0	0	
	Utilization review Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	1 33)	0 37,047,309	7,700,629	35
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		57,047,309	7,700,629	37
	Subtotal (line 36 ± line 37)		37,047,309	7,700,629	
	Direct graduate medical education payments (from Wkst. E-4)		57,047,509	7,700,029	39
	Total amount payable to the provider (sum of lines 38 and 39)		37,047,309	7,700,629	
	Interim payments		37,047,309	7,700,629	
	Balance due provider/program (line 40 minus line 41)		57,047,505	7,700,029	42
	Protested amounts (nonallowable cost report items) in accordar	ice with CMS Pub 15-2	0	0	43
	chapter 1, §115.2		0	0	1 .2

CULA	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0084	Period:	Worksheet E-3	
		Component CCN:15-S084	From 07/01/2022 To 06/30/2023	Part VII Date/Time Pre	
		Title XIX	Subprovider -	11/27/2023 5: Cost	09
			IPF Inpatient	Outpatient	
			1.00	2.00	-
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SE	ERVICES FOR TITLES V OR X	IX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES Inpatient hospital/SNF/NF services		664,642		
	Medical and other services		004,042	0	
	Organ acquisition (certified transplant programs only)		0		
0	Subtotal (sum of lines 1, 2 and 3)		664,642	0	
	Inpatient primary payer payments		0		
	Outpatient primary payer payments			0	
	Subtotal (line 4 less sum of lines 5 and 6)		664,642	0	
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable Charges				-
	Routine service charges		1,787,069		
	Ancillary service charges		142,601	0	
	Organ acquisition charges, net of revenue		0		1
00	Incentive from target amount computation		0		1
	Total reasonable charges (sum of lines 8 through 11)		1,929,670	0	1
	CUSTOMARY CHARGES	<u> </u>			
00	Amount actually collected from patients liable for payment for basis	or services on a charge	0	0	1
00	Amounts that would have been realized from patients liable fo	or navment for services o	n 0	0	1
00	a charge basis had such payment been made in accordance with			0	1
00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	1
00	Total customary charges (see instructions)		1,929,670	0	1
00	Excess of customary charges over reasonable cost (complete or	nly if line 16 exceeds	1,265,028	0	1
	line 4) (see instructions)				
00	Excess of reasonable cost over customary charges (complete or	nly if line 4 exceeds lin	e 0	0	1
00	16) (see instructions) Interns and Residents (see instructions)		0	0	1
	Cost of physicians' services in a teaching hospital (see inst	tructions)	0	0	
	Cost of covered services (enter the lesser of line 4 or line		664,642	0	
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be				
	Other than outlier payments		0	0	
	Outlier payments		0	0	
	Program capital payments		0		2
	Capital exception payments (see instructions) Routine and Ancillary service other pass through costs		0	0	2
	Subtotal (sum of lines 22 through 26)		0	0	
	Customary charges (title V or XIX PPS covered services only)		0	0	- 1
	Titles V or XIX (sum of lines 21 and 27)		664,642	0	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
	Excess of reasonable cost (from line 18)		0	0	
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6	6)	664,642	0	
1	Deductibles		0	0	
	Coinsurance Allowable bad debts (see instructions)		0	0	
	Utilization review		0	0	3
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 a	nd 33)	664,642	0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	
	Subtotal (line 36 ± line 37)		664,642	0	
	Direct graduate medical education payments (from Wkst. E-4)		0		3
	Total amount payable to the provider (sum of lines 38 and 39))	664,642	0	
	Interim payments		664,642	0	
	Balance due provider/program (line 40 minus line 41)		0	0	
.00	Protested amounts (nonallowable cost report items) in accorda	ance with CMS Pub 15-2,	0	0	4

	Financial Systems ASCENSION ST. VINCENT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT Pr	rovider CCN: 15-0084	Period:	u of Form CMS-2 Worksheet E-4	
MEDICA	L EDUCATION COSTS		From 07/01/2022 To 06/30/2023	Date/Time Pre 11/27/2023 5:0	
		Title XVIII	Hospital	PPS	
				1.00	
1.00	COMPUTATION OF TOTAL DIRECT GME AMOUNT Unweighted resident FTE count for allopathic and osteopathic prov	grams for cost report	ing periods	98.92	1.0
	ending on or before December 31, 1996.		ing periodo		
1.01 2.00	FTE cap adjustment under §131 of the CAA 2021 (see instructions)		ructions)	0.00	
2.26	Unweighted FTE resident cap add-on for new programs per 42 CFR 43 Rural track program FTE cap limitation adjustment after the cap-			0.00	
	the CAA 2021 (see instructions)				
3.00	Amount of reduction to Direct GME cap under section 422 of MMA	1 42 and 6412 70 ()		0.00	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance winter instructions for cost reporting periods straddling 7/1/2011)	th 42 CFR §413.79 (m)	. (see	0.00	3.0
3.02	Adjustment (increase or decrease) to the hospital's rural track programs with a rural track Medicare GME affiliation agreement in			0.00	3.0
4.00	49075 (August 10, 2022) (see instructions) Adjustment (plus or minus) to the FTE cap for allopathic and ost GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	eopathic programs due	to a Medicare	30.04	4.0
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instruction stradling 7/1/2011)	tions for cost report	ing periods	18.00	4.0
4.02	ACA Section 5506 number of additional direct GME FTE cap slots periods straddling 7/1/2011)	(see instructions for	cost reporting	0.00	4.0
4.21	The amount of increase if the hospital was awarded FTE cap slots instructions)	J. J		0.00	4.2
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4	4.01 through 4.27		146.96	
6.00	Unweighted resident FTE count for allopathic and osteopathic proprecords (see instructions)	grams for the current	year from your	153.38	6.0
7.00	Enter the lesser of line 5 or line 6	Drimony Cor	e Other	146.96 Total	7.0
		Primary Car 1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopath	ic 110.	75 36.67	147.42	8.0
9.00	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount		40 36.56	146.96	9.0
	6. For cost reporting periods beginning on or after October 1, 20 if Worksheet S-2, Part I, line 68, is "Y", see instructions.				
	Weighted dental and podiatric resident FTE count for the current		12.00		10.0
L0.01 L1.00	Unweighted dental and podiatric resident FTE count for the current Total weighted FTE count	nt year 110.	40 12.00 48.56		1 10.0
L2.00	5				
12.00	Total weighted resident FTE count for the prior cost reporting ye				11.0
	instructions)	ear (see 88.	61 39.31		11.0 12.0
	instructions) Total weighted resident FTE count for the penultimate cost repor	ear (see 88.	61 39.31		11.0 12.0
L3.00	instructions)	ear (see 88. ting 89.	61 39.31 93 36.95		11.0 12.0 13.0
13.00 14.00 15.00	instructions) Total weighted resident FTE count for the penultimate cost repor year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs	ear (see 88. ting 89. 3). 96. 0.	61 39.31 93 36.95 31 41.61 00 0.00		11.0 12.0 13.0 14.0 15.0
L3.00 L4.00 L5.00 L5.01	instructions) Total weighted resident FTE count for the penultimate cost repor year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new programs	ear (see 88. ting 89. 3). 96. 0. rams 0.	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00		11.0 12.0 13.0 14.0 15.0
13.00 14.00 15.00 15.01 16.00	instructions) Total weighted resident FTE count for the penultimate cost repor year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs	ear (see 88. ting 89. 3). 96. 0. rams 0. e 0.	61 39.31 93 36.95 31 41.61 00 0.00		11.0 12.0 13.0 14.0 15.0 15.0 16.0
13.00 14.00 15.00 15.01 16.00 16.01 17.00	instructions) Total weighted resident FTE count for the penultimate cost repor- year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new prog Adjustment for residents displaced by program or hospital closure Unweighted adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count	ear (see 88. ting 89. 3). 96. rams 0. e 0. ital 0. 96.	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00 00 0.00 00 0.00 31 41.61		11.0 12.0 13.0 14.0 15.0 15.0 16.0 16.0 17.0
13.00 14.00 15.00 15.01 16.00 16.01 17.00 18.00	instructions) Total weighted resident FTE count for the penultimate cost repor- year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new progra Adjustment for residents displaced by program or hospital closure Unweighted adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count Per resident amount	ear (see 88. ting 89. 3). 96. 	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00 00 0.00 00 0.00 31 41.61 33 41.61 44 102,474.48		11.0 12.0 13.0 14.0 15.0 15.0 16.0 16.0 17.0 18.0
13.00 14.00 15.00 15.01 16.00 16.01 17.00 18.00 18.01	instructions) Total weighted resident FTE count for the penultimate cost repor- year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new program Adjustment for residents displaced by program or hospital closure Unweighted adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021	ear (see 88. ting 89. 3). 96. 	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00 00 0.00 01 0.00 02 0.00 31 41.61 48 102,474.48 00 0.00		11.0 12.0 13.0 14.0 15.0 15.0 16.0 16.0 17.0 18.0 18.0
13.00 14.00 15.00 15.01 16.00 16.01 17.00 18.00 18.01	instructions) Total weighted resident FTE count for the penultimate cost repor- year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new progra Adjustment for residents displaced by program or hospital closure Unweighted adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count Per resident amount	ear (see 88. ting 89. 3). 96. 	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00 00 0.00 01 0.00 02 0.00 31 41.61 48 102,474.48 00 0.00	14,133,280	11.0 12.0 13.0 14.0 15.0 15.0 16.0 16.0 17.0 18.0 18.0
13.00 14.00 15.00 15.01 16.01 17.00 18.00 18.01 19.00	instructions) Total weighted resident FTE count for the penultimate cost repor- year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new progr Adjustment for residents displaced by program or hospital closure Unweighted adjustment for residents displaced by program or hospic closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021 Approved amount for resident costs Additional unweighted allopathic and osteopathic direct GME FTE for	ear (see 88. ting 89. 3). 96. orams 0. e 0. ital 0. 96. 102,474. 0. 9,869,3	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00 00 0.00 00 0.00 01 41.61 48 102,474.48 00 0.00 17 4,263,963		11.0 12.0 13.0 14.0 15.0 15.0 16.0 16.0 17.0 18.0 19.0
13.00 14.00 15.00 15.01 16.00 16.01 17.00 18.00 18.01 19.00	<pre>instructions) Total weighted resident FTE count for the penultimate cost repor- year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new program Adjustment for residents displaced by program or hospital closure Unweighted adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021 Approved amount for resident costs Additional unweighted allopathic and osteopathic direct GME FTE in Sec. 413.79(c)(4)</pre>	ear (see 88. ting 89. 3). 96. rams 0. e 0. ital 0. 96. 102,474. 0. 9,869,3 resident cap slots re	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00 00 0.00 00 0.00 01 41.61 48 102,474.48 00 0.00 17 4,263,963	14,133,280 1.00 12.89	11.0 12.0 13.0 15.0 15.0 16.0 16.0 17.0 18.0 19.0 20.0
13.00 14.00 15.01 16.00 16.01 17.00 18.00 18.01 19.00 20.00 21.00	instructions) Total weighted resident FTE count for the penultimate cost repor- year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new progr Adjustment for residents displaced by program or hospital closure Unweighted adjustment for residents displaced by program or hospic closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021 Approved amount for resident costs Additional unweighted allopathic and osteopathic direct GME FTE for	ear (see 88. ting 89. 3). 96. 0. rams 0. e 0. ital 0. 96. 102,474. 0. 9,869,3 resident cap slots re- ons)	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00 00 0.00 00 0.00 01 41.61 48 102,474.48 00 0.00 17 4,263,963	14,133,280 1.00 12.89 6.42	11.0 12.0 13.0 14.0 15.0 16.0 16.0 17.0 18.0 19.0 20.0 21.0
13.00 14.00 15.01 15.01 16.00 16.01 17.00 18.00 18.01 19.00 20.00 21.00 22.00 23.00	<pre>instructions) Total weighted resident FTE count for the penultimate cost report year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new program Adjustment for residents displaced by program or hospital closure Unweighted adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count Per resident amount Per resident amount for resident costs Additional unweighted allopathic and osteopathic direct GME FTE unweighted resident count over cap (see instruction Allowable additional direct GME FTE Resident Count (see instruction Count amount for Count Count for the count over cap (see instruction Count for Count Count for Count Count (see instruction Count for Count Count for Count Count (see instruction Count for Count Count Count for Count Count for Count Count for Count Count for Count for Count Count for Count for Count Count for Coun</pre>	ear (see 88. ting 89. 3). 96. 0. rams 0. e 0. ital 0. 96. 102,474. 0. 9,869,3 resident cap slots resons) ions)	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00 00 0.00 00 0.00 31 41.61 48 102,474.48 00 0.00 17 4,263,963 ceived under 42	14,133,280 1.00 12.89 6.42 0.46 120,558.26	11.0 12.0 13.0 14.0 15.0 16.0 16.0 17.0 18.0 18.0 19.0 20.0 21.0 22.0 23.0
L3.00 L4.00 L5.01 L5.01 L6.00 L6.01 L7.00 L8.00 L8.01 L9.00 20.00 21.00 22.00 23.00 24.00	<pre>instructions) Total weighted resident FTE count for the penultimate cost report year (see instructions) Rolling average FTE count (sum of lines 11 through 13 divided by Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new program Adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021 Approved amount for resident costs Additional unweighted allopathic and osteopathic direct GME FTE is sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instruction Allowable additional direct GME FTE Resident Count (see instruction </pre>	ear (see 88. ting 89. 3). 96. 0. rams 0. e 0. ital 0. 96. 102,474. 0. 9,869,3 resident cap slots resons) ions)	61 39.31 93 36.95 31 41.61 00 0.00 00 0.00 00 0.00 00 0.00 31 41.61 48 102,474.48 00 0.00 17 4,263,963 ceived under 42	14,133,280 1.00 12.89 6.42 0.46	11.(12.(13.(15.(15.(15.(16.(16.(17.(18.(18.(18.(19.(20.(21.(22.(23.(23.(24.(

DIRECT	Financial Systems ASCENSION ST. VI - GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	NCENT HOSPITAL Provider C		Period:	u of Form CMS-2 Worksheet E-4	
IEDICA	AL EDUCATION COSTS			From 07/01/2022 To 06/30/2023	Date/Time Pre 11/27/2023 5:	
			XVIII	Hospital	PPS	
		Inpatient Part			Total	
		A	Prior to 1/2	1 On or after 1/1		
		1.00	2.00	2.01	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD					
6.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	38,744	18,62	17,843		26.0
7.00	Total Inpatient Days (see instructions)	184,128	184,12	184,128		27.0
28.00	Ratio of inpatient days to total inpatient days	0.210419	0.1011	58 0.096905		28.0
9.00	Program direct GME amount	2,985,580	1,435,30	1,374,960	5,795,844	29.0
9.01	Percent reduction for MA DGME		3.2	26 3.26		29.0
80.00	Reduction for direct GME payments for Medicare Advantage		46,79	91 44,824	91,615	30.0
1.00	Net Program direct GME amount				5,704,229	31.0
					1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TI EDUCATION COSTS)	TLE XVIII ONLY	(NURSING PRO	OGRAM AND PARAME	DICAL	
2.00	Renal dialysis direct medical education costs (from Wkst. B	. Pt. T. sum c	of col. 20 and	1 23. lines 74	0	32.
2.00	and 94)	, i ci i, sum e		2 20, 111100 71	Ŭ	52.
3.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt	. I, col. 8, s	um of lines 2	74 and 94)	23,181,526	33.
4.00	Ratio of direct medical education costs to total charges (1	ine 32 ÷ line	33)		0.000000	34.
5.00	Medicare outpatient ESRD charges (see instructions)				0	35.
6.00	Medicare outpatient ESRD direct medical education costs (li	ne 34 x line 3	35)		0	36.
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVI	II ONLY				1
	Part A Reasonable Cost					1
7.00	Reasonable cost (see instructions)				143,251,032	37.
8.00	Organ acquisition and HSCT acquisition costs (see instructi	ons)			12,023,078	38.
9.00	Cost of physicians' services in a teaching hospital (see in	structions)			0	39.
0.00	Primary payer payments (see instructions)				1,627	40.
1.00	Total Part A reasonable cost (sum of lines 37 through 39 mi	nus line 40)			155,272,483	41.
	Part B Reasonable Cost					
2.00					58,278,860	
3.00	Primary payer payments (see instructions)				10,372	
4.00	Total Part B reasonable cost (line 42 minus line 43)				58,268,488	
5.00	Total reasonable cost (sum of lines 41 and 44)				213,540,971	
6.00	Ratio of Part A reasonable cost to total reasonable cost (1				0.727132	
7.00	Ratio of Part B reasonable cost to total reasonable cost (1		45)		0.272868	47.
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND	PART B				
	Total program GME payment (line 31)				5,704,229	
19.00	Part A Medicare GME payment (line 46 x 48) (title XVIII on]				4,147,727	
	Part B Medicare GME payment (line 47 x 48) (title XVIII onl	v) (see instru	(ctions)		1,556,502	1 50 0

Health	n Financial Systems ASCENSION ST.	VINCENT HOSPITAL	In Lie	u of Form CMS-2	552-10
OUTLI	ER RECONCILIATION AT TENTATIVE SETTLEMENT	Provider CCN: 15-0084	Period:	Worksheet E-5	
_			From 07/01/2022 To 06/30/2023	Date/Time Prep 11/27/2023 5:0	
		Title XVIII		PPS	
				1.00	
	TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or	sum of 2.03 plus 2.04 (see	instructions)	0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2			0	2.00
3.00	Operating outlier reconciliation adjustment amount (see i	nstructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see ins	tructions)		0	4.00
5.00	The rate used to calculate the time value of money (see i			0.00	5.00
6.00	Time value of money for operating expenses (see instructi			0	6.00
7.00	Time value of money for capital related expenses (see ins			0	7.00

	ype accounting records, complete the General Fund column	Provider C		Period: From 07/01/2022	Worksheet G	
ly)				то 06/30/2023	Date/Time Pre 11/27/2023 5:	
		General Fund	Specific Purpose Fund			
	CURRENT ASSETS	1.00	2.00	3.00	4.00	-
00	Cash on hand in banks	8,545,396		0 0	0	11
00	Temporary investments	0		0 0	0	2
00	Notes receivable	0		0 0	0	
00	Accounts receivable	560,830,376		0 0	0	
00	Other receivable	24,755,355		0 0	0	
00	Allowances for uncollectible notes and accounts receivable	-333,281,965		0 0	0	
00	Inventory Prepaid expenses	28,231,664 104,300		0 0	0	
	Other current assets	623,497		0 0	0	1
	Due from other funds	025,157		0 0	0 0	
	Total current assets (sum of lines 1-10)	289,808,623		0 0	0	
	FIXED ASSETS					
.00	Land	17,200,644		0 0	0	12
	Land improvements	23,049,081		0 0	0	
	Accumulated depreciation	-12,091,061		0 0	0	
	Buildings	683,068,356		0 0	0	
	Accumulated depreciation	-388,264,217		0 0	0	
	Leasehold improvements Accumulated depreciation	13,830,363 -11,945,175			0	
	Fixed equipment	27,890,256		0 0	0	
	Accumulated depreciation	-27,219,058		0 0	0	
	Automobiles and trucks	3,333,169		0 0	0	
.00	Accumulated depreciation	-2,715,383		0 0	0	22
.00	Major movable equipment	332,708,393		0 0	0	23
	Accumulated depreciation	-261,236,506		0 0	0	
	Minor equipment depreciable	0		0 0	0	
	Accumulated depreciation	0		0 0	0	-
	HIT designated Assets	0		0 0	0	
	Accumulated depreciation Minor equipment-nondepreciable	0		0 0	0	1 -
	Total fixed assets (sum of lines 12-29)	397,608,862		0 0	0	
	OTHER ASSETS	557,000,002	4	0 0		
	Investments	70,429,901		0 0	0	31
.00	Deposits on leases	0		0 0	0	32
.00	Due from owners/officers	0		0 0	0	33
	Other assets	99,080,211		0 0	0	-
	Total other assets (sum of lines 31-34)	169,510,112		0 0	0	
	Total assets (sum of lines 11, 30, and 35)	856,927,597	L	0 0	0	36
	CURRENT LIABILITIES			0 0	0	1
	Accounts payable Salaries, wages, and fees payable	22,769,379 52,667,503		0 0	0	
	Payroll taxes payable	432,861		0 0	0	
	Notes and loans payable (short term)	152,001		0 0	Ő	
	Deferred income	0		0 0	0	
.00	Accelerated payments	0				42
.00	Due to other funds	0		0 0	0	
-	Other current liabilities	207,054,602		0 0	0	
.00	Total current liabilities (sum of lines 37 thru 44)	282,924,345	l	0 0	0	4
~~~	LONG TERM LIABILITIES	0	1			۰.
	Mortgage payable Notes payable	0		0 0	0	
	Unsecured loans	0		0 0	0	
	Other long term liabilities	200,839,185	1	0 0	0	
	Total long term liabilities (sum of lines 46 thru 49)	200,839,185		0 0	0	
	Total liabilities (sum of lines 45 and 50)	483,763,530		0 0	-	
1	CAPITAL ACCOUNTS					
	General fund balance	373,164,067				52
	Specific purpose fund			0		53
	Donor created - endowment fund balance - restricted			0		54
	Donor created - endowment fund balance - unrestricted			0		55
	Governing body created - endowment fund balance			0	0	56
	Plant fund balance - invested in plant Plant fund balance - reserve for plant improvement,				0	
.00	replacement, and expansion				0	1 30
1			1		1	1
.00	Total fund balances (sum of lines 52 thru 58)	373,164,067		0 0	0	59

STATEM	ENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023		pared:
		General	Fund	Special	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
$\begin{array}{c} 1.00\\ 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 18.00\\ 19.00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Transfer rstr contrib NET INCOME FROM NONCONTROLLING INTER Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Transfer to Affiliate Dis of Cap Nonctrl Int TEMP RESTRICTED Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	1,252,264 14,608,569 0 0 70,381,251 14,447,413 33,214 0 0 0	2.00 304,019,392 138,145,720 442,165,112 15,860,833 458,025,945 84,861,878 373,164,067		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00
		Endowment Fund	Plant	Fund			
		6.00	7.00	8.00			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Transfer rstr contrib NET INCOME FROM NONCONTROLLING INTER	0	0 0 0 0 0 0		0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Transfer to Affiliate Dis of Cap Nonctrl Int TEMP RESTRICTED	00	0 0 0 0 0 0		0		10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00
18.00 19.00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	000			0 0		18.00 19.00

ATEM		Provider C	CN: 15-0084	Period: From 07/01/2022 To 06/30/2023	Date/Time Pre 11/27/2023 5:	pare
	Cost Center Description		Inpatient	Outpatient	Total	<u> </u>
	PART I - PATIENT REVENUES		1.00	2.00	3.00	
	General Inpatient Routine Services					1
00	Hospital		442,317,50	59	442,317,569	11
00	SUBPROVIDER - IPF		46,139,13	31	46,139,131	2
00	SUBPROVIDER - IRF					3
00	SUBPROVIDER					4
00	Swing bed - SNF		1	0	0	5
00	Swing bed - NF		1	0	0	6
00	SKILLED NURSING FACILITY					7
00	NURSING FACILITY					8
00	OTHER LONG TERM CARE					9
.00	Total general inpatient care services (sum of lines 1-9)		488,456,70	00	488,456,700	10
	Intensive Care Type Inpatient Hospital Services		_			
.00	INTENSIVE CARE UNIT		153,406,49	95	153,406,495	11
.00	CORONARY CARE UNIT			0	0	
01	CARDIOTHORACIC VASCULAR TRANSPL		53,223,63		53,223,616	
.00	BURN INTENSIVE CARE UNIT		33,199,88	30	33,199,880	
.01	PEDIATRIC INTENSIVE CARE UNIT		32,425,33	35	32,425,335	
.00	SURGICAL INTENSIVE CARE UNIT			0	0	
.01	NEONATAL INTENSIVE CARE UNIT		283,824,7	73	283,824,773	
.00	OTHER SPECIAL CARE (SPECIFY)					15
. 00	Total intensive care type inpatient hospital services (sum of ]	ines	556,080,09	99	556,080,099	16
	11-15)					
.00	Total inpatient routine care services (sum of lines 10 and 16)		1,044,536,79		1,044,536,799	
.00	Ancillary services			17 1,437,408,726		
.00	Outpatient services		141,816,23			
.00	RURAL HEALTH CLINIC			0 0	0	
.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0	1
.00	HOME HEALTH AGENCY				40.040.070	22
.00	AMBULANCE SERVICES		65,53	19 19,177,451	19,242,970	
.00	CMHC				4.40 000 4.40	24
.00	AMBULATORY SURGICAL CENTER (D.P.)			0 149,237,112	149,237,112	
.00	HOSPICE					26
.00	Other Patient Service Revenue		40,400 5	0 333,227	333,227	
.01	Kidney Acquisition		12,133,5			
.02	Heart Acquisition		5,017,93			
.03	Physician Private Offices			0 78,525,995		
	Billing			0 86,940,317	86,940,317	
.05	SPORTS PERFORMANCE			0 4,793,530		
	WELLNESS			0 622,001	622,001	
.07	OTHER (SPECIFY)		2 004 705 0	0 0 0 0 0	0	1
.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to	o wkst.	2,984,705,0	29 2,212,340,189	5,197,045,218	28
	G-3, line 1) PART II - OPERATING EXPENSES		I			
00	Operating expenses (per Wkst. A, column 3, line 200)			1,339,189,523		29
.00	ADD (SPECIFY)			1,559,169,525		30
.00				0		31
00				õ		32
00				õ		33
00				0		34
.00				õ		35
.00	Total additions (sum of lines 30-35)			0		36
00	DEDUCT (SPECIFY)			0		37
00				Ő		38
00				õ		39
00				õ		40
.00				õ		40
.00	Total deductions (sum of lines 37-41)			Γ́.		41
.00	Total operating expenses (sum of lines 29 and 36 minus line 42)	(transfer		1,339,189,523		43
	to Wkst. G-3, line 4)	( ci uno i ci	1	1,333,103,323		1 7.

Health	Financial Systems ASCENSION ST. VINC	ENT HOSPITAL	In Lie	u of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0084	Period: From 07/01/2022	Worksheet G-3	
			то 06/30/2023	Date/Time Prep 11/27/2023 5:0	
			-	1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lin	ie 28)		5,197,045,218	1.00
2.00	Less contractual allowances and discounts on patients' account			3,790,157,382	2.00
3.00	Net patient revenues (line 1 minus line 2)			1,406,887,836	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		1,339,189,523	4.00
5.00	Net income from service to patients (line 3 minus line 4)			67,698,313	5.00
	OTHER INCOME				
6.00	Contributions, donations, bequests, etc			-1,098,800	6.00
7.00	Income from investments			116,785	7.00
8.00	Revenues from telephone and other miscellaneous communication	services		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase discounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from laundry and linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			3,615,873	
15.00	Revenue from rental of living quarters			0	15.00
16.00	Revenue from sale of medical and surgical supplies to other t	han patients		0	16.00
17.00	Revenue from sale of drugs to other than patients			7,055,945	
18.00	Revenue from sale of medical records and abstracts			267	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			-12,441	
21.00	Rental of vending machines			103,625	
22.00	Rental of hospital space			847,395	
23.00	Governmental appropriations			0	23.00
24.00	Other			73,776,730	
24.50	COVID-19 PHE Funding			650,597	
25.00	Total other income (sum of lines 6-24)			85,055,976	
26.00	Total (line 5 plus line 25)			152,754,289	
27.00	Non Controlling Interest Loss			14,608,569	
28.00	Total other expenses (sum of line 27 and subscripts)			14,608,569	
29.00	Net income (or loss) for the period (line 26 minus line 28)			138,145,720	29.00

ALCUL	ATION OF CAPITAL PAYMENT	Provider CCN: 15-0084	Period: From 07/01/2022	Worksheet L Parts I-III	
			то 06/30/2023		
		Title XVIII	Hospital	PPS	
				1.00	
	PART I - FULLY PROSPECTIVE METHOD			1.00	
00	CAPITAL FEDERAL AMOUNT			6 522 546	1.
00 01	Capital DRG other than outlier			6,523,546	1.
00	Model 4 BPCI Capital DRG other than outlier			242 192	
00 01	Capital DRG outlier payments Model 4 BPCI Capital DRG outlier payments			342,183	
) 00		act reporting period (can incl	mustions)	0	
00	Total inpatient days divided by number of days in the c Number of interns & residents (see instructions)	ost reporting period (see inst	ructions)	473.57 130.49	
00	Indirect medical education percentage (see instructions)	>		8.09	
00	Indirect medical education percentage (see instructions Indirect medical education adjustment (multiply line 5	-	columns 1 and	527,755	
	1.01)(see instructions)	2		,	
00	Percentage of SSI recipient patient days to Medicare Pa 30) (see instructions)	rt A patient days (Worksheet E	E, part A line	3.72	7
00	Percentage of Medicaid patient days to total days (see	instructions)		35.13	8
00	Sum of lines 7 and 8			38.85	9
.00	Allowable disproportionate share percentage (see instru	ctions)		8.19	10
.00	Disproportionate share adjustment (see instructions)			534,278	
.00	Total prospective capital payments (see instructions)			7,927,762	12
				1.00	
	PART II - PAYMENT UNDER REASONABLE COST				
00	Program inpatient routine capital cost (see instruction	-		0	
00	Program inpatient ancillary capital cost (see instructi	-		0	
00	Total inpatient program capital cost (line 1 plus line	2)		0	-
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	. –
00	Program inpatient capital costs for extraordinary circu	· · · · · ·		0	
00	Net program inpatient capital costs (line 1 minus line	2)		0	
00	Applicable exception percentage (see instructions)	0		0.00	
00	Capital cost for comparison to payments (line 3 x line			0	
00	Percentage adjustment for extraordinary circumstances (		1	0.00	
00	Adjustment to capital minimum payment level for extraor	dinary circumstances (line 2 >	(Ine 6)	0	
00	Capital minimum payment level (line 5 plus line 7)	annlicable)		0	
00	Current year capital payments (from Part I, line 12, as Current year comparison of capital minimum payment leve		loce line ()	0	-
.00	Carryover of accumulated capital minimum payment level			0	
00	Worksheet L, Part III, line 14)	tal naumonte (line 10 plus lin	11)	0	12
.00	Net comparison of capital minimum payment level to capi			-	
.00	Current year exception payment (if line 12 is positive,			0	
.00	Carryover of accumulated capital minimum payment level		or lowing period	0	14
	(if line 12 is negative, enter the amount on this line)			•	
00	Current year allowable operating and capital nave of	an instructions)			
.00	Current year allowable operating and capital payment (s Current year operating and capital costs (see instructi			0	