Health Financial Systems A	SCENSION ST. VINC	ENT FISHERS		In Lie	」of Form CMS-2552-10
This report is required by law (42 USC 1395g; 42 CF payments made since the beginning of the cost repor	R 413.20(b)). Fai	lure to repo			FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPO AND SETTLEMENT SUMMARY	RT CERTIFICATION	Provider CO	CN: 15-0181	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/18/2020 7:51 am
PART I – COST REPORT STATUS					
Provider 1. [X] Electronically prepared cost				Date: 11/18/2	020 Time: 7:51 am
use only 2. [ ] Manually prepared cost report					
3.[0]If this is an amended report 4.[F]Medicare Utilization. Enter "	enter the number F" for full or "L	of times the "for low.	e provider re	esubmitted this co	ost report
use only (1) As Submitted 7. Contr (2) Settled without Audit 8. [N]	Received: actor No. Initial Report fo Final Report for	or this Provi this Provide	11.C der CCN 12.[		or Code: 4 Jumn 1 is 4: Enter wes reopened = 0-9.
PART II - CERTIFICATION					
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATI ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UND PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY O ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MA CERTIFICATION BY CHIEF FINANCIAL OFFICER OR I HEREBY CERTIFY that I have read the above	ER FEDERAL LAW. R INDIRECTLY OF A Y RESULT. 2 ADMINISTRATOR OF	FURTHERMORE, KICKBACK OF PROVIDER(S)	IF SERVICES WERE OTHERW	IDENTIFIED IN TH ISE ILLEGAL, CRIM	IIS RÉPORT WERE IINAL, CIVIL AND
electronically filed or manually submitted Expenses prepared by ASCENSION ST. VINCENT 07/01/2019 and ending 06/30/2020 and to the correct, complete and prepared from the boo instructions, except as noted. I further co provision of health care services, and that compliance with such laws and regulations.	cost report and t FISHERS ( 15-0181 best of my knowl ks and records of certify that I am	the Balance S ) for the c edge and bel the provide familiar wit	Sheet and Sta cost reportin ief, this re er in accorda th the laws a	tement of Revenue g period beginnin port and statemen unce with applical und regulations re-	e and ng nt are true, ble egarding the
[ ]I have read and agree with the above on signature on this certification statem					
	(Si gned	)			
			er or Adminis	strator of Provid	er(s)
		Ti tl e			
		Date			
		Title	XVIII		
Cost Center Description	Title V	Part A	Part B	HIT	Title XIX
	1 00	2 00	3 00	4.00	5.00

		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	-369	54, 326	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
12.00	СМНСТ	0		0		0	12.00
200.00	Total	0	-369	54, 326	0	0	200.00

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

PTI	AL AND HOSPITAL HEALTH CARE COMPLEX I	DENTIFICATION DAT	A	Provi der	UCN: 15	-0181	Period: From 07/0 To 06/3	1/2019 0/2020	Worksh Part I Date/T 11/18/2		epare
	1.00	2.	00	3. (	00			4.00	117 107	2020 7.	
	Hospital and Hospital Health Care Co					-					
	Street: 13861 OLIO RD	PO Box:	N 7:	n Cada, 1	(027	Count					1.
0	City: FISHERS	State: I Component Na		p Code: 4 CCN (		Provi der	ty: HAMILT( Date		ent Syst	tom (D	2.
					umber	Туре	Certifie		, 0, or		
								V	XVIII		
		1.00	2	2.00 3	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Componen Hospital	t Identification: ASCENSION ST. VIN		0181 2	6900	1	05/13/20	13 N	Р	0	3
J		FI SHERS			0900	I	057 137 20		P		3
C	Subprovider - IPF										4
	Subprovider - IRF										5
C	Subprovider - (Other)										6
2	Swing Beds - SNF										7
) )	Swing Beds - NF Hospital-Based SNF										8
	Hospi tal -Based NF										10
	Hospi tal -Based OLTC										11
00	Hospital-Based HHA										12
	Separately Certified ASC										13
	Hospi tal -Based Hospi ce										14
	Hospital-Based Health Clinic - RHC Hospital-Based Health Clinic - FQHC										15
	Hospital-Based (CMHC) I										17
	Renal Dialysis										18
	Other										19
							Fro				-
20	Cost Reporting Period (mm/dd/yyyy)						07/01		<u>2</u> . 06/30	00	20
	Type of Control (see instructions)						1		00/00	/ 2020	21
						1.00	2. (	00	3.	00	
00	Inpatient PPS Information Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo	stment, in accord	ance with	42 CFR		Y	N				22
01	facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un	r yes or "N" for compensated care	no. payments f	or this		Y	Y				22
	cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N	riod occurring pr " for no for the	ior to Octo portion of	ober 1. the cost							
02	reporting period occurring on or aft Is this a newly merged hospital that					N	N				22
	payments to be determined at cost re										
	Enter in column 1, "Y" for yes or "N										
	cost reporting period prior to Octob				;						
	or "N" for no, for the portion of th October 1.	e cost reporting	period on o	or after							
03	Did this hospital receive a geograph	ic reclassificatio	on from ur	ban to		N	N		N	J	22
-	rural as a result of the OMB standar	ds for delineating	g statisti	cal areas	;						
	adopted by CMS in FY2015? Enter in c										
	for the portion of the cost reportin in column 2, "Y" for yes or "N" for										
	reporting period occurring on or aft										
	Does this hospital contain at least	100 but not more	than 499 b	eds (as							
	counted in accordance with 42 CFR 41	2.105)? Enter in	column 3,	"Y" for							
00	yes or "N" for no. Which method is used to determine Me	dicaid dave on Li	nes 21 and	/or 25			3 N				23
	below? In column 1, enter 1 if date				.		5 N				23
	if date of discharge. Is the method	of identifying th	e days in '	this cost							
	reporting period different from the										
	reporting period? In column 2, ente	r y tor yes or	<u>"N" for no</u> In-State	In-State	a <u>Ou</u>	t-of	Out-of	Medi ca	id C	)ther	
			Medi cai d	Medicai		ate	State	HMO da		di cai d	
			paid days	eligible			Medi cai d		- I	days	
				unpai d	pai d	days	eligible				
			1 00	days	-	00	unpai d	F 60		( 00	-
	If this provider is an IPPS hospital	enter the	1.00	2.00	<u>3</u> . 11	. 00	4.00	5.00	587	6.00 C	24
າດ	in-state Medicaid paid days in colum		10		· '		0		507	C	24
00											
	Medicaid eligible unpaid days in col	umn z, į					I				
	out-of-state Medicaid paid days in c	olumn 3,									
		olumn 3, d days in column									

)SPI T	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	TA	Provider CC	CN: 15-0181	Peri od:		Worksh	eet S-2	
					From 07/0 To 06/3	30/2020		ime Pre 2020 7:	
		In-State Medicaid paid days	In-State Medicaid eligible	Out-of State Medicaid	Out-of State Medicaid	Medicai HMO day	d ( /s Me	)ther di cai d days	
		1.00	unpai d days	paid days	el i gi bl e unpai d				
00	If this provider is an IRF, enter the in-state	1.00 0	2.00	3.00	4.00	5.00	0	6.00	25
	Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.								
					1.	Rural S 00		r Geogr 00	
00	Enter your standard geographic classification (not wa cost reporting period. Enter "1" for urban or "2" for		at the beg	ginning of t	he	1			26
00	Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or enter the effective date of the geographic reclassifi	2" for r cation in	ural. If ap column 2.	opl i cabl e,		1			27
00	If this is a sole community hospital (SCH), enter the effect in the cost reporting period.	e number of	periods SC	CH status ir		0			35
					Begin	ni ng: 00	Endi 2.	ng: 00	-
00	Enter applicable beginning and ending dates of SCH st of periods in excess of one and enter subsequent date		cript line	36 for numb		1.00 2.00			
00	If this is a Medicare dependent hospital (MDH), enter is in effect in the cost reporting period.		r of period	ds MDH statu	IS	0			37
01	Is this hospital a former MDH that is eligible for th accordance with FY 2016 OPPS final rule? Enter "Y" fo instructions)								37
00	If line 37 is 1, enter the beginning and ending dates greater than 1, subscript this line for the number of enter subsequent dates.								
					Y,			/N 00	-
. 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 t accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii or "N" for no. (see instructions)	, (ii), or the mileage	(iii)? Ent requiremen	ter in colum nts in	ime f in	J		N	39
00	Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octob no in column 2, for discharges on or after October 1.	per 1. Ente	r"Y" for y			1	_	N .	40
						V 1.00	XVIII 2.00	XI X 3.00	-
00	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital paymer	t for dian	roporti opot	to choro in	accordance		N	N	45
00	with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exce pursuant to 42 CFR §412.348(f)? If yes, complete Wkst	eption for	extraordi na	ary circumst	ances	N	N	N	40
00 00	Pt. III. Is this a new hospital under 42 CFR §412.300(b) PPS c Is the facility electing full federal capital payment	•		2		N N	N N	N N	47
00	Teaching Hospitals Is this a hospital involved in training residents in "N" for no in column 1. If column 1 is "Y", are you i	mpacted by	CR 11642 (						56
00	GME payment reduction? Enter "Y" for yes or "N" for If line 56 is yes, is this the first cost reporting p GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mont for yes or "N" for no in column 2. If column 2 is "Y "N", complete Wkst. D, Parts III & IV and D-2, Pt. II	period duri yes or "N th of this (", complet	ng which re " for no ir cost report e Worksheet	n column 1. ting period?	lf column P Enter "Y				57
00	If line 56 is yes, did this facility elect cost reimb defined in CMS Pub. 15-1, chapter 21, §2148? If yes,	oursement f	or physicia	ans' service	es as				58
00	Are costs claimed on line 100 of Worksheet A? If yes					N	 	<u> </u>	59
				NAHE 413.8 Y/N			Qualifi	hrough cation on Code	
				1.00	2.	00	3.	00	
. 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	85? (see		N					60

<sup>11/18/2020 7:51</sup> am D: \Shared drives\Finance\_Net Revenue\_IN - Acute\Reimbursement\Cost Reports\FY2020\Fishers\SVF2020.mcrx

iospi t	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA		Provider CO	F		Worksheet S-2 Part I Date/Time Pre 11/18/2020 7:	pared
		Y/N	IME	Direct GME	IME	Direct GME	
1 00	Did your been that receive FTE at the worker ACA	1.00	2.00	3.00	4.00	5.00	(1)
	Did your hospital receive FTE slots under ACA 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)	N			0.00		61. (
I. 02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61. (
I. 03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61. (
1. 04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61. (
	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61. (
1. 06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.(
		Pro	ogram Name	Program Code		Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	1
	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.						61.
	Program Name       Program Code       Unweighted IME       Unw         0       0f the FTEs in Line 61.05, specify each new program special ty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.       0.00       0.00         20       0.00       0.00       0.00       0.00       0.00         30       0.00       0.00       0.00       0.00       0.00         4       0f the FTEs in Line 61.05, specify each expanded program special ty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 1, the program name. Enter in column 1, the program code. Enter in column 4, the direct GME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.       0.00         4       ACA Provisions Affecting the Health Resources and Services Administration (HRSA)       0.00	1.00					
						0.00	
	your hospital received HRSA PCRE funding (see instruct Enter the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC prog Teaching Hospitals that Claim Residents in Nonprovide	ctions) a Teachi gram. (s	ng Health Cen ee instruction	ter (THC) into			62. 62.
3. 00	Has your facility trained residents in nonprovider se "Y" for yes or "N" for no in column 1. If yes, comple	ettings	during this co	67. (see instru	<u>ictions)</u>	N	63. (
				Unweighted FTEs Nonprovider Site	FTES in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
	Section 5504 of the ACA Base Year FTE Residents in No	onprovid	ler Settings	1.00 This base year	2.00	<u> </u>	
4. 00	period that begins on or after July 1, 2009 and befor Enter in column 1, if line 63 is yes, or your facilit in the base year period, the number of unweighted non resident FTEs attributable to rotations occurring in settings. Enter in column 2 the number of unweighted resident FTEs that trained in your hospital. Enter in of (column 1 divided by (column 1 + column 2)). (see	<u>re June</u> ty train a-primar all non l non-pr n column	30, 2010. Ted residents y care provider imary care 3 the ratio	0. OC	-		64.

	LEX IDENTIFICATION DA	ATA Provider (		eriod: om 07/01/2019	Worksheet S-2 Part I	2
			To			pared:
	Program Name	Program Code	Unwei ghted	Unwei ghted	Ratio (col. 3/	
			FTES	FTEs in	$(col \cdot 3 + col \cdot$	
			Nonprovider Site	Hospi tal	4))	
	1.00	2.00	3.00	4.00	5.00	1
5.00 Enter in column 1, if line 63			0.00	0.00	0. 000000	65.0
is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3						
divided by (column 3 + column						
4)). (see instructions)			Unwei ghted FTEs Nonprovi der Si te	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	1
Section 5504 of the ACA Current beginning on or after July 1, 20		n Nonprovider Settin				
FTEs attributable to rotations o						
Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	unweighted non-prima tal. Enter in column	ry care resident 3 the ratio of	Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
Enter in column 2 the number of FTEs that trained in your hospit	unweighted non-prima al. Enter in column column 2)). (see in Program Name	ry care resident 3 the ratio of structions) Program Code	FTĔs Nonprovider Site	FTES in Hospital	(col. 3 + col. 4))	
Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	unweighted non-prima tal. Enter in column column 2)). (see in	ry care resident 3 the ratio of structions)	FTĔs Nonprovi der	FTEsin	(col. 3 + col. 4)) 5.00	_
Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 +	unweighted non-prima al. Enter in column column 2)). (see in: Program Name	ry care resident 3 the ratio of structions) Program Code	FTĔs Nonprovider Site 3.00	FTES in Hospital	(col. 3 + col. 4)) 5.00	_
Enter in col umn 2 the number of FTEs that trained in your hospit (col umn 1 divided by (col umn 1 + (col umn 1 divided by (col umn 1 + ) COD Enter in col umn 1, the program name associated with each of your primary care programs in which you trained residents. Enter in col umn 2, the program code. Enter in col umn 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in col umn 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in col umn 5, the ratio of (col umn 3 divided by (col umn 3 + col umn	unweighted non-prima al. Enter in column column 2)). (see in: Program Name	ry care resident 3 the ratio of structions) Program Code	FTĔs Nonprovider Site 3.00	FTES in Hospi tal 4.00 0.00	(col . 3 + col . 4)) 5.00 0.000000	_
Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + .00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	unweighted non-prima cal. Enter in column column 2)). (see in Program Name 1.00	ry care resident 3 the ratio of structions) Program Code	FTĔs Nonprovider Site 3.00	FTES in Hospi tal 4.00 0.00	(col. 3 + col. 4)) 5.00	_
Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + .00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	unweighted non-prima cal. Enter in column column 2)). (see in Program Name 1.00	ry care resident 3 the ratio of structions) Program Code 2.00	FTĔs Nonprovi der Si te 3.00 0.00	FTES in Hospital 4.00 0.00	(col . 3 + col . 4)) 5.00 0.000000	67.0
Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 + (column 1 divided by (column 1 + ) (column 1 divided by (column 1 + ) (column 1 divided by (column 1 + ) (column 2 divided primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) (not fine 70 is yes: Column 1: Dic program in accordance with 42 CFR column 3: If column 2 is Y, indi (see instructions)	unweighted non-prima cal. Enter in column column 2)). (see in Program Name 1.00 1.00 1.00 2.00 2.00 3.00 3.00 4.00 5.00 5.00 5.00 5.00 5.00 5.00 5	ry care resident 3 the ratio of structions) Program Code 2.00 2.00 1PF), or does it cont n approved GME teachi 004? Enter "Y" for y ility train residents )(D)? Enter "Y" for y	FTEs Nonprovi der Si te 3.00 0.00 tain an IPF subplication tain an IPF subplication types or "N" for mean the sin a new teach yes or "N" for mean teach	FTES in Hospital 4.00 0.00 0.00 1.00 rovider? N he most o. (see ing o.	(col . 3 + col . 4)) 5.00 0.000000	70. (
Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 + (column 1 divided by (column 1 + (column 1 divided by (column 1 + ) 2.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions) D.00 Is this facility an Inpatient Ps Enter "Y" for yes or "N" for no 10 If line 70 is yes: Column 1: Dic 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	unweighted non-prima cal. Enter in column column 2)). (see in Program Name 1.00 1.00 1.00 2PS Sychiatric Facility ( 0. 3 the facility have an pefore November 15, 20 01umn 2: Did this fac R 412.424 (d)(1)(iii) cate which program yety PPS	<pre>ry care resident 3 the ratio of structions) Program Code 2.00 2.00 Propram Code Program Code Program Code Distructions Program Code Distructions Program Code Distructions Distructions Program Code Distructions Distruction</pre>	FTEs Nonprovi der Si te 3.00 0.00 tain an IPF subplication tain an IPF subplication ing program in the yes or "N" for me s in a new teach yes or "N" for me s cost reporting	FTES in Hospital 4.00 0.00 0.00 1.00 rovider? N he most o. (see ing o.	(col . 3 + col . 4)) 5.00 0.0000000 0.00000000000000000000	_

Heal th	Financial Systems ASCENSION ST. VINCENT FISHERS	In Lie	eu of Form CMS	-2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0181	Period: From 07/01/2019 To 06/30/2020		epared:
		- I	1.00	
	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. Is this a LTCH co-located within another hospital for part or all of the cost report "Y" for yes and "N" for no.	ng period? Enter	N N	80. 00 81. 00
	TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yo Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Sec		N	85. 00 86. 00
87.00	§413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. Is this hospital an extended neoplastic disease care hospital classified under section 199(d)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	on	N	87.00
	1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	V 1.00	XI X 2.00	_
	Title V and XIX Services		1	
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	r N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Ν	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	r N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
	If line 94 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the	0. 00 N	0. 00 N	95.00 96.00
	applicable column. If line 96 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in	0. 00 N	0.00 Y	97.00 98.00
98. 01	column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wk: C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 fo		Y	98. 01
98. 02	title XIX. Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1	Ν	Y	98. 02
98. 03	for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CA reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column for title V, and in column 2 for title XIX.		N	98.03
98. 04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, au	nd N	N	98.04
98. 05	in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance of Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and column 2 for title XIX.		Y	98. 05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06
105 00	Rural Providers Does this hospital qualify as a CAH?	N		105.00
	If this facility qualifies as a CAH, has it elected the all-inclusive method of paym for outpatient services? (see instructions)			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)?	N		107.00
108.00	Enter "Y" for yes or "N" for no in column 2. (see instructions) Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	42 N		108.00
	Physical Occupation 1.00 2.00	nal Speech 3.00	Respi ratory 4.00	_
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	0.00	1.00	109.00
			1.00	-
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 th applicable.	If yes,	N	110.00

<sup>11/18/2020 7:51</sup> am D: \Shared drives\Finance\_Net Revenue\_IN - Acute\Reimbursement\Cost Reports\FY2020\Fishers\SVF2020.mcrx

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCM	N: 15-0181 Pe	eri od:	u of Form CMS- Worksheet S-2	
	Fr To	rom 07/01/2019 06/30/2020		
	<b>_</b>	1.00		
11.00 If this facility qualifies as a CAH, did it participate in the Frontier Con Health Integration Project (FCHIP) demonstration for this cost reporting pe "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, er integration prong of the FCHIP demo in which this CAH is participating in o Enter all that apply: "A" for Ambulance services; "B" for additional beds; for tele-health services.	eriod? Enter nter the column 2.	1.00 N	2.00	111.0
	1.00	2.00	3.00	-
12.00 Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable. Miscellaneous Cost Reporting Information	N			112.0
15.00 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.	Ν			0115.0
16.00 Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Ν			116.0
17.00 Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.0
18.00 Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.0
	Premi ums	Losses 2.00	I nsurance	
18.01 List amounts of malpractice premiums and paid losses:	0	2.00 C		6 118. 0
		1.00	2.00	-
18.02 Are malpractice premiums and paid losses reported in a cost center other th Administrative and General? If yes, submit supporting schedule listing cos and amounts contained therein. 19.00 DO NOT USE THIS LINE		N	2.00	118. (
20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provi §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Hold Harmless provision in ACA §3121 and applicable amendments? (see instru Enter in column 2, "Y" for yes or "N" for no.	for yes or e Outpatient	Ν	N	120.
1.00 Did this facility incur and report costs for high cost implantable devices patients? Enter "Y" for yes or "N" for no.	charged to	Y		121.
2.00 Does the cost report contain healthcare related taxes as defined in §1903(\ Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter		Y	5.00	122.
the Worksheet A line number where these taxes are included.		N		125.
Transplant Center Information (5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" f	for no. If			126.
Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" ryes, enter certification date(s) (mm/dd/yyyy) below. 6.00 If this is a Medicare certified kidney transplant center, enter the certified values of the center.				1.20.
Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" to yes, enter certification date(s) (mm/dd/yyyy) below. 6.00 If this is a Medicare certified kidney transplant center, enter the certific in column 1 and termination date, if applicable, in column 2. 7.00 If this is a Medicare certified heart transplant center, enter the certific	ication date			
Transplant Center Information 5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" to yes, enter certification date(s) (mm/dd/yyyy) below. 6.00 If this is a Medicare certified kidney transplant center, enter the certific in column 1 and termination date, if applicable, in column 2. 7.00 If this is a Medicare certified heart transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.	ication date cation date			127.
<ul> <li>Transplant Center Information</li> <li>5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" to yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>6.00 If this is a Medicare certified kidney transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>7.00 If this is a Medicare certified heart transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>8.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>8.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>9.00 If this is a Medicare certified lung transplant center, enter the certification column 1 and termination date, if applicable, in column 2.</li> </ul>	ication date cation date cation date ation date in			127. 128. 129.
<ul> <li>Transplant Center Information</li> <li>5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" in yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>6.00 If this is a Medicare certified kidney transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>7.00 If this is a Medicare certified heart transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>8.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>8.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>9.00 If this is a Medicare certified lung transplant center, enter the certificat column 1 and termination date, if applicable, in column 2.</li> <li>0.00 If this is a Medicare certified pancreas transplant center, enter the certificate in column 1 and termination date, if applicable, in column 2.</li> </ul>	ication date cation date cation date ation date in ification			127. 128. 129. 130.
<ul> <li>Transplant Center Information</li> <li>5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" in yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>6.00 If this is a Medicare certified kidney transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>7.00 If this is a Medicare certified heart transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>8.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>8.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>9.00 If this is a Medicare certified lung transplant center, enter the certificat column 1 and termination date, if applicable, in column 2.</li> <li>0.00 If this is a Medicare certified pancreas transplant center, enter the certificate in column 1 and termination date, if applicable, in column 2.</li> <li>1.00 If this is a Medicare certified intestinal transplant center, enter the certificate in column 1 and termination date, if applicable, in column 2.</li> </ul>	ication date cation date cation date ation date in ification rtification			127. 128. 129. 130. 131.
<ul> <li>Transplant Center Information</li> <li>5.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" to yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>6.00 If this is a Medicare certified kidney transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>7.00 If this is a Medicare certified heart transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>8.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>8.00 If this is a Medicare certified liver transplant center, enter the certification column 1 and termination date, if applicable, in column 2.</li> <li>9.00 If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.</li> <li>0.00 If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.</li> <li>0.00 If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.</li> <li>0.00 If this is a Medicare certified intestinal transplant center, enter the certification in column 1 and termination date, if applicable, in column 2.</li> <li>0.00 If this is a Medicare certified islet transplant center, enter the certification column 1 and termination date, if applicable, in column 2.</li> </ul>	ication date cation date cation date ation date in ification rtification			<ol> <li>127.</li> <li>128.</li> <li>129.</li> <li>130.</li> <li>131.</li> <li>132.</li> </ol>
<ul> <li>Transplant Center Information</li> <li>25.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" to yes, enter certification date(s) (mm/dd/yyyy) below.</li> <li>26.00 If this is a Medicare certified kidney transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>27.00 If this is a Medicare certified heart transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>28.00 If this is a Medicare certified liver transplant center, enter the certific in column 1 and termination date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified lung transplant center, enter the certificat column 1 and termination date, if applicable, in column 2.</li> <li>29.00 If this is a Medicare certified pancreas transplant center, enter the certificat column 1 and termination date, if applicable, in column 2.</li> <li>20.00 If this is a Medicare certified pancreas transplant center, enter the certificat date in column 1 and termination date, if applicable, in column 2.</li> <li>20.00 If this is a Medicare certified pancreas transplant center, enter the certificate in column 1 and termination date, if applicable, in column 2.</li> <li>21.00 If this is a Medicare certified intestinal transplant center, enter the certificate in column 1 and termination date, if applicable, in column 2.</li> <li>22.00 If this is a Medicare certified islet transplant center, enter the certificate in column 2.</li> </ul>	ication date cation date cation date ation date in ification rtification cation date			127. 127. 128. 129. 130. 131. 132. 133. 134.

	X IDENTIFICATION DAT		ENT FISHERS Provider CC	N: 15-018		riod: om 07/01/2019 06/30/2020	Worksheet S-	epared:
1.00		2.00				3.00		
If this facility is part of a chai					ne name	e and address	of the	
home office and enter the home off 141.00 Name: ST. VINCENT HEALTH	Contractor name				actor'	s Number: 8101		141.00
42.00 Street: 250 WEST 96TH STREET, SUITI		anic. Wi S			actor			142.00
143.00 City: INDIANAPOLIS	State:	I N		Zip C	ode:	4626	0	143.00
							1.00	
144.00 Are provi der based physi ci ans' cos	Sts Included In Works	sneet A?					Y	144.00
					-	1.00	2.00	-
<ul> <li>45.00 If costs for renal services are cl inpatient services only? Enter "Y" no, does the dialysis facility inc period? Enter "Y" for yes or "N"</li> <li>46.00 Has the cost all ocation methodol og Enter "Y" for yes or "N" for no in yes, enter the approval date (mm/or service)</li> </ul>	' for yes or "N" for clude Medicare utiliz for no in column 2. gy changed from the p n column 1. (See CMS	no in co zation fo previousl Pub. 15–	olumn 1. lf o or this cost y filed cost	column 1 i reporting t report?	)	Ν		145. 00 146. 00
lyes, enter the approval date (him) t	uryyyy) i'r corunn 2.							
							1.00	
147.00Was there a change in the statisti		2					N	147.00
148.00 Was there a change in the order of					C		N	148.00
149.00Was there a change to the simplifi	ed cost finding meth	nod? Ente	Part A	es or "N" Part		Title V	N Title XIX	149.00
			1.00	2.00		3.00	4.00	-
Does this facility contain a provi	der that qualifies	for an ex						
or charges? Enter "Y" for yes or '	'N" for no for each o	component	t for Part A	and Part	B. (Se	ee 42 CFR §413		
55.00Hospi tal			N	N		N	N	155.00
56.00 Subprovi der – IPF 57.00 Subprovi der – IRF			N N	N N		N N	N N	156.00
58. 00 SUBPROVI DER			IN	1		IN	IN IN	158.00
59. 00 SNF			Ν	N		Ν	N	159.00
60.00 HOME HEALTH AGENCY			N	N		Ν	N	160. 00
61.00 CMHC				N		N	N	161.00
							1.00	-
Multicampus							1.00	
65.00 Is this hospital part of a Multica	ampus hospital that h	nas one c	or more campu	uses in di	fferen	t CBSAs?	N	165. 00
Enter "Y" for yes or "N" for no.			0		7' 0			_
	Name 0		County 1.00		Zip C 3.0		FTE/Campus 5.00	-
								00 166. 00
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								
campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in							1.00	_
campus enter the name in column O, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	T) incentive in the	American		d Pei nyes	tment (	Act	1.00	_
campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Health Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10	under §1886(n)? Er D5 is "Y") and is a n	nter "Y" neaningfu	for yes or ' I user (line	'N" for no	).		1.00 Y	
campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H	r under §1886(n)? Er D5 is "Y") and is a m HIT assets (see instr	nter "Y" neani ngfu ructi ons)	for yes or ' ul user (line	'N" for no e 167 is "	). 'Y"), е	enter the		168.00
campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Health Information Technology (HIT 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 If this provider is a CAH and is r	under §1886(n)? Er D5 is "Y") and is a m HT assets (see instr not a meaningful user	nter "Y" neaningfu ructions) r, does t	for yes or ' Il user (line :his provider	'N" for no e 167 is " <sup>-</sup> qualify	). 'Y"), e for a	enter the		168.00
campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 If this provider is a CAH and is r exception under §413.70(a)(6)(i)) 69.00 If this provider is a meaningful u	under §1886(n)? Er 5 is "Y") and is a n 11 Tassets (see instr not a meaningful user 2 Enter "Y" for yes o user (line 167 is "Y"	nter "Y" neaningfu ructions) r, does t or "N" fo	for yes or ' ul user (line chis provider or no. (see i	'N" for no e 167 is " <sup>r</sup> qualify nstructio	). 'Y"), e for a ons)	enter the hardship	Y	168. 00 168. 0 <sup>4</sup>
campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Health Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 If this provider is a CAH and is r exception under §413.70(a)(6)(ii)?	under §1886(n)? Er 5 is "Y") and is a n 11 Tassets (see instr not a meaningful user 2 Enter "Y" for yes o user (line 167 is "Y"	nter "Y" neaningfu ructions) r, does t or "N" fo	for yes or ' ul user (line chis provider or no. (see i	'N" for no e 167 is " <sup>r</sup> qualify nstructio	). 'Y"), e for a ons)	enter the hardship	Y	167. 00 168. 00 168. 01 29169. 00
campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 If this provider is a CAH and is r exception under §413.70(a)(6)(ii)? 69.00 If this provider is a meaningful u	under §1886(n)? Er 5 is "Y") and is a n 11 Tassets (see instr not a meaningful user 2 Enter "Y" for yes o user (line 167 is "Y"	nter "Y" neaningfu ructions) r, does t or "N" fo	for yes or ' ul user (line chis provider or no. (see i	'N" for no e 167 is " <sup>r</sup> qualify nstructio	). 'Y"), e for a ons)	enter the hardship ), enter the	Y 9. ç	168. 00 168. 01
campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 is this provider a meaningful user 68.00 if this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 if this provider is a CAH and is r exception under \$413.70(a) (6) (ii)? 69.00 if this provider is a meaningful u transition factor. (see instruction)	under §1886(n)? Er D5 is "Y") and is a m HIT assets (see instr not a meaningful user ? Enter "Y" for yes c user (line 167 is "Y" nns)	nter "Y" meaningfu ructions) r, does t or "N" fo ') and is	for yes or ' Il user (line this provider or no. (see i s not a CAH	'N" for no e 167 is " - qualify nstructio (line 105	). 'Y"), e for a ons)	nter the hardshi p ), enter the Begi nni ng	Y 9. ç Endi ng	168.00 168.0 <sup>°</sup> 99169.00
campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HIT 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the F 68.01 If this provider is a CAH and is r exception under §413.70(a) (6) (ii) ? 69.00 If this provider is a meaningful u transition factor. (see instruction 70.00 Enter in columns 1 and 2 the EHR to	under §1886(n)? Er D5 is "Y") and is a m HIT assets (see instr not a meaningful user ? Enter "Y" for yes c user (line 167 is "Y" nns)	nter "Y" meaningfu ructions) r, does t or "N" fo ') and is	for yes or ' Il user (line this provider or no. (see i s not a CAH	'N" for no e 167 is " - qualify nstructio (line 105	). 'Y"), e for a ons)	nter the hardshi p ), enter the Begi nni ng	Y 9. ç Endi ng	168. 00 168. 01

SPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0181	Peri od: From 07/01/2019 To 06/30/2020	Worksheet S- Part II Date/Time Pro 11/18/2020 7 Date	epared
				1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	for all NO re	esponses. Ente			
	Provider Organization and Operation					
00	Has the provider changed ownership immediately prior to the	beginning of	the cost	N		1. (
	reporting period? If yes, enter the date of the change in co	Tullin 2. (See	Y/N	Date	V/I	
			1.00	2.00	3.00	-
00	Has the provider terminated participation in the Medicare Pryes, enter in column 2 the date of termination and in column voluntary or "I" for involuntary.		N			2.
00	Is the provider involved in business transactions, including contracts, with individuals or entities (e.g., chain home of or medical supply companies) that are related to the provide officers, medical staff, management personnel, or members of of directors through ownership, control, or family and other relationships? (see instructions)	fices, drug r or its the board	N			3.
			Y/N	Туре	Date	
			1.00	2.00	3.00	
00	Financial Data and Reports Column 1: Were the financial statements prepared by a Certi Accountant? Column 2: If yes, enter "A" for Audited, "C" fo or "R" for Reviewed. Submit complete copy or enter date avai column 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues differ	r Compiled, lable in	Y	A		4.
	those on the filed financial statements? If yes, submit reco					0.
			•	Y/N 1.00	Legal Oper. 2.00	
<u>``</u>	Approved Educational Activities			- N		<b>,</b>
00	Column 1: Are costs claimed for nursing school? Column 2: the legal operator of the program?	ir yes, is tr	ne provider is	5 N		6.
00	Are costs claimed for Allied Health Programs? If "Y" see ins	tructions.		Ν		7.
00	Were nursing school and/or allied health programs approved a cost reporting period? If yes, see instructions.	nd/or renewed	Ū.	N		8.
00	Are costs claimed for Interns and Residents in an approved g program in the current cost report? If yes, see instructions		cal education	N		9.
00	Was an approved Intern and Resident GME program initiated or cost reporting period? If yes, see instructions.		the current	N		10.
00	Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	N		11.
					Y/N 1.00	
	Bad Debts				1.00	
00	Is the provider seeking reimbursement for bad debts? If yes,	see instruct	tions.		Y	12.
00	If line 12 is yes, did the provider's bad debt collection po period? If yes, submit copy.	licy change c	during this co	ost reporting	Ν	13.
00	If line 12 is yes, were patient deductibles and/or co-paymen	ts waived? If	°yes, see ins	structions.	N	14.
00	Bed Complement Did total beds available change from the prior cost reporting	a period? If	ves see ins	tructions	N	15.
00	The total boas available change from the piror cost reporter		-t A		t B	10.
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
00	PS&R Data         Was the cost report prepared using the PS&R Report only?         If either column 1 or 3 is yes, enter the paid-through         date of the PS&R Report used in columns 2 and 4 .(see	Y	10/26/2020	Y	10/26/2020	16
00	instructions) Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date	Ν		Ν		17.
00	in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	Ν		Ν		18.
00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	Ν		Ν		19.

Heal th	Fi nanci al	Systems

In Lieu of Form CMS-2552-10

Heal th Financ	ial Systems	ASCENSION ST. V	INCENT FISHERS		In Lie	u of Form CM	S-2552-10
	HOSPITAL HEALTH CARE REIMBURSEMENT		Provider C	F	Period: From 07/01/2019 Fo 06/30/2020	Worksheet S Part II	-2 repared:
			Descri	pti on	Y/N	Y/N	7:51 am
				)	1.00	3.00	_
	e 16 or 17 is yes, were adjustment data for Other? Describe the othe			5	N	N	20.00
	data for other? Describe the othe	aujustillents.	Y/N	Date	Y/N	Date	
			1.00	2.00	3.00	4.00	_
21.00 Was th	e cost report prepared only using	the provider's	N	2100	N		21.00
	s? If yes, see instructions.						
						1.00	
	TED BY COST REIMBURSED AND TEFRA H	IOSPITALS ONLY (EXC	EPT CHILDRENS H	OSPI TALS)			
Capi ta	l Related Cost						
	ssets been relifed for Medicare pu						22.00
	hanges occurred in the Medicare de ing period? If yes, see instructio		due to apprais	als made durir	ng the cost		23.00
	ew leases and/or amendments to exi , see instructions	sting leases enter	ed into during	this cost repo	orting period?		24.00
25.00 Have t							
26.00 Were a							
	e provider's capitalization policy	/ changed during th	e cost reportin	ng period?lfy	/es, submit		27.00
Intere	st Expense						
peri od	ew loans, mortgage agreements or l ? If yes, see instructions.			0			28.00
treate	e provider have a funded depreciat d as a funded depreciation account	t?lf yes, see inst	ructions				29.00
instru	isting debt been replaced prior to ctions.		5	5			30.00
instru	bt been recalled before scheduled ctions.	maturity without i	ssuance of new	debt? If yes,	see		31.00
	sed Services						
arrang	hanges or new agreements occurred ements with suppliers of services? e 32 is yes, were the requirements	?lfyes, see instr	uctions.	0			32.00 33.00
no, se	e instructions. er-Based Physicians						
	rvices furnished at the provider f	Facility under an a	rrangement with	providor base	d physicians?		34.00
	, see instructions.	actifity under all a	rrangement with	i pi ovi dei -base	eu physicians?		34.00
35.00 If lin	e 34 is yes, were there new agreem ians during the cost reporting per			ts with the pr	rovi der-based		35.00
physic	Tan's during the cost reporting per	<u>100: 11 yes, see 1</u>			Y/N	Date	_
					1.00	2.00	
Home O	ffice Costs					2.00	
36.00 Were h	ome office costs claimed on the co e 36 is yes, has a home office cos		repared by the	home office?	Y Y		36.00 37.00
If yes	, see instructions.						
the pr	e 36 is yes , was the fiscal year ovider? If yes, enter in column 2	the fiscal year en	d of the home o	ffi ce.	N		38.00
see in	e 36 is yes, did the provider rend structions.			<b>J</b>	N		39.00
	e 36 is yes, did the provider rend ctions.	der services to the	home office?	IT yes, see	N		40.00
			1.	00	2.	00	
41.00 Enter	eport Preparer Contact Information the first name, last name and the	ti tl e/posi ti on	JILL		HILL		41.00
respec	y the cost report preparer in colu tively.						40.00
prepar			ST. VINCENT HE	ALIH			42.00
	the telephone number and email add preparer in columns 1 and 2, resp		317-583-3519 		JI LL. HI LL@ASCE	NST UN. ORG	43.00

Heal th	Financial Systems ASCENSI	ON ST.	VIN	CENT FI SHERS		In Lie	u of Form CMS-	2552-10
H0SPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONN	IAI RE		Provider CCN: 15-0181		eriod:	Worksheet S-2	
					TC	rom 07/01/2019 0 06/30/2020		pared: 51 am
				3.00				
	Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/posi	tion	RE	EIMBURSEMENT MANAGER				41.00
	held by the cost report preparer in columns 1, 2,	and 3,						
	respecti vel y.							
42.00	Enter the employer/company name of the cost report							42.00
	preparer.							
43.00	Enter the telephone number and email address of th	e cost						43.00
	report preparer in columns 1 and 2, respectively.							

<sup>11/18/2020 7:51</sup> am D: \Shared drives\Finance\_Net Revenue\_IN - Acute\Reimbursement\Cost Reports\FY2020\Fishers\SVF2020.mcrx

	Financial Systems A: AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	<u>SCENSION ST. VI</u> AL DATA	Provider CC	N: 15-0181	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Worksheet S-3 Part I Date/Time Prep 11/18/2020 7:5	pared:
	Component	Worksheet A Line Number	No. of Beds	Bed Days Avai I abl e		I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4,00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	46	3.00 16, 83		0	1.00
2.00 3.00 4.00 5.00 6.00	HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF					0	2.00 3.00 4.00 5.00 6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		46	16, 83	0.00	0	7.00
8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 15.00 15.00 15.00 19.00 20.00 21.00 22.00 23.00 24.00	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) NURSERY Total (see instructions) CAH visits SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER - IRF SUBPROVIDER SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P. ) HOSPICE	31.00 32.00 33.00 34.00 43.00	0 0 0 46	16, 83	0 0.00 0 0.00 0 0.00 0 0.00	0 0 0 0 0	8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 21.00 22.00 23.00
24. 10 25. 00 26. 00 26. 25 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 32. 01	HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions) LTCH non-covered days LTCH site neutral days and discharges	30. 00 99. 00 89. 00	46 0		0	0 0 0	24. 10 25. 00 26. 00 26. 25 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 32. 01 33. 00 33. 01

HOSPI -	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC		Provider CO		Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part I Date/Time Pre 11/18/2020 7:	pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time E	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	549	41	2, 3	71		1.00
2.00	HMO and other (see instructions)	327	587				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.00
5.00	Hospital Adults & Peds. Swing Bed NF		0		0		6.00
7.00	Total Adults and Peds. (exclude observation	549	41	2, 37	71		7.00
	beds) (see instructions)		0				
3.00	INTENSIVE CARE UNIT	0	0		0		8.0
9.00	CORONARY CARE UNIT	0	0		0		9.0
0.00	BURN INTENSIVE CARE UNIT	0	0		0		10.0
11.00 12.00	SURGICAL INTENSIVE CARE UNIT	0	0		0		11.0
13.00	OTHER SPECIAL CARE (SPECIFY) NURSERY		45	1, 09	20		13.0
14.00	Total (see instructions)	549	86			153.51	
15.00	CAH visits	0	0	5, 40	0.00	100.01	15.0
6.00	SUBPROVIDER - IPF		0		0		16.0
7.00	SUBPROVIDER - IRF						17.0
8.00	SUBPROVI DER						18.0
9.00	SKILLED NURSING FACILITY						19.0
0.00	NURSING FACILITY						20.0
1.00	OTHER LONG TERM CARE						21.0
2.00	HOME HEALTH AGENCY						22.0
3.00	AMBULATORY SURGICAL CENTER (D. P.)						23.0
4.00	HOSPICE						24.0
4.10	HOSPICE (non-distinct part)				0		24.1
5.00	CMHC - CMHC	0	0		0 0.00	0.00	
. 00 . 00	RURAL HEALTH CLINIC		0		0 0 00	0.00	26.0
6.25 7.00	FEDERALLY QUALIFIED HEALTH CENTER	U	0		0 0.00 0.00	0. 00 153. 51	
8.00	Total (sum of lines 14–26) Observation Bed Days		0	6.	15	155.51	27.0
9.00	Ambulance Trips	0	0	0	15		29.0
0.00	Employee discount days (see instruction)	0		18	39		30.0
1.00	Employee discount days - IRF				0		31. (
2.00	Labor & delivery days (see instructions)	o	0	48	33		32.0
32.01	Total ancillary labor & delivery room	Ű	0		0		32.0
	outpatient days (see instructions)						
33.00	LTCH non-covered days	О					33.0
3 01	LTCH site neutral days and discharges	0					33.0

	Financial Systems A: AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	SCENSION ST. VIN AL DATA	Provi der CO	CN: 15-0181	Peri od:	u of Form CMS-2 Worksheet S-3	
					From 07/01/2019 To 06/30/2020	Part I Date/Time Pre 11/18/2020 7:	
		Full Time Equivalents		Di s	charges		
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
		Workers 11.00	12.00	12.00	14.00	Patients 15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	11.00	12.00	13.00	26 44	15.00	1.00
1.00	8 exclude Swing Bed, Observation Bed and		0	2	20 44	1,237	1.00
	Hospice days) (see instructions for col. 2						
2 00	for the portion of LDP room available beds)			1	23 241		2.00
2.00 3.00	HMO and other (see instructions) HMO IPF Subprovider			1	23 241		3.00
4.00	HMO I RF Subprovider				0		4.00
4.00 5.00	Hospital Adults & Peds. Swing Bed SNF				0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation						7.00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNI T						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 14.00	NURSERY	0, 00	0	2	26 44	1, 257	13.00
14.00	Total (see instructions) CAH visits	0.00	0	2	20 44	1, 207	14.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVI DER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
24.00	HOSPI CE						24.00
24.10	HOSPICE (non-distinct part)	0.00					24.10
25.00 26.00	CMHC – CMHC RURAL HEALTH CLINIC	0.00					25.00 26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.00
20.25	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days	0.00					28.00
29.00	Ambul ance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room						32.01
	outpatient days (see instructions)						
33.00	LTCH non-covered days				0		33.00
33. UT	LTCH site neutral days and discharges				0		33.01

SPI T	Financial Systems AL WAGE INDEX INFORMATION			INCENT FISHERS Provider CC		eri od:	Worksheet S-3	
						rom 07/01/2019 o 06/30/2020	Date/Time Pre	
		Wkst. A Line	Amount	Recl assi fi cati	Adj usted	Paid Hours	11/18/2020 7: Average Hourly	51 am
		Number	Reported	on of Salaries	Sal ari es (col. 2 ± col. 3)		Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA SALARIES							
00	Total salaries (see	200. 00	12, 654, 231	-63, 796	12, 590, 435	315, 188. 17	39. 95	1. (
00	instructions) Non-physician anesthetist Part A		C	0 0	C	0.00	0.00	2.
00	Non-physician anesthetist Part		C	0 0	C	0.00	0.00	3.
00	Physician-Part A – Administrative		78, 021	0	78, 021	451.55	172. 78	4.
)1 )0	Physicians - Part A - Teaching Physician and Non		0 818, 270	0 0 0 0	0 818, 270	0.00		
00	Physician-Part B Non-physician-Part B for hospital-based RHC and FOHC services		C	0 0	C	0.00	0. 00	6.
0	Interns & residents (in an	21.00	C	0	C	0.00	0.00	7.
1	approved program) Contracted interns and residents (in an approved		C	0 0	C	0.00	0. 00	7.
0	programs) Home office and/or related organization personnel		98, 461	0	98, 461	3, 115. 92	31.60	8
0 00	SNF Excluded area salaries (see	44.00	( 511		C 511			
	instructions) OTHER WAGES & RELATED COSTS					10.12		
00	Contract Labor: Direct Patient Care		15, 698	3 0	15, 698	50.95	308. 11	11
00	Contract labor: Top level management and other management and administrative		(	0 0	C	0.00	0. 00	12
00	services Contract Labor: Physician-Part		1, 303, 308	3 0	1, 303, 308	20, 377. 43	63.96	13
00	A - Administrative Home office and/or related organization salaries and		C	0 0	C	0.00	0.00	14
01	wage-related costs Home office salaries		3, 459, 959		3, 459, 959	78, 275. 80	44. 20	14
02	Related organization salaries		0, 107, 707		0, 107, 707 C	0.00	0.00	14
00	Home office: Physician Part A - Administrative		C	0 0	C	0.00	0.00	15
00	Home office and Contract		(	0	C	0.00	0. 00	16
01	Physicians Part A - Teaching Home office Physicians Part A - Teaching		C	0	C	0.00	0.00	16
	Home office contract Physicians Part A – Teaching		0	0 0	C	0.00	0.00	16
00	WAGE-RELATED COSTS Wage-related costs (core) (see		2, 362, 589	0	2, 362, 589	•		17
00	instructions) Wage-related costs (other)							18
00	(see instructions) Excluded areas Non-physician anesthetist Part		103 (		103 C			19 20
	A Non-physician anesthetist Part		C		C	)		21
00	B Physician Part A - Administrative		15, 679	0	15, 679	,		22
	Physician Part A - Teaching Physician Part B		( 164, 523		C 164, 523			22 23
00	Wage-related costs (RHC/FQHC) Interns & residents (in an		104, 523		164, 523 C			23 24 25
50	approved program) Home office wage-related		1, 025, 499	0	1, 025, 499	,		25
51	(core) Related organization		C	0	C			25
52	wage-related (core) Home office: Physician Part A		ſ		C			25

Heal th	Financial Systems	AS	SCENSION ST. V	NCENT FISHERS		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider C		Period: From 07/01/2019 To 06/30/2020		pared:
		Wkst. A Line		Recl assi fi cati			Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.		col. 5)	
				A-6)	3)	col. 4		
	1	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A		0	0		0		25. 53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARIE							
26.00	Employee Benefits Department	4.00	207, 575					
27.00	Administrative & General	5.00	827, 869					
28.00	Administrative & General under		435, 667	0	435, 66	7 2, 617. 24	166. 46	28.00
	contract (see inst.)							
29.00	Maintenance & Repairs	6.00	0	0		0 0.00		
30.00	Operation of Plant	7.00	- 386	386		0 0.00		
31.00	Laundry & Linen Service	8.00	0	0		0 0.00		
32.00	Housekeepi ng	9.00	0	0		0 0.00		
33.00	Housekeeping under contract		393, 780	0	393, 78	0 15, 088. 00	26. 10	33.00
	(see instructions)							
34.00	Dietary	10.00	0	0		0 0.00		34.00
35.00	Dietary under contract (see		61, 297	0	61, 29	7 2, 282. 18	26.86	35.00
	instructions)							
36.00	Cafeteri a	11.00	0	0		0 0.00		
37.00	Maintenance of Personnel	12.00	0	0		0 0.00		
38.00	Nursing Administration	13.00	876, 230	4, 246	880, 47			
39.00	Central Services and Supply	14.00	0	0		0 0.00		
40.00	Pharmacy	15.00	566, 443	1, 336	567, 77			
41.00	Medical Records & Medical Records Library	16.00	0	0		0 0.00	0.00	41.00
42.00	Soci al Servi ce	17.00	0	0		0.00	0.00	42.00
43.00	Other General Service	18.00	0	0		0.00	0.00	43.00

Heal th	Financial Systems	A	SCENSION ST. V	INCENT FISHERS		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CC		Period: From 07/01/2019 Fo 06/30/2020		
		Worksheet A		Recl assi fi cati			Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.		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		12, 628, 244	-63, 796	12, 564, 44	3 321, 631. 07	39.06	1.00
	instructions)							
2.00	Excluded area salaries (see instructions)		511	0	51	1 10. 12	50. 49	2.00
3.00	Subtotal salaries (line 1		12, 627, 733	-63, 796	12, 563, 93	7 321, 620. 95	39.06	3.00
	minus line 2)							
4.00	Subtotal other wages & related costs (see inst.)		4, 778, 965	0	4, 778, 96	5 98, 704. 18	48. 42	4.00
5.00	Subtotal wage-related costs (see inst.)		3, 403, 767	0	3, 403, 76	7 0.00	27. 09	5.00
6.00	Total (sum of lines 3 thru 5)		20, 810, 465	-63, 796	20, 746, 66	9 420, 325. 13	49.36	6.00
7.00	Total overhead cost (see		3, 368, 475					7.00
	instructions)		-,,					

Heal th	Financial Systems ASCENSION ST. VIN	CENT FI SHERS	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE RELATED COSTS	Provider CCN: 15-0181	Peri od:	Worksheet S-3	
			From 07/01/2019	Part IV	
			To 06/30/2020	Date/Time Pre 11/18/2020 7:	
				Amount	
				Reported	
				1.00	
	PART IV - WAGE RELATED COSTS			1100	
	Part A - Core List				İ
	RETI REMENT COST				1
1.00	401K Employer Contributions			468, 674	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				1
5.00	401K/TSA Plan Administration fees			0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0	6.00
7.00	Employee Managed Care Program Administration Fees			93, 300	7.00
	HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administr	rator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrate	or)		680, 380	8. 02
8.03	Health Insurance (Purchased)			0	8.03
9.00	Prescription Drug Plan			264, 282	9.00
10.00	Dental, Hearing and Vision Plan			48, 454	10.00
11.00	Life Insurance (If employee is owner or beneficiary)			9, 324	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			79, 098	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary	y)		0	14.00
15.00	'Workers' Compensation Insurance			4, 682	15.00
16.00	Retirement Health Care Cost (Only current year, not the extra	aordinary accrual require	ed by FASB 106.	0	16.00
	Non cumulative portion)		-		
	TAXES				
17.00	FICA-Employers Portion Only			884, 710	17.00
18.00	Medicare Taxes - Employers Portion Only			0	18.00
19.00	Unemployment Insurance			0	19.00
20.00	State or Federal Unemployment Taxes			4, 977	20.00
	OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost F	Reported on lines 1 throu	igh 4 above. (see	0	21.00
	instructions))				
	Day Care Cost and Allowances			0	
	Tuition Reimbursement				23.00
24.00	Total Wage Related cost (Sum of Lines 1 -23)			2, 542, 893	24.00
or o-	Part B - Other than Core Related Cost				0.5.05
25.00	OTHER WAGE RELATED COSTS (SPECIFY)				25.00

Health Financial Systems ASCENSION	ST. VI	NCENT FI SHERS	In Lie	u of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0181	Peri od:	Worksheet S-3	
			From 07/01/2019 To 06/30/2020		narod
			10 00/ 30/ 2020	11/18/2020 7:	
Cost Center Description		·	Contract Labor	Benefit Cost	
			1.00	2.00	
PART V - Contract Labor and Benefit Cost					
Hospital and Hospital-Based Component Identification:					
1.00 Total facility's contract labor and benefit cost			15, 698		1
2.00 Hospi tal			15, 698	2, 542, 893	
3.00 Subprovider - IPF					3.00
4.00 Subprovider - IRF					4.00
5.00 Subprovider - (Other)			0	0	5.00
6.00 Swing Beds - SNF			0	0	6.00
7.00 Swing Beds - NF			0	0	1.00
8.00 Hospital-Based SNF					8.00
9.00 Hospital-Based NF					9.00
10.00 Hospital-Based OLTC					10.00
11.00 Hospital-Based HHA					11.00
12.00 Separately Certified ASC					12.00
13.00 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			0	0	16.00
17.00 Renal Dialysis			0	0	
18.00 Other			0	0	18.00

Heal th	Financial Systems ASCENSION ST. VINCEN	T FI SHERS		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	rovider C	CN: 15-0181	Period: From 07/01/2019	Worksheet S-1	0
				To 06/30/2020	Date/Time Pre 11/18/2020 7:	
					1.00	
	Uncompensated and indigent care cost computation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divi	ided by li	ne 202 columr	n 8)	0. 228231	1.00
	Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				1, 558, 382	•
3.00	Did you receive DSH or supplemental payments from Medicaid?	-1			N	3.00
4.00 5.00	If line 3 is yes, does line 2 include all DSH and/or supplementa If line 4 is no, then enter DSH and/or supplemental payments fro			11 0 ?	0	4.00 5.00
6.00	Medicaid charges	Sin mear ear	u		23, 790, 136	
7.00	Medicaid cost (line 1 times line 6)				5, 429, 647	
8.00	Difference between net revenue and costs for Medicaid program (I	line 7 min	us sum of lir	nes 2 and 5; if	3, 871, 265	8.00
	< zero then enter zero)					
9.00	Children's Health Insurance Program (CHIP) (see instructions for Net revenue from stand-alone CHIP	r each lin	e)		0	9.00
9.00 10.00	Stand-al one CHIP charges					
11.00	Stand-alone CHIP cost (line 1 times line 10)				0	
12.00	Difference between net revenue and costs for stand-alone CHIP (I	line 11 mi	nus line 9; i	f < zero then	0	•
	enter zero)					
12 00	Other state or local government indigent care program (see instr				0	1 1 2 00
13.00 14.00	Net revenue from state or local indigent care program (Not inclu Charges for patients covered under state or local indigent care				0	
14.00	10)	program (	Not The dea		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 indi	igent care	e program (lir	ne 15 minus line	0	16.00
	13; if < zero then enter zero)	) and atat	o/local india	ant cars program		
	Grants, donations and total unreimbursed cost for Medicaid, CHIF instructions for each line)	and stat		jent care progran	iis (see	
17.00	Private grants, donations, or endowment income restricted to fur	nding char	ity care		0	17.00
18.00	Government grants, appropriations or transfers for support of he				0	
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local 8, 12 and 16)	i ndi gent	care programs	s (sum of lines	3, 871, 265	19.00
			Uni nsured	Insured	Total (col. 1	
			patients	patients	+ col. 2)	
	Uncompensated Care (see instructions for each line)		1.00	2.00	3.00	
20,00	Charity care charges and uninsured discounts for the entire faci	ility	6,051,3	72 1, 111, 240	7, 162, 612	20.00
20.00	(see instructions)		0,001,01	2 .,,2.10	,,	20100
21.00	Cost of patients approved for charity care and uninsured discour	nts (see	1, 381, 1	1, 111, 240	2, 492, 351	21.00
22.00	instructions) Payments received from patients for amounts previously written o	off as		0 0	0	22.00
	chari ty care					
23.00	Cost of charity care (line 21 minus line 22)		1, 381, 1	1, 111, 240	2, 492, 351	23.00
					1.00	
24.00	Does the amount on line 20 column 2, include charges for patient	t davs bev	ond a length	of stay limit	N 1.00	24.00
	imposed on patients covered by Medicaid or other indigent care p					
25.00	If line 24 is yes, enter the charges for patient days beyond the	e indigent	care program	n's length of	0	25.00
26.00	stay limit Total bad debt expense for the entire hospital complex (see inst	tructions)			3, 142, 602	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see his				73, 622	•
27.01	Medicare allowable bad debts for the entire hospital complex (se	•	,		113, 265	•
28.00	Non-Medicare bad debt expense (see instructions)				3, 029, 337	•
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expe	ense (see	instructions)		731, 032	
30. 00 31. 00	Cost of uncompensated care (line 23 column 3 plus line 29) Total unreimbursed and uncompensated care cost (line 19 plus lin	ne 30)			3, 223, 383 7, 094, 648	
51.00	Trotal and children and ancompensated care cost (THE 19 plus III	10 30)			7,074,040	1 31.00

Health Financial Systems A RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	SCENSION ST. VI F EXPENSES	NCENT FISHERS Provider C	CN: 15-0181 P	eri od:	u of Form CMS-: Worksheet A	2552-10
			F	rom 07/01/2019 o 06/30/2020		pared: 51 am
Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +-	
	1.00	2.00	3.00	4.00	col. 4) 5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP		5, 464, 797 1, 829, 921				1.00 2.00
3.00 00300 OTHER CAP REL COSTS		1, 029, 921			1, 029, 921	3.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT	207, 575	2, 343, 945	-	-	-	
5.00 00500 ADMINI STRATI VE & GENERAL	827, 869	24, 651, 344				5.00
7.00 00700 OPERATION OF PLANT	-386	1, 899, 147				7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	101, 582				8.00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY	0	482, 218 633, 816			482, 218 88, 205	
11. 00 01100 CAFETERI A	0	033, 810			545, 611	11.00
13. 00 01300 NURSI NG ADMI NI STRATI ON	876, 230	196, 471	-			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	1, 170				
15. 00 01500 PHARMACY	566, 443	92, 173		1, 336		
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0		0	0	16.00
17.00 01700 SOCIAL SERVICE INPATIENT ROUTINE SERVICE COST CENTERS	0	0	0	0	0	17.00
30. 00 03000 ADULTS & PEDIATRICS	1, 985, 836	914, 712	2, 900, 548	461, 094	3, 361, 642	30.00
31. 00 03100 I NTENSI VE CARE UNI T	0	0		0	0,001,012	31.00
32.00 03200 CORONARY CARE UNI T	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
43. 00 04300 NURSERY ANCI LLARY SERVICE COST CENTERS	0	0	0	401, 880	401, 880	43.00
50. 00 05000 OPERATI NG ROOM	1, 443, 137	1, 868, 636	3, 311, 773	123, 324	3, 435, 097	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 925, 947	1, 588, 273	3, 514, 220	-819, 641	2, 694, 579	
53. 00 05300 ANESTHESI OLOGY	0	0	0	0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C 54. 01 03630 ULTRA SOUND	673, 466 162, 051	321, 211 14, 587				
56. 00 05600 RADI OI SOTOPE	102,001	14, 567	0	7,130	0	56.00
56. 01 05601 ONCOLOGY	244, 532	99, 756	344, 288	3, 079		
57.00 05700 CT SCAN	477, 770	141, 533	619, 303	12, 440	631, 743	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	236, 042	53, 825	289, 867	7,464		
59. 00 05900 CARDIAC CATHETERIZATION 60. 00 06000 LABORATORY	0	0 1, 678, 498	0 1, 678, 498	0	0 1, 678, 498	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1, 078, 498 0	1, 078, 498 0	0	1, 678, 498	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	409, 211	67, 190				65.00
66.00 06600 PHYSI CAL THERAPY	1,071,103	119, 091				
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	14, 172 103, 137	1, 331 31, 343				
69. 00 06900 ELECTROCARDI OLOGY	159, 523	53, 602				
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	584, 404			584, 404	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1, 295, 796			1, 295, 796	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	3, 257, 432			3, 257, 432	
74. 00   07400   RENAL DI ALYSI S 75. 00   07500   ASC (NON-DI STI NCT PART)	0	0	0		0	
OUTPATIENT SERVICE COST CENTERS	0	0	0	0	0	75.00
91.00 09100 EMERGENCY	1, 270, 062	407, 871	1, 677, 933	14, 706	1, 692, 639	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99. 00 09900 CMHC SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	99.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	12, 653, 720	50, 195, 675	62, 849, 395	0	62, 849, 395	118.00
NONREI MBURSABLE COST CENTERS	<b>I</b>		1	I	1	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191. 00 19100 RESEARCH 192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0 511	0 1, 103, 545	0 1, 104, 056	0 -130		191.00
192. 00 19200 PHISICIANS PRIVATE OFFICES 193. 00 19300 NONPALD WORKERS	0	1, 103, 343 N	n, 104, 036	- 130		192.00
194.00 07950 COMMUNITY EDUCATION	0	0	0	0		194.00
194. 01 07951 MARKETI NG	0	0	0	0	0	194. 01
194. 02 07952 SC MGMT SVH TANDEM CASTLETON	0	-130				194.02
200.00   TOTAL (SUM OF LINES 118 through 199)	12, 654, 231	51, 299, 090	63, 953, 321	0	63, 953, 321	1200.00

ECLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CCN: 15-0181	Period: Worksheet A	۱.
				From 07/01/2019 To 06/30/2020 Date/Time P	
	Cost Center Description	Adjustments	Net Expenses	11/18/2020	7:51 8
			For Allocation		
		6.00	7.00		_
00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	-2, 950	5, 461, 847		1
00	00200 CAP REL COSTS MVBLE EQUIP	-2, 400			2
00	00300 OTHER CAP REL COSTS	2, 100	0		3
00	00400 EMPLOYEE BENEFITS DEPARTMENT	-70, 282	-		4
00	00500 ADMINI STRATI VE & GENERAL	-14, 036, 949			5
00	00700 OPERATION OF PLANT	-1, 714	1, 897, 433		7
00	00800 LAUNDRY & LINEN SERVICE	0	101, 582		8
00	00900 HOUSEKEEPI NG	0	482, 218		9
. 00	01000 DI ETARY	0	88, 205		10
	01100 CAFETERI A	-103, 292			11
	01300 NURSING ADMINISTRATION	-3, 518			13
	01400 CENTRAL SERVICES & SUPPLY	0	1, 170		14
		-6, 061			15
	01600 MEDICAL RECORDS & LIBRARY	0	0		16
. 00	01700 SOCIAL SERVICE	0	0		- ''
. 00	03000 ADULTS & PEDI ATRI CS	-1, 291, 692	2,069,950		30
	03100 I NTENSI VE CARE UNI T	0	0		31
	03200 CORONARY CARE UNI T	0	0		32
. 00	03300 BURN INTENSIVE CARE UNIT	0	0		33
. 00	03400 SURGICAL INTENSIVE CARE UNIT	0	0		34
. 00	04300 NURSERY	0	401, 880		43
	ANCI LLARY SERVI CE COST CENTERS	I	1		
	05000 OPERATING ROOM	-200, 452			50
	05100 RECOVERY ROOM	0	0		51
	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	-358, 439	2, 336, 140		52 53
	05400 RADI OLOGY-DI AGNOSTI C	-10, 919	1,019,516		54
	03630 ULTRA SOUND	-10, 919	183, 768		54
	05600 RADI OI SOTOPE	0	0		56
	05601 ONCOLOGY	-6, 547	340, 820		56
	05700 CT SCAN	-31, 189			57
8. 00	05800 MAGNETIC RESONANCE I MAGING (MRI)	-871	296, 460		58
0. 00	05900 CARDI AC CATHETERI ZATI ON	0	0		59
0. 00	06000 LABORATORY	0	1, 678, 498		60
. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63
. 00	06400 I NTRAVENOUS THERAPY	0	0		64
		0			65
. 00 . 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	-69			66
	06800 SPEECH PATHOLOGY	0			68
	06900 ELECTROCARDI OLOGY	-4, 274			69
	07000 ELECTROENCEPHALOGRAPHY	-4, 2,4			70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	584, 404		71
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1, 295, 796		72
. 00	07300 DRUGS CHARGED TO PATIENTS	0	3, 257, 432		73
. 00	07400 RENAL DIALYSIS	0	0		74
. 00	07500 ASC (NON-DISTINCT PART)	0	0		75
	OUTPATIENT SERVICE COST CENTERS	-			_
	09100 EMERGENCY	-224	1, 692, 415		91
. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92
00	OTHER REIMBURSABLE COST CENTERS 09900  CMHC	0	0		99
. 00	SPECIAL PURPOSE COST CENTERS	0			- 79
8.00		-16, 131, 842	46, 717, 553		118
	NONREI MBURSABLE COST CENTERS				
0.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190
	19100 RESEARCH	0			191
2.00	19200 PHYSI CLANS' PRI VATE OFFI CES	0	1, 103, 926		192
	19300 NONPAI D WORKERS	0	0		193
	07950 COMMUNI TY EDUCATI ON	0	0		194
	07951 MARKETI NG	0	0		194
4.02	07952 SC MGMT SVH TANDEM CASTLETON	0	0		194
0.00	TOTAL (SUM OF LINES 118 through 199)	-16, 131, 842	47, 821, 479		200

	Financial Systems		ASCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS	-2552-10
RECLAS	SIFICATIONS			Provider C	CCN: 15-0181	Period:	Worksheet A-	6
						From 07/01/2019 To 06/30/2020	Date/Time Pr 11/18/2020 7	epared: :51 am
		Increases						
	Cost Center	Line #	Sal ary	Other				
	2.00	3.00	4.00	5.00				
	A – GENERAL SALARY ACCRUAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	63, 796				1.00
	0		0	63, 796				
	B - CAFETERIA RECLASS							
1.00	CAFETERI A	<u>11.</u> 00	0	545, 611				1.00
	0		0	545, 611				
	C – NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00						1.00
2.00	NURSERY	43.00	<u>317, 7</u> 27	<u> </u>				2.00
	0		648, 199	176, 394				
	D - PANDEMIC RECLASS							
1.00	NURSING ADMINISTRATION	13.00		0				1.00
2.00	PHARMACY	15.00	1, 336	0				2.00
3.00	ADULTS & PEDIATRICS	30.00	38, 381	0				3.00
4.00	OPERATING ROOM	50.00	123, 324	0				4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	4, 952	0				5.00
6.00	RADI OLOGY-DI AGNOSTI C	54.00	35, 758	0				6.00

7, 130

3, 079

12, 440

26, 549

1, 911

9, 684

14, 706

290, 960

7,464

0 0 0

0

0 0

0

0

54.01

56.01

57.00

58.00

66.00

68.00

69.00

91.00

	TOTALS		2,0,,000	0	
	E - SECURI TY SALARY RECLASS				
1.(	O OPERATION OF PLANT	7.00	386	0	1.00
	TOTALS		386	0	
	F - NON-REIMB RECLASS				
1.(	O SC MGMT SVH TANDEM CASTLETON	194.02	0	130	1.00
	TOTALS		0	130	
500	.00 Grand Total: Increases		939, 545	785, 931	500.00

7.00

8.00

9.00

10.00

11.00

12.00

13.00

14.00

ULTRA SOUND

PHYSI CAL THERAPY

SPEECH PATHOLOGY

ELECTROCARDI OLOGY

MAGNETIC RESONANCE IMAGING

ONCOLOGY

CT SCAN

EMERGENCY

TOTALS

(MRI)

7.00

8.00

9.00

10.00

11.00

12.00

13.00

14.00

Heal th	Financial Systems	A	SCENSION ST. VIN	CENT FISHERS		In Lie	u of Form CMS-2552-10
RECLAS	SI FI CATI ONS			Provider (	CCN: 15-0181	Period:	Worksheet A-6
						From 07/01/2019 To 06/30/2020	Date/Time Prepared: 11/18/2020 7:51 am
		Decreases				I	1171072020 7.01 4
	Cost Center	Line #	Salary	Other	Wkst. A-7 Re <sup>.</sup>	f.	
	6.00	7.00	8.00	9.00	10.00		
	A - GENERAL SALARY ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	63, 796	0		0	1.00
	0		63, 796	0			
	B - CAFETERIA RECLASS						
1.00	DI ETARY	10.00	0	<u>545, 6</u> 11		0	1.00
	0		0	545, 611			
	C - NURSERY RECLASS		i		i	-	
1.00	DELIVERY ROOM & LABOR ROOM	52.00	648, 199	176, 394		0	1.00
2.00		0.00	0	0		Q	2.00
	0		648, 199	176, 394			
	D - PANDEMIC RECLASS				1	- 1	
1.00	ADMI NI STRATI VE & GENERAL	5.00	290, 960	0		0	1.00
2.00		0.00	0	0		0	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00
7.00		0.00	0	0		0	7.00
8.00		0.00	0	0		0	8.00
9.00		0.00	0	0		0	9.00
10.00		0.00	0	0		0	10.00
11.00		0.00	0	0		0	11.00
12.00		0.00	0	0		0	12.00
13.00		0.00	0	0		0	13.00
14.00	L		0	0		Q	14.00
	TOTALS		290, 960	0			
	E - SECURI TY SALARY RECLASS				1		
1.00	ADMI NI STRATI VE & GENERAL	5.00		0		Ō	1.00
	TOTALS		386	0			
	F - NON-REIMB RECLASS				1	-	
1.00	PHYSICIANS' PRIVATE OFFICES	<u> </u>	0	130		0	1.00
	TOTALS		0	130			
500.00	Grand Total: Decreases	I	1, 003, 341	722, 135	1		500.00

		SCENSION ST. VI	NCENT FISHERS		In Lie	eu of Form CMS-	2552-10
RECONC	ILIATION OF CAPITAL COSTS CENTERS		Provider CC		Period: From 07/01/2019 To 06/30/2020		pared:
				Acqui si ti on			
		Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET					<b>T</b>	
1.00	Land	10, 871, 320	0		0 0	0	1.00
2.00	Land Improvements	22, 176	0		0 0	0	2.00
3.00	Buildings and Fixtures	45, 306, 407	697, 558		0 697, 558	728, 199	3.00
4.00	Building Improvements	853, 803	0		0 0	0	4.00
5.00	Fixed Equipment	1, 897, 163	0		0 0	109, 152	5.00
6.00	Movable Equipment	19, 836, 884	2, 849, 187		0 2, 849, 187	330, 780	6.00
7.00	HIT designated Assets	0	0		0 0	0	7.00
8.00	Subtotal (sum of lines 1-7)	78, 787, 753	3, 546, 745		0 3, 546, 745	1, 168, 131	8.00
9.00	Reconciling Items	0	0		0 0	0	9.00
10.00	Total (line 8 minus line 9)	78, 787, 753	3, 546, 745		0 3, 546, 745	1, 168, 131	10.00
		Ending Balance	Fully				
		5	Depreciated				
			Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	BALANCES					
1.00	Land	10, 871, 320	0				1.00
2.00	Land Improvements	22, 176	0				2.00
3.00	Buildings and Fixtures	45, 275, 766	0				3.00
4.00	Building Improvements	853, 803	0				4.00
5.00	Fixed Equipment	1, 788, 011	0				5.00
6.00	Movable Equipment	22, 355, 291	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	81, 166, 367	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	81, 166, 367	0				10.00

Heal th	Health Financial Systems         ASCENSION ST. VINCENT FISHERS         In Lieu of Form CMS-2552-10						
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider CC	CN: 15-0181	Peri od:	Worksheet A-7	
					From 07/01/2019		
					To 06/30/2020	Date/Time Pre 11/18/2020 7:	pared: 51 am
			SL	IMMARY OF CAP		11710/2020 7.	
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see	Taxes (see	
	·				instructions)	instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUM	N 2, LINES 1 a	nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	1, 669, 055	3, 790, 568		0 0	489	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1, 722, 641	104, 344		0 0	2, 936	2.00
3.00	Total (sum of lines 1-2)	3, 391, 696			0 0	3, 425	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description		Total (1) (sum				
		Capi tal -Rel ate					
		d Costs (see	through 14)				
		instructions)	15.00				
	DADT LL DECONCLULATION OF AMOUNTS FROM WORL	14.00	15.00				
1 00	PART II - RECONCILIATION OF AMOUNTS FROM WORK						1 00
1.00	CAP REL COSTS-BLDG & FIXT	4, 685					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1, 829, 921	1			2.00
3.00	Total (sum of lines 1-2)	4, 685	7, 294, 718				3.00

Health Financial Systems A	SCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-2	552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 07/01/2019 To 06/30/2020		
	COM	PUTATION OF RAT	-1 0S	ALLOCATION OF	OTHER CAPI TAL	
Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets		Insurance	
		Leases	for Ratio	instructions)		
			(col. 1 - col 2)			
	1.00	2.00	3,00	4, 00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00 CAP REL COSTS-BLDG & FIXT	58, 811, 076	0	58, 811, 07			1.00
2.00 CAP REL COSTS-MVBLE EQUIP	22, 355, 291		22, 355, 29			2.00
3.00 Total (sum of lines 1-2)	81, 166, 367		81, 166, 36			3.00
	ALLOCA	TION OF OTHER (	CAPITAL	SUMMARY O	F CAPITAL	
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capi tal -Rel ate	cols. 5	· ·		
		d Costs	through 7)			
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS C	1			4 ( ( 4 4 6 5	0.700.540	1 00
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP	0			0 1, 666, 105		1.00
2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0	0		0 1, 720, 241 0 3, 386, 346	104, 344 3, 894, 912	2.00 3.00
3.00   10tal (suil of fiftes f-2)	0		IMMARY OF CAPI		3, 094, 912	3.00
		30	MINIART OF CAFT	TAL		
Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
		instructions)	instructions)	Capi tal -Rel ate	of cols. 9	
				d Costs (see	through 14)	
		10.00	10.00	instructions)	45.00	
PART III - RECONCILIATION OF CAPITAL COSTS C	11.00	12.00	13.00	14.00	15.00	
1.00 CAP REL COSTS-BLDG & FIXT	ENTERS 0	0	48	9 4, 685	5, 461, 847	1.00
2.00 CAP REL COSTS-BEDG & FIXT		-	2, 93			2.00
3.00 Total (sum of lines 1-2)	0	, o				2.00 3.00
	1 0	0	J 3, 42	-, 005	1,207,300	5.00

	Financial Systems MENTS TO EXPENSES	AS	OLINGI UN ST. VI	INCENT FISHERS Provider CCN: 15-0181	Period: From 07/01/2019		
					To 06/30/2020		
				Expense Classification c To/From Which the Amount is			
	Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Li ne # 4.00	Wkst. A-7 Ref. 5.00	
1.00	Investment income - CAP REL			CAP REL COSTS-BLDG & FIXT	1.00		1.00
2.00	COSTS-BLDG & FIXT (chapter 2) 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	-17,021	ADMI NI STRATI VE & GENERAL	5.00	0	3.00
4.00	(chapter 2) Trade, quantity, and time		0		0.00	0	4.00
5.00	discounts (chapter 8) Refunds and rebates of		0		0.00	0	5.00
6.00	expenses (chapter 8) Rental of provider space by		0		0.00	0	6.00
7.00	suppliers (chapter 8) Telephone services (pay stations excluded) (chapter		0		0.00	0	7.00
8.00	21) Tel evi si on and radio service		0		0.00	0	8.00
9.00	(chapter 21) Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provi der-based physician adjustment	A-8-2	-1, 891, 448			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	507, 571			0	12.00
13.00 14.00	Laundry and linen service Cafeteria-employees and guests	В	0 -103 292	CAFETERI A	0.00 11.00		13.00 14.00
15.00	Rental of quarters to employee and others		0		0.00		15.00
16.00	Sale of medical and surgical supplies to other than		0		0.00	0	16. 00
17.00	patients Sale of drugs to other than		0		0.00	0	17.00
18.00	patients Sale of medical records and		0		0.00		
	abstracts		-				
19. 00	Nursing and allied health education (tuition, fees,		0		0.00	0	19.00
20.00	books, etc.) Vendi ng machi nes		0		0.00		20. 00
21.00	Income from imposition of interest, finance or penalty		0		0.00	0	21.00
22.00	charges (chapter 21) Interest expense on Medicare		0		0.00	0	22.00
	overpayments and borrowings to repay Medicare overpayments						
23.00	Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPI RATORY THERAPY	65.00		23.00
24.00	limitation (chapter 14) Adjustment for physical	A-8-3	0	PHYSI CAL THERAPY	66.00		24.00
	therapy costs in excess of limitation (chapter 14)						
25.00	Utilization review - physicians' compensation		0	*** Cost Center Deleted ***	* 114.00		25.00
26.00	(chapter 21) Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26. 00
27.00	COSTS-BLDG & FIXT Depreciation - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28. 00	COSTS-MVBLE EQUIP Non-physician Anesthetist		0	*** Cost Center Deleted ***	* 19.00		28.00
29. 00 30. 00	Physicians' assistant Adjustment for occupational therapy costs in excess of	A-8-3	0 0	OCCUPATI ONAL THERAPY	0.00 67.00		29. 00 30. 00
30. 99	limitation (chapter 14) Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30. 99
	instructions) Adjustment for speech	A-8-3		SPEECH PATHOLOGY	68.00		31.00
	pathology costs in excess of limitation (chapter 14)		0		00.00		
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME - MEDICAL AFFAIRS	В	-1, 750	ADMI NI STRATI VE & GENERAL	5.00	0	33.00

 33. 00
 MI SC I NCOME - MEDI CAL AFFAI RS
 B
 -1,750
 ADMI NI STRATI VE & GENERAL
 5.00
 0
 33.00

 11/18/2020
 7:51 am D: \Shared drives\Finance\_Net Revenue\_IN - Acute\Reimbursement\Cost Reports\FY2020\Fishers\SVF2020.mcrx

Health Financial Systems	A	SCENSION ST. V	INCENT FISHERS	In Lie	eu of Form CMS-:	2552-10
ADJUSTMENTS TO EXPENSES				Peri od:	Worksheet A-8	
				From 07/01/2019		
				To 06/30/2020	Date/Time Pre 11/18/2020 7:	pared: 51 am
			Expense Classification or	Worksheet A	11710/2020 7.	
			To/From Which the Amount is			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 MISC INCOME - ADMIN FEES	В		ADMI NI STRATI VE & GENERAL	5.00		
33.02 MISC INCOME - UNCLAIMED PROP	В		ADMI NI STRATI VE & GENERAL	5.00		00.02
33.03 LATE PENALTY FEES - (ROUTINE)	В		ADULTS & PEDIATRICS	30.00		
33.04 LATE PENALTY FEES - (OPER OF	В	-1, 714	OPERATION OF PLANT	7.00	0	33.04
PLANT)						
33.05 MISC INCOME - PATIENT INTERES			ADULTS & PEDIATRICS	30.00		00.00
33.06 MISC INCOME - GAIN ON SALE	В		CAP REL COSTS-MVBLE EQUIP	2.00		00.00
33.07 ENTERTALNMENT – ADMIN	A		ADMI NI STRATI VE & GENERAL	5.00		00.07
33.08 ENTERTAINMENT - NURSING ADMIN	A		NURSING ADMINISTRATION	13.00		
33.09 ENTERTAI NMENT – SURGERY	A		OPERATING ROOM	50.00		
33.10 ENTERTAI NMENT - LABOR & DEL	A		DELIVERY ROOM & LABOR ROOM	52.00		00110
33.11 ENTERTALNMENT - PHYS THERAPY	A	-69	PHYSI CAL THERAPY	66.00	0	33.11
33.12 LATE PENALTY FEES - ADMIN	A		ADMI NI STRATI VE & GENERAL	5.00		00.12
33.13 ACP ACCRUAL	A		ADMINISTRATIVE & GENERAL	5.00		
33.14 ENTERTAI NMENT - EMER ROOM	A		EMERGENCY	91.00		00111
33.15 CORP SPONSORSHIP - A&G	A		ADMI NI STRATI VE & GENERAL	5.00		00110
33.16 MARKETING - ADMIN	A		ADMI NI STRATI VE & GENERAL	5.00		00.10
33.17 MARKETING - PHARM	A		PHARMACY	15.00		00117
33.19 MARKETING - LABOR & DEL	A		DELIVERY ROOM & LABOR ROOM	52.00		
33.21 PROMOTIONAL ITEMS - ADMIN	A		ADMI NI STRATI VE & GENERAL	5.00		
33.23 PROMOTIONAL ITEMS - LABOR & DEL	A	-98	DELIVERY ROOM & LABOR ROOM	52.00	0	33.23
33.24 COMMUNITY BENEFIT - ADMIN	А	-500	ADMI NI STRATI VE & GENERAL	5.00	0	33.24
33. 26 CHARI TABLE OTHER COSTS - NURS	A		NURSING ADMINISTRATION	13.00		33.24
ADMI N	<i>n</i>	5, 550		13.00		00.20
33. 27 CHARI TABLE OTHER COSTS -	А	-4 744	PHARMACY	15.00	0	33.27
PHARMACY		1, 7 1 1		10.00		00.27
33. 28 LOBBYING EXPENSE	А	-639	ADMI NI STRATI VE & GENERAL	5.00	0	33.28
33. 29 MEDICALD PROVIDER TAX	В		ADMI NI STRATI VE & GENERAL	5.00		
33. 30 MISC INCOME - RENTAL INCOME -	B		CAP REL COSTS-BLDG & FIXT	1.00		33.30
BLDG	5	2, ,00				
33. 31 UNPAID PHYSICIAN COST	A	-4, 274	ELECTROCARDI OLOGY	69.00	0	33. 31
50.00 TOTAL (sum of lines 1 thru 49)		-16, 131, 842		27100		50.00
(Transfer to Worksheet A,						
column 6, line 200.)						
(1) Deparintion all chanter refered				•	•	

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

(1) bescription - an chapter references in this column pertain to two rub. (1)
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

Heal th	Financial Systems	ASCENSION ST.	VINCENT FISHERS	In Lie	eu of Form CMS-	2552-10
	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HOM		Period:	Worksheet A-8	3-1
OFFICE	COSTS			From 07/01/2019 To 06/30/2020		
	Line No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost		
					Wks. A, column	
	1.00	0.00	2.00	1.00	5	
				4.00	5.00	
	A. COSTS INCURRED AND ADJUST	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OF	GANIZATIONS OR	CLAIMED	
1.00	HOME OFFICE COSTS:	EMPLOYEE BENEFITS DEPARTMENT		1, 853, 223	1, 923, 505	1.00
2.00			HOME OFFICE - CAPITAL	974, 632	1, 723, 505	2.00
3.00			HOME OFFICE - INTEREST	17, 021	0	3.00
3.00			HOME OFFICE - OTHER	9, 255, 020	9, 668, 820	3.00
3.02			ST. VINCENT HEALTH CHARGEBAC			3.01
3.05			ST. VINCENT HEALTH CHARGEBAC			3.02
3.07			ST. VINCENT HEALTH CHARGEBAC		78,007	3.07
3.10			ST. VINCENT HEALTH CHARGEBAC		36, 729	3.10
3.12			ST VINCENT HEALTH CHARGEBACK			3.12
3.13			ST VINCENT HEALTH CHARGEBACK			3.13
3.15			ST VINCENT HEALTH CHARGEBACK		1, 088, 171	3.15
3.16	0.00			0	0	3.16
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4).			14, 847, 182	14, 339, 611	5.00
	Transfer column 6, line 5 to				, .	
	Worksheet A-8, column 2,					
	line 12.					

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

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

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

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

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

rerinbur					
6.00	В	ST. VINCENT HEA	100.00 ST. VINCENT HEA	100.00	6.00
7.00	В	ASCENSION HEALT	100.00 ASCENSION HEALT	100.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or				100.00
	non-financial) specify:				

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

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

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

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

Health Financial Systems	ASCENSION ST. VINC	In Lieu of Form CMS-2552-10		
STATEMENT OF COSTS OF SERVICES FROM R	RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0181	Period: From 07/01/2019	Worksheet A-8-1
OFFICE COSTS			To 06/30/2020	Date/Time Prepared:

			11/18/2020 7	: <u>51 am</u>
	Net	Wkst. A-7 Ref.		
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUSTN	IENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED	
	HOME OFFICE CO	STS:		
1.00	-70, 282	0		1.00
2.00	974, 632	0		2.00
3.00	17, 021	0		3.00
3.01	-413, 800	0		3.01
3.02	0	0		3. 02
3.05	0	0		3.05
3.07	0	0		3.07
3.10	0	0		3.10
3.12	0	0		3.12
3.13	0	0		3.13
3.15	0	0		3.15
3.16	0	0		3.16
4.00	0	0		4.00
5.00	507, 571			5.00

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

1103 1101	been posted to morkaneet A,	condining i and/or 2, the amount arrowable should be marcated in condining of this part.	
	Related Organization(s)		
	and/or Home Office		
	Type of Business		
	5.		
	6. 00		
	B. INTERRELATIONSHIP TO RELAT	TED 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 ceimbursement under title XVII

i ei iibui	Sement under title AVIII.	
6.00	HOME OFFICE	6.00
7.00	HOME OFFICE	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00
(1) 11-		

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

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

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

Health Financial Systems PROVIDER BASED PHYSICIAN ADJUSTMENT

## ASCENSION ST. VINCENT FISHERS Provider CCN: 15-0181 Period:

In Lieu of Form CMS-2552-10 Worksheet A-8-2

PROVI DE	R BASED PHYSIC	I AN ADJUSTMENT			Provider (		Period:	Worksheet A-8	3-2
							From 07/01/2019 To 06/30/2020		nored.
							To 06/30/2020	Date/Time Pre 11/18/2020 7:	
	Wkst. A Line #	Cost Center/Physician	Total	Prof	Fessi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration		mponent	Component		ider Component	
			nomarior a crom	00	mporiorit	oomportorre		Hours	
	1.00	2.00	3.00		4.00	5.00	6.00	7.00	
1.00		PHARMACY	4, 800		0		211, 500	42	1.00
2.00	30.00	ADULTS & PEDIATRICS	1, 291, 692		1, 291, 692		0	0	2.00
3.00		OPERATING ROOM	582, 146		200, 325		246, 400	10, 796	3.00
4.00		DELIVERY ROOM & LABOR ROOM	1, 210, 446		349, 376			9, 563	4.00
5.00		RADI OLOGY-DI AGNOSTI C	26, 083		3, 602		271, 900	116	5.00
6.00		ONCOLOGY	46,000		0,002			388	6,00
7.00		CT SCAN	31, 189		31, 189		211,000	0	7.00
8.00		MAGNETIC RESONANCE IMAGING	871		871	0	0	0	8.00
0.00	00.00	(MRI)	0,1		0/1		Ŭ	0	0.00
9.00	0.00	(	0		0	0	0	0	9.00
10.00	0.00		0		0	0	0	0	10.00
200.00			3, 193, 227		1, 877, 055	1, 316, 172		20.905	200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE			Cost of		Physician Cost	
		I denti fi er	Limit			Memberships &		of Malpractice	
					Limit	Conti nui ng	Share of col.	Insurance	
						Educati on	12		
	1.00	2.00	8.00		9.00	12.00	13.00	14.00	
1.00	15.00	PHARMACY	4, 271		214	C	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0		0	C	0	0	2.00
3.00	50.00	OPERATING ROOM	1, 278, 911		63, 946	C	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	1, 090, 090		54, 505	C	0	0	4.00
5.00	54.00	RADI OLOGY-DI AGNOSTI C	15, 164		758	C	0	0	5.00
6.00	56.01	ONCOLOGY	39, 453		1, 973	C	0	0	6.00
7.00	57.00	CT SCAN	0		0	C	0	0	7.00
8.00	58.00	MAGNETIC RESONANCE IMAGING	0		0	C	0	0	8.00
		(MRI)							
9.00	0.00		0		0	C	0	0	9.00
10.00	0.00		0		0	C	0	0	10.00
200.00			2, 427, 889		121, 396	C	0	0	200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adj u	usted RCE	RCE	Adjustment		
		I denti fi er	Component		Limit	Di sal I owance			
			Share of col.						
			14						
	1.00	2.00	15.00		16.00	17.00	18.00		
1.00		PHARMACY	0		4, 271	529			1.00
2.00		ADULTS & PEDIATRICS	0		0	Ŭ Ŭ			2.00
3.00		OPERATING ROOM	0	2	1, 278, 911	C			3.00
4.00		DELIVERY ROOM & LABOR ROOM	0		1, 090, 090		349, 376		4.00
5.00		RADI OLOGY-DI AGNOSTI C	0		15, 164	7, 317			5.00
6.00		ONCOLOGY	0		39, 453	6, 547			6.00
7.00		CT SCAN	0		0	C			7.00
8.00	58.00	MAGNETIC RESONANCE IMAGING	0	)	0	C	871		8.00
		(MRI)							
9.00	0.00		0	2	0	C	-		9.00
10.00	0.00		0	2	0	C	0		10.00
200.00			0	9	2, 427, 889	14, 393	1, 891, 448		200.00

CDS1 ALLIDATION - GENERAL SERVICE COSTS         Provider CX: 19-013         Period (Final Mathematics)         Period Mathematics)		Financial Systems A LLOCATION - GENERAL SERVICE COSTS	SCENSION ST. VI		N. 15 0101 D		u of Form CMS-2	2552-10
Cost Center Description         Net Expenses Tor Cost (ord) TAL IREA/LD/COSTS         UMPLOTE DEFENSION (ord) TAL         DUPLOTE (DEFENSION (Ord) TAL         Subtotal           0         0         1.00         2.00         4.00         A           0         0         1.00         2.00         4.00         A           0         0         1.00         2.00         A.00         A           0         0.00         1.00         2.00         A.00         A           0         0.00         0.00         A.00         A         1.00         2.00         A.00         A           0.00         0.00000 (DARDEC SUBJET SCHARES CONT SCHARES CO	CUST A	LLUCATION - GENERAL SERVICE COSTS		Provider CC	F	rom 07/01/2019		
Deat Center Description         Net Fugment (rin Dat N latestand)         R/R 0 & F/XT (robs)         MMR F FOULP         EVE/OFF BEREFIT         Subultation           0         0         1         0         2         0         4         0         4           0         0         1         0         2         0         4         0         4           0         0         1         0         2         0         4         0         4           0         0         0         0         0         2         0         4         0         4           0 <t< td=""><td></td><td></td><td></td><td></td><td>T</td><td>06/30/2020</td><td></td><td></td></t<>					T	06/30/2020		
Prof. Cost Al Local Line         Part Mail Structure (from Miss K, M)         BBREAT (miss K, M)         BBREAT (miss K, M)           1.00         0.00         0.00         2.00         4.00         4.0           1.00         0.00         0.00         2.00         4.00         4.0           1.00         0.00         0.00         1.00         2.00         4.00         4.00           1.00         0.00 <td< td=""><td></td><td></td><td></td><td>CAPI TAL REL</td><td>ATED COSTS</td><td></td><td>11/10/2020 //</td><td></td></td<>				CAPI TAL REL	ATED COSTS		11/10/2020 //	
Prof. Cost Al Local Line         Part Mail Structure (from Miss K, M)         BBREAT (miss K, M)         BBREAT (miss K, M)           1.00         0.00         0.00         2.00         4.00         4.0           1.00         0.00         0.00         2.00         4.00         4.0           1.00         0.00         0.00         1.00         2.00         4.00         4.00           1.00         0.00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
All Location (Free Wisch         Job         Z.00         4.00         4.00           1.00         2.00         4.00         4.00         4.00         4.00           1.00         00000 (AP REL 0031-BLDD & FIAT         5.401.817         1.827.521         1.827.521         1.827.521         1.827.521         1.827.521         1.827.521         2.553.301         1.827.521         2.553.301         1.827.521         2.553.301         1.827.521         1.827.521         1.827.521         1.827.521         1.827.521         1.827.521         1.827.521         2.553.301         1.827.521         1.90.02         11.90.041         1.90.02         11.90.041         1.90.02         11.90.041         1.90.02         11.90.02		Cost Center Description		BLDG & FIXI	MVBLE EQUIP		Subtotal	
Understand         Underst								
D         1.00         2.00         4.00         AA           1.00         D0100 CAP MI COST CHITER         1.00         D0000 CAP MI COST CHITER         D0000 CAP COST CHITER         D0000 CAP COST CHITER         D0000 CAP COST CHITER         D000 CAP COST CHITER         D0000 CAP COST CHITER <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
DEBERAL SERVICE COST CUTTERS         1.00           0.00000000000000000000000000000000000				1.00	2.00	4.00	4.0	
1.00         DOTOD (DAP NIT DOSTS III IDG & FLY)         5, 461, B47         5, 461, B47         1, 827, 521         1, 00           2.00         DOZOD (DAP NIT, DOSTS III IDG & FLY)         1, 827, 521         1, 827, 521         2, 00           4.00         DOZOD (LAR) PH LOSTS III IDG & FLY)         1, 827, 521         1, 80, 77         2, 853, 301         2, 00           4.00         DOZOD (LAR) PH LOSTS III IDG & FLY)         1, 97, 918         5, 3, 948         18, 0, 07         2, 853, 301         4, 00           6.00         DOZOD (LAR) PH LOSTS III IDG & FLY)         1, 97, 918         17, 919         2, 00         2, 00         110, 00         11, 917, 1828         8, 00         1, 97, 918         4, 00         0         0, 00         2, 00         2, 00         1, 10, 11, 821         8, 01         1, 11, 11, 11, 11, 11, 11, 11, 11, 11,		GENERAL SERVICE COST CENTERS	0	1.00	2.00	4.00	4A	
4.00         000400         DUPLOYTE BREVET IS DEPARTMENT         2, 481, 238         53, 990         110, 057         2, 83, 301         4.00           0.00         000400         DEVENT         1, 189, 5918         477, 91         164, 700         110, 062         2, 189, 177         50           0.00         00000         DEVENT         1, 189, 1918         71, 91         0, 105, 282         90         0         155, 282         90           0.00         00000         DEVENT         1, 187, 191         1, 191, 191, 191         155, 282         90         0         155, 282         90         0         155, 283         90         0         155, 283         10, 00         1100, 00, 000         1, 274, 401         1, 804, 411, 100         1, 373, 429         17, 10         1, 192, 401         1, 804, 71, 70         55, 935         10, 00         33, 683, 814, 00         33, 683, 814, 00         33, 683, 814, 00         33, 683, 814, 00         33, 684, 45, 60         1, 374, 401, 38, 00         33, 684, 45, 60         1, 374, 401, 380         1, 392, 404, 13, 393, 45, 445, 10         1, 392, 41, 41, 10, 11, 11, 11, 11, 11, 11, 11, 11, 1	1.00		5, 461, 847	5, 461, 847				1.00
5.00         000500         AUMINISTRATIVE         A CENTRAL         11, 150, 918         479, 591         100, 0, 20         11, 901, 641         5, 00           8.00         000500         AUMORS         110, 152         6         0         0         2, 865, 717         0         0         0, 20         0, 0         0         101, 152         8         0								•
2.00         00200         DEFANTION OF FLANT         1, 807, 433         719, 648         240, 792         0         2, 857, 671         7.00           0.00         002000         LUMBRY & LINEM SERVICE         101, 582         0							44 004 044	•
8.00         00800         LUNDRY & LINEN SERVICE         101, 582         0         0         0         055, 144         9, 00           10.00         01000         DIETARY         88, 205         27, 224         9, 042         0         555, 143         0         655, 143         0         655, 143         0         655, 143         0         655, 143         0         665, 241         11.00           110.00         01000         CHTRM LEXTRY         83, 801         140, 233         0         665, 243         10, 60         155, 143         0         665, 747         83, 564         16, 00         150, 00								•
9.00         000000000000000000000000000000000000				0	240,772	0		
11.00       01100       CARETERIA       442, 319       167, 170       55, 95       0       666, 642       11.00         13.00       01300       MESING AMINISTRATION       1, 073, 429       17, 541       5, 869       180, 621       17, 774       55, 969       10, 621       37, 868       14, 00         14.00       01400       CENTRAL SERVICES & SUPPLY       1, 170       27, 400       1, 622       116, 474       86, 641       16, 02         15.00       11500       MERNICH LEWICE       0       6, 477       2, 167       0       8, 644       16, 02       9, 994       813, 909       272, 333       482, 034       3, 639, 220       0<	9.00		482, 218	62, 106	20, 780	0		
13.00         01300         MURES NG ADMIN STRATION         1.073.429         17.541         5.869         180.621         1.277.460         13.00           15.00         01500         PHARMACY         653.891         46.503         16.229         116.474         835.097         15.00           17.00         01500         PHARMACY         633.891         46.503         16.229         116.474         835.097         15.00           17.00         01700         Strivel CC         0         4.042         1.352         0         5.394         17.00           01.00         DENDERING INCLOSE RECIS CENTERS         0         4.042         1.352         0         5.394         17.00           01.00         000								•
14.00       01400       CENTRAL SERVICES & JUBPLY       1, 170       27, 490       9, 194       0       37, 988       14, 00         15.00       01500       HEROBRS & LIBRARY       0       6, 477       2, 167       16, 474       85, 607       15, 00         16.00       HEROBRIS & LIBRARY       0       6, 477       2, 167       16, 474       85, 601       16, 00         10.00       0000001AUTS SERVICE       0       4, 042       1, 352       0       5, 344       17, 00         10.00       000001AUTS SERVICE COST CENTERS       -       -       -       -       -       -       30, 00       3								•
15.00       01500       PHARMACY       653.801       46,503       16,202       116,474       835,077       15,00         17.00       01700       SOCIAL SERVICE       0       4,042       1,352       0       5,374         18.00       TROM TRE GUTINE SERVICE COST CENTERS       0       4,042       1,352       0       0       5,374         30.00       003000       AULTS & PEDIATRI CS       2,069,950       813,909       222,33       483,034       3,639,226       30.00         31.00       003000       REGENARY CARE UNIT       0       0       0       0       32.00         32.00       03300       REGICAL INTENSIVE CARE UNIT       0       0       0       0       33.00         43.00       D4000 OPERATING SCOLE       401,880       63.375       21.205       65.179       551,639       43.00       91.000       0       0       0       0       0       0       0       0       0       0.14,000       0								
17.00         01700 SOCIAL SERVICE         0         4,042         1,352         0         5,384         17.00           01.00         03000 ADULTS SERVICE COST CENTERS         2.069,950         813.909         272.333         483.034         3.699_226         30.00         32.00         30.00						116, 474		•
INPART LENT ROUTINE SERVICE COST CENTERS         2,049,950         813,90         2,049,950         813,90         2,049,950         813,90         2,049,950         30,00			-			0		•
30.00       03000 ADULTS & PEDLATRICS       2,069,950       B13,909       272,333       483,034       3,69,226       30.00         31.00       03100 (DTENS) VC CARE UNIT       0       0       0       0       0       33.00         32.00       03200 (CRRAMARY CARE UNIT       0       0       0       0       0       0       33.00         34.00       03400 (DAULTS VC CARE UNIT       0       0       0       0       0       34.00         30.00       04300 (MASCRY       CARE UNIT       0       0       0       0       34.00         30.00       04300 (MASCRY       CARE UNIT       0       0       0       0       34.00       34.01       44.281,285       44.18       4.281,285       44.08       543.455       181,840       321,344       4.281,285       51.00       53.00       53.00       53.00       53.00       53.00       53.00       53.00       53.00       53.00       53.00       53.00       53.00       53.00       53.00       55.00       55.75       55.22.74       56.1       145.490       1.502,292       54.00       54.00       56.00       54.00       55.00       55.00       55.00       55.00       55.00       55.00       5	17.00		0	4, 042	1, 352	0	5, 394	17.00
31.00       310.00       330.00       100.00       0	30, 00		2,069,950	813, 909	272, 333	483.034	3, 639, 226	30.00
33.00         03300         BURN INTENSIVE CARE UNIT         0         <			0	0	C	0		•
34. 00       03400 SURGI CAL INTENSIVE CARE UNIT       0 </td <td></td> <td></td> <td>0</td> <td>0</td> <td>C</td> <td>0</td> <td>-</td> <td></td>			0	0	C	0	-	
43. 00         04300 NURSERY         401,880         63.375         21,205         65,179         551,639         43.00           MOLLLARY SERVICE COST CENTERS         0			0	0	0	0		•
ANCI LLARY SERVICE COST CENTERS			u u	0 63 375	21 205	0 65 179	0	•
51.00         05100         PCOVERY ROM         D <thd< th=""> <thd< th=""></thd<></thd<>	10.00		101,000	00,070	21,200	00,177	001,007	10.00
52.00         052.00         DELUPERY ROOM & LABOR ROOM         2.336,140         477.311         159.707         263.133         3.236,291         52.00           54.00         OS400         RADI DLOGY-DI AGNOSTI C         1.019,516         252.725         84.561         145,490         1.502,292         54.00           56.00         OS600         RADI DLOGY-DI AGNOSTI C         1.019,516         229.756         7.681         34.706         249,111         54.01           56.00         OS600         RADI DNOCLOGY-DI AGNOSTI C         183.768         22.956         7.681         34.706         249,111         54.01           57.00         OS500         INACINCY         40.402         105.349         35.250         797.532,214         56.0           58.00         OS500         IAGNORALC CRIFERZATION         0         0         0         0         0         0         0         0         66.00         59.00         66.00			3, 234, 645	543, 459	181, 840	321, 344	4, 281, 288	
53. 00         DS3.00         DS3.00         ANESTHESI OLOGY         0         0         0         53. 00         S53. 00         Construction         553. 00         S53. 00         Construction         S53. 00         S53. 00         Construction         S53. 00         <			0	0	0	0	0	•
54.00         OS400         RADIOLOGY-DIAGNOSTIC         1, 019, 516         252, 258         84, 561         145, 490         1, 502, 292         54.00           56.00         OS600         RADIOLOGY-DIAGNOSTIC         183, 768         22, 956         7, 681         34, 706         249, 111         54, 01           56.00         OS600         RADIOLOGY         340, 820         105, 349         35, 250         50, 795         532, 214         56, 01           57.00         OS700         CT SCAN         000         0			2, 336, 140	477, 311	159, 707	263, 133		•
54. 01       03630       ULTRA SQUND       183,768       22,956       7,681       34,706       249,111       54. 01         56. 00       05600       RADI 01 SOTOPE       0       0       0       50. 00       532,214       56. 01         57. 00       05700       CT SCAN       600,554       57,727       19,315       100,562       778,158       57.00         58.00       MAGMETI C RESONANCE I MAGI NG (MRI )       296,460       35,885       12.007       49,953       394,305       58.00         0.0       0       0       0       0       0       0       67.00       59.00         0.0       0.00       0.00       0       0       0       0       62.00       62.00       62.00       62.00       62.00       62.00       63.00       63.00       63.00       66.00       64.00       0       0       0       64.00       64.00       64.00       64.00       64.00       64.00       66.00       66.00       66.00       68.00       778,178       78.898       79.70       55.37.70       65.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00			1,019,516	252, 725	84, 561	145, 490	-	
56 01       05601       0501       0501       0500       532, 214       56, 319       57, 700       572, 214       56, 510       570								1
57.00       05700 (CT SCAN       600,554       57,727       19,315       100,662       778,158       57.00         58.00       05900 (ARDETIC RESONANCE THAGING (MRI )       296,460       35,885       12,007       49,953       394,305       58.00         59.00       05900 (CARDIAC CATHETERIZATION       0       0       0       0       0       0       59.00         60.00       00000 (LABORATORY       1,678,498       55,499       18,570       0       1,725,57       60.00         63.00       06300 BLOOD STORING, PROCESSING & TRANS.       0       0       0       0       64.00         64.00       06400 INTRAVENDUS THERAPY       476,401       11,504       3,849       83,946       575.700       65.00         66.00       06000 PHYSI CAL THERAPY       1,216,674       241,402       80,773       225,172       1,764,021       66.00         67.00       0CUPATI ONAL THERAPY       1,216,674       241,402       80,773       225,172       1,764,021       66.00         68.00       06000 PHYSI CAL THERAPY       1,216,674       241,404       0       0       0       70.00       71.00         71.00       07000 RELAC RARGED TO PATIENTS       1,295,796       0       0			0	0		0		•
58.00         OSBOOL ARADIC CATHETERIZATION         296,460         35,885         12.007         49,953         394,305         58.00         60.00         62.00         60.00         62.00         60.00         62.00								
59         0         0         0         0         0         0         59.00         59.00         59.00         0         0         0         59.00         0         0         0         0         59.00         59.00         1.678.498         55.499         18.570         0         1.752.567         60.00         62.00         0         0         0         0         0         0         0         62.00         62.00         0         0         0         0         0         0         0         0         0         0         63.00         0         63.00         0								
62.00         663.00         PACKED RED BLOOD CELLS         0         0         0         0         0         0         0         0         62.00         63.00         64.00         0 <td>59.00</td> <td></td> <td>0</td> <td>0</td> <td>C</td> <td>0</td> <td></td> <td>•</td>	59.00		0	0	C	0		•
63:00         06300         BLOOD STORING, PROCESSING & TRANS.         0			1, 678, 498	55, 499	18, 570	0		1
64:00         06400         INTRAVENOUS THERAPY         0         0         0         0         0         64:00         0         65:00         0			0	0		0		•
65:00       66:00       RESPIRATORY THERAPY       476, 401       11, 504       3, 849       83, 946       575, 700       65:00         66:00       06:00       PHYSI CAL THERAPY       1, 216, 674       241, 402       80, 773       225, 172       1, 764, 021       66:00         67:00       06:00       00       00       00       25, 153       67:00       67:00       66:00       900       00       00       25, 153       67:00       66:00       900       00       00       025, 153       67:00       67:00       69:00       00			0	0		0	-	•
67.00       06700       0CCUPATIONAL THERAPY       15,503       5,052       1,691       2,907       25,153       67.00         68.00       06800       SPECH PATHOLOGY       136,391       41,119       13,758       21,550       212,818       68.00         69.00       06900       ELECTROCACRDIOLOGY       218,535       81,486       27,265       34,711       361,997       69.00         70.00       07000       ELECTROCACRDIOLOGY       218,535       81,486       27,265       34,711       361,997       69.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       1,295,766       0       0       1,295,796       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       3,257,432       0       0       0       3,257,432       73.00         74.00       07400       RENAL DIALYSIS       0       0       0       0       74.00       0       0       0       74.00       0       0       0       74.00       0       0       0       74.00       75.00       75.00       75.00       75.00       75.00       75.00       75.00       75.00       75.00       75.00       75.00       75.00       75.00       75.00			-	11, 504	3, 849	83, 946		
68.00         06800         SPEECH         PATHOLOGY         136, 391         41, 119         13, 758         21, 550         212, 818         68.00           69.00         06900         ELECTROCARDIOLOGY         218, 535         B1, 486         27, 265         34, 711         361, 997         69.00         0								
69.00         06900         ELECTROCARDIOLOGY         218,535         81,486         27,265         34,711         361,997         69.00           70.00         0700.00         ELECTROCENCEPHALOGRAPHY         0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>•</td></t<>								•
70.00         07000         ELECTROENCEPHALOGRAPHY         0         0         0         0         0         70.00           71.00         07100         MEDI CAL         SUPPLIES CHARGED TO PATIENTS         584,404         0         0         0         584,404         71.00           72.00         O7200         INPL. DEV. CHARGED TO PATIENTS         1,295,796         0         0         1,295,796         72.00           73.00         O7300         RENAL DI ALYSI S         3,257,432         0         0         0         3,257,432         73.00           75.00         OT400         RENAL DI ALYSI S         0         0         0         0         74.00           75.00         00700         MERCENCY         1,692,415         394,503         132,000         263,557         2,482,475         91.00           92.00         09200         DBSERVATI ON BEDS (NON-DI STINCT PART)         0         0         0         0         99.00           99.00         OP900         CMHC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								•
72.00         07200         IMPL.         DEV.         CHARGED TO PATIENTS         1, 295, 796         0         0         1, 295, 796         72.00           73.00         O7300         DRUGS CHARGED TO PATIENTS         3, 257, 432         0         0         0         3, 257, 432         73.00           74.00         O7400         RENAL DI ALYSI S         0         0         0         0         0         74.00         74.00           075.00         OSCO         ASC (NON-DI STINCT PART)         0         0         0         0         75.00           00100         EMERGENCY         SPECIAL PURPOSE COST CENTERS         11, 692, 415         394, 503         132, 000         263, 557         2, 482, 475         91.00         92.00           09200         OBSERVATI ON BEDS (NON-DI STINCT PART)         0         0         0         0         92.00         0           09200         OBSERVATION BEDS (SUM OF LINES 1 through 117)         46, 717, 553         4, 816, 847         1, 611, 706         2, 553, 196         45, 856, 633         118.00           NORREI MBURSABLE COST CENTERS         1         0         0         0         0         0         190.00         190.00         190.00         190.00         190.00			0	0	C	0		•
73.00       07300       DRUGS CHARGED TO PATIENTS       3, 257, 432       0       0       0       3, 257, 432       73.00         74.00       07400       RENAL DI ALYSIS       0       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0       0       74.00         00       0       ASC (NON-DI STINCT PART)       0       0       0       0       0       0       74.00         00       0       0       0       0       0       0       0       0       0       74.00         00       0				0	C	0		•
74.00       07400       RENAL DI ALYSI S       0       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0				0	C	0		•
75. 00       OTSOO       ASC (NON-DI STINCT PART)       O				-		0		
OUTPATIENT SERVICE COST CENTERS           91.00         09100 EMERGENCY         1,692,415         394,503         132,000         263,557         2,482,475         91.00           92.00         09200 OBSERVATION BEDS (NON-DISTINCT PART)         0         0         0         92.00           OTHER REIMBURSABLE COST CENTERS         0         0         0         0         99.00           SPECIAL PURPOSE COST CENTERS         0         0         0         0         99.00           NONREI MBURSABLE COST CENTERS         118.00         SUBTOTALS (SUM OF LINES 1 through 117)         46,717,553         4,816,847         1,611,706         2,553,196         45,856,633         118.00           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         46,717,553         4,816,847         1,611,706         2,553,196         45,856,633         118.00           190.00         19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         0         190.00           191.00         19100 RESEARCH         0         0         0         0         0         191.00           192.00         19200 PHYSI CI ANS' PRI VATE OFFI CES         1,103,926         645,000         215,815         105         1,964,846         192.00           193.			-	-		0		
92.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART)       0       0       0       92.00         0THER       REI MBURSABLE COST CENTERS       0       0       0       0       0       0       99.00         SPECIAL PURPOSE COST CENTERS         118.00         SUBTOTALS (SUM OF LINES 1 through 117)       46,717,553       4,816,847       1,611,706       2,553,196       45,856,633       18.00         NONREI MBURSABLE COST CENTERS         190.00       19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       190.00         191.00       19100       RESEARCH       0       0       0       0       191.00         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       1,103,926       645,000       215,815       105       1,964,846       192.00         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00       0       0       0       194.00         194.00       07950       CMMUNI TY EDUCATI ON       0       0       0       0       0       194.01         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
OTHER         REI MBURSABLE         COST         CENTERS           99.00         OP900         CMHC         O			1, 692, 415	394, 503	132, 000	263, 557		•
99.00         09900         CMHC         0         0         0         0         0         0         99.00           SPECIAL PURPOSE COST CENTERS           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         46,717,553         4,816,847         1,611,706         2,553,196         45,856,633         118.00           NONREL MBURSABLE COST CENTERS           190.00         GIFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.00         19000         RESEARCH         0         0         0         191.00         19200         PHYSI CLANS' PRI VATE OFFICES         1,103,926         645,000         215,815         105         1,964,846         192.00         193.00         193.00         193.00         193.00         193.00         0         0         0         0         193.00         194.00         0         0         0         194.00         194.01         0         0         0         0         194.01         0         0         0         194.01         194.02         07952         SC MGMT SVH TANDEM CASTLETON         0         0         0         0         0         194.02         0         194.02         0         0         0         0	92.00						0	92.00
SPECI AL PURPOSE COST CENTERS           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         46, 717, 553         4, 816, 847         1, 611, 706         2, 553, 196         45, 856, 633         118.00           NONREI MBURSABLE COST CENTERS         0         0         0         0         0         190.00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         0         190.00         191.00         192.00         19200         PHYSI CI ANS' PRI VATE OFFI CES         1, 103, 926         645, 000         215, 815         105         1, 964, 846         192.00         193.00         193.00         193.00         0         0         0         0         193.00         193.00         193.00         193.00         0         0         0         0         194.00         194.00         0         0         0         194.00         194.00         194.00         194.00         0         0         0         194.00         194.00         0         0         0         194.00         194.00         194.00         194.00         194.00         194.00         0         0         0         0         194.00         194.00         194.00         194.00         0         0         0         0<	99 00		0	0	0	0	0	99 00
118.00         SUBTOTALS (SUM OF LINES 1 through 117)         46, 717, 553         4, 816, 847         1, 611, 706         2, 553, 196         45, 856, 633         118.00           NONREI MBURSABLE COST CENTERS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
190.00       GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       0       190.00         191.00       19100       RESEARCH       0       0       0       0       191.00         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       1, 103, 926       645, 000       215, 815       105       1, 964, 846       192.00         193.00       19300       NONPAI D WORKERS       0       0       0       0       193.00         194.00       07950       COMMUNI TY EDUCATI ON       0       0       0       194.00         194.01       07951       MARKETI NG       0       0       0       194.01         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       194.01         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       194.01         200.00       Cross Foot Adj ustments	118.00	SUBTOTALS (SUM OF LINES 1 through 117)	46, 717, 553	4, 816, 847	1, 611, 706	2, 553, 196	45, 856, 633	118.00
191.00         19100         RESEARCH         0         0         0         0         191.00           192.00         19200         PHYSI CLANS' PRI VATE OFFICES         1, 103, 926         645, 000         215, 815         105         1, 964, 846         192.00           193.00         19300         NONPALD         WORKERS         0         0         0         0         193.00           194.00         07950         COMMUNITY EDUCATION         0         0         0         0         194.00           194.01         07951         MARKETI NG         0         0         0         194.01           194.02         07952         SC MGMT SVH TANDEM CASTLETON         0         0         0         194.01           194.02         07952         SC MGMT SVH TANDEM CASTLETON         0         0         0         194.01           200.00         Cross Foot Adj ustments         0         0         0         0         200.00         0         0         0         201.00	100.00			-	~		^	100.00
192.00       19200       PHYSI CLANS' PRI VATE OFFICES       1, 103, 926       645, 000       215, 815       105       1, 964, 846       192.00         193.00       19300       NONPALD       WORKERS       0       0       0       0       193.00         194.00       07950       COMMUNI TY EDUCATI ON       0       0       0       0       194.00         194.01       07951       MARKETI NG       0       0       0       0       194.01         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       0       194.02         200.00       Cross Foot Adj ustments       0       0       0       0       0       0       201.00       0       0       0       0       201.00       0       0       0       0       201.00       0       0       0       0       0       201.00       0       0       201.00       0       0       0       0       201.00       0       0       0       201.00       0       201.00       0       0       201.00       0       0       0       0       201.00       0       0       0       0       0       0       0       0			0	0		0		
193.00       19300       NONPAI D WORKERS       0       0       0       193.00         194.00       07950       COMMUNI TY EDUCATI ON       0       0       0       194.00         194.01       07951       MARKETI NG       0       0       0       0       194.00         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       194.01         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       194.02         200.00       Cross Foot Adj ustments       0       0       0       0       200.00         201.00       Negati ve Cost Centers       0       0       0       0       0       201.00			1, 103, 926	645,000	215, 815	-		
194.01         07951         MARKETI NG         0         0         0         194.01           194.02         07952         SC MGMT SVH TANDEM CASTLETON         0         0         0         194.02           200.00         Cross Foot Adjustments         0         0         0         0         200.00           201.00         Negative Cost Centers         0         0         0         0         0         201.00	193.00	19300 NONPAI D WORKERS	0	0	C	0	0	193.00
194. 02         07952         SC MGMT SVH TANDEM CASTLETON         0         0         0         194. 02           200. 00         Cross Foot Adjustments         0         0         0         200. 00           201. 00         Negative Cost Centers         0         0         0         0         0         201. 00			0	0	C	0		
200.00         Cross Foot Adjustments         0         200.00         0         200.00         0         200.00         0         200.00         0         201.00         0			0	0		0		•
201.00         Negative Cost Centers         0 </td <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td>			0	0		0		
202.00   TOTAL (sum lines 118 through 201)   47,821,479  5,461,847  1,827,521  2,553,301  47,821,479 202.00	201.00	Negative Cost Centers		0	C	0	0	201.00
	202.00	TOTAL (sum lines 118 through 201)	47, 821, 479	5, 461, 847	1, 827, 521	2, 553, 301	47, 821, 479	202.00

Health Financial Systems	ASCENSION ST. VI	NCENT FISHERS		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der C		eriod:	Worksheet B	2002 10
				rom 07/01/2019 0 06/30/2020	Part I Date/Time Pre	nared
				0 00/30/2020	11/18/2020 7:	51 am
Cost Center Description	ADMI NI STRATI VE		LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	& GENERAL 5.00	PLANT 7.00	LINEN SERVICE 8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS	3.00	7.00	0.00	7.00	10.00	
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 00 00500 ADMINISTRATIVE & GENERAL	11 001 041					4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL 7. 00 00700 OPERATI ON OF PLANT	11, 901, 041 946, 861	3, 804, 732				5.00 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	33, 656	0,001,702				8.00
9.00 00900 HOUSEKEEPI NG	187, 229	56, 146				9.00
10. 00 01000 DI ETARY	41, 173	24, 431			195, 164	10.00
11. 00  01100  CAFETERIA 13. 00  01300  NURSI NG ADMINI STRATI ON	220, 466 423, 244	151, 128 15, 858			0	11.00 13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY	12, 543	24, 852			0	13.00
15. 00 01500 PHARMACY	276, 682	43, 849			0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2, 864	5, 856	0	1, 268	0	16.00
17.00 01700 SOCIAL SERVICE	1, 787	3, 654	0	791	0	17.00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30.00         O3000         ADULTS & PEDI ATRI CS	1, 205, 737	735, 795	30, 947	159, 299	162, 122	30.00
31. 00  03100   NTENSI VE CARE UNI T	1, 205, 737	135, 145			102, 122	30.00
32.00 03200 CORONARY CARE UNIT	0	0		-	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	C	0	0	0	33.00
34. 00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	-	0	34.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	182, 767	57, 294	3, 069	12, 404	0	43.00
50. 00 05000 OPERATING ROOM	1, 418, 453	491, 306	27, 453	106, 366	0	50.00
51.00 05100 RECOVERY ROOM	0	0			0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 072, 238	431, 506			33, 042	52.00
53. 00 05300 ANESTHESI OLOGY	0	0	0	-	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C 54. 01 03630 ULTRA SOUND	497, 735 82, 535	228, 472 20, 753			0	54.00 54.01
56. 00 05600 RADI OI SOTOPE	02, 555	20, 733			0	56.00
56.01 05601 ONCOLOGY	176, 332	95, 240	0	20, 619	0	56.01
57.00 05700 CT SCAN	257, 817	52, 187			0	57.00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	130, 640	32, 441			0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	0 580, 655	0 50, 173	-	-	0	59.00 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0			0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	C	0	0	0	63.00
64.00 06400 I NTRAVENOUS THERAPY	0	C	-	-	0	64.00
	190, 739	10, 400			0	65.00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	584, 450 8, 334	218, 236 4, 568	1		0	66.00 67.00
68. 00 06800 SPEECH PATHOLOGY	70, 510	37, 173	1		0	68.00
69.00 06900 ELECTROCARDI OLOGY	119, 936	73, 667	1		0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	C		-	0	
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	193, 623		0		0	71.00
72.00 07200 MPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	429, 319 1, 079, 243		-		0	72.00 73.00
74. 00 07400 RENAL DI ALYSI S	0	C	-	-	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	C	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	822, 486	356, 645	31, 165	77, 212	0	91.00 92.00
OTHER REIMBURSABLE COST CENTERS						92.00
99. 00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 11	7) 11, 250, 054	3, 221, 630	135, 238	685, 317	195, 164	118.00
NONREIMBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190. 00
190.0019000 GFFT, FLOWER, COFFEE SHOP & CANTEEN 191.0019100 RESEARCH	0	0		-		190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	650, 987	583, 102	-			192.00
193.00 19300 NONPALD WORKERS	0	0	0	0		193.00
194.00 07950 COMMUNITY EDUCATION	0	C	0	0		194.00
194. 01 07951 MARKETI NG	0	0	0	0		194.01
194.02 07952 SC MGMT SVH TANDEM CASTLETON 200.00  Cross Foot Adjustments	0	U	1	0	0	194. 02 200. 00
201.00 Negative Cost Centers	0	C	0	0	0	200.00
202.00 TOTAL (sum lines 118 through 201)	11, 901, 041	3, 804, 732	135, 238	811, 557		1

Heal th	Financial Systems	ASCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-	2552-10
COST AL	LOCATION - GENERAL SERVICE COSTS		Provider CC	CN: 15-0181	Period: From 07/01/2019	Worksheet B Part I	
					To 06/30/2020	Date/Time Pre 11/18/2020 7:	pared: 51 am
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
			ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY	
		11.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1 1.00
	00200 CAP REL COSTS-BEDG & TTXT						2.00
	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
1	00500 ADMINISTRATIVE & GENERAL						5.00
1	00700 OPERATION OF PLANT						7.00
	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						9.00
	01000 DI ETARY						10.00
	01100 CAFETERI A	1, 069, 737	1				11.00
	01300 NURSI NG ADMI NI STRATI ON	68, 368	1, 788, 363	90 42	0		13.00
	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	44, 773	2, 376	80, 63 55			14.00
	01600 MEDICAL RECORDS & LIBRARY	C			0 0	18, 632	1
	01700 SOCIAL SERVICE	C	0		0 0	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	17/ // 2	200 500	2.05		1 111	20.00
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	176, 463	398, 500 0	3, 25	8 O 0 O	1, 111 0	
	03200 CORONARY CARE UNIT		0		0 0	0	
	03300 BURN INTENSIVE CARE UNIT	C	0		0 0	0	
	03400 SURGI CAL INTENSI VE CARE UNI T	0	0		0 0	0	
H	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	34, 940	61, 959	89	8 0	386	43.00
	05000 OPERATI NG ROOM	146, 674	364, 131	21, 71	4 0	5, 096	50.00
	05100 RECOVERY ROOM	C	0		0 0	0	
	05200 DELIVERY ROOM & LABOR ROOM	113, 852	523, 079	1, 20		1, 145	
		71, 434	10 022	2, 91	0 0 9 0	0 985	
	05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND	13, 671		2, 91		253	
	05600 RADI OI SOTOPE	C	1		0 0	0	
1	05601 ONCOLOGY	28, 910		45		273	
	05700 CT SCAN	45, 256		1, 28		586	
	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	22, 492	4, 913	71	9 0 0 0	224 0	1
	06000 LABORATORY	C	0		0 0	1, 450	
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	C	0		0 0	0	
	06300 BLOOD STORING, PROCESSING & TRANS.	C	0		0 0	0	
	06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY	40, 659	0	86		0 187	
	06600 PHYSI CAL THERAPY	114, 211	1 1	26		512	
	06700 OCCUPATI ONAL THERAPY	1,059	1 1		0 0	11	1
	06800 SPEECH PATHOLOGY	9, 702		51		84	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	21, 755		74	2 0 0 0	409 0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	13, 08		525	
1	07200 IMPL. DEV. CHARGED TO PATIENTS	C	0	29, 05		474	
	07300 DRUGS CHARGED TO PATIENTS	C	0		0 1, 212, 826	1, 558	
	07400 RENAL DI ALYSI S	C	0		0 0	0	
	07500 ASC (NON-DISTINCT PART) DUTPATIENT SERVICE COST CENTERS				0 0	0	75.00
	09100 EMERGENCY	115, 518	331, 777	2,90	6 0	3, 363	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						00.05
	09900 CMHC SPECIAL PURPOSE COST CENTERS	C	0		0 0	0	99.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1, 069, 737	1, 788, 363	80, 50	1 1, 212, 826	18, 632	118.00
H	NONREI MBURSABLE COST CENTERS						1
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	C	0		0 0		190.00
	19100 RESEARCH 19200 PHYSI CLANS' PRI VATE OFFI CES	C	0		0 0		191.00 192.00
	19200 PHYSICIANS' PRIVATE OFFICES 19300 NONPAID WORKERS			13			192.00
	07950 COMMUNITY EDUCATION		0		0 0		194.00
194.01	07951 MARKETI NG	C	0		0 0	0	194.01
	07952 SC MGMT SVH TANDEM CASTLETON	C	0		0 0	0	194.02
200.00 201.00	Cross Foot Adjustments Negative Cost Centers					0	200.00 201.00
201.00	TOTAL (sum lines 118 through 201)	1, 069, 737	1, 788, 363	80, 63	3 1, 212, 826		201.00
00		.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50, 00	., 2.2, 020	.0,002	

		ASCENSION ST. VI				u of Form CMS-255	52-10
COST A	LLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 15-0181	Period: From 07/01/2019	Worksheet B Part I	
					To 06/30/2020	Date/Time Prepar	⁻ed:
	Cost Center Description	SOCI AL SERVI CE	Subtotal	Intern &	Total	11/18/2020 7:51	am
	'			Residents Cos	t		
				& Post Stepdown			
				Adjustments			
		17.00	24.00	25.00	26.00		
1 00	GENERAL SERVICE COST CENTERS	1		1			1 00
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMI NI STRATI VE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY						9.00 0.00
	01100 CAFETERI A						1.00
	01300 NURSI NG ADMI NI STRATI ON						3.00
	01400 CENTRAL SERVICES & SUPPLY						4.00
	01500 PHARMACY						5.00
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	11, 626					6.00 7.00
17.00	INPATIENT ROUTINE SERVICE COST CENTERS	11,020					7.00
30.00	03000 ADULTS & PEDIATRICS	7, 965	6, 520, 423		0 6, 520, 423	30	0. 00
31.00	03100 I NTENSI VE CARE UNI T	0	C		0 0	31	1.00
	03200 CORONARY CARE UNI T	0	0		0 0		2.00
	03300 BURN INTENSIVE CARE UNIT 03400 SURGICAL INTENSIVE CARE UNIT	0	0		0 0		3.00
	04300 NURSERY	3, 661	909, 017		0 909, 017		4.00 3.00
45.00	ANCI LLARY SERVICE COST CENTERS	3,001	707,017		0 707,017		5.00
50.00	05000 OPERATING ROOM	0	6, 862, 481		0 6, 862, 481	50	0. 00
	05100 RECOVERY ROOM	0	C		0 0		1.00
	05200 DELIVERY ROOM & LABOR ROOM	0	5, 526, 148		0 5, 526, 148		2.00
	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	0	2, 387, 372		0 2, 387, 372		3.00 4.00
	03630 ULTRA SOUND	0	374, 873		0 2, 307, 372		4.00
	05600 RADI OI SOTOPE	0	C	1	0 0		6.00
	05601 ONCOLOGY	0	925, 572		0 925, 572		6. 01
	05700 CT SCAN	0	1, 155, 706		0 1, 155, 706		7.00
58.00 59.00	05800 MAGNETIC RESONANCE I MAGING (MRI) 05900 CARDIAC CATHETERIZATION	0	592, 757	1	0 592, 757 0 0		8.00 9.00
	06000 LABORATORY	0	2, 395, 707		2, 395, 707		0.00
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0 0		2.00
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	63	3.00
	06400 I NTRAVENOUS THERAPY	0	0		0 0		4.00
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	820, 805 2, 728, 944		0 820, 805 0 2, 728, 944		5.00 6.00
	06700 OCCUPATI ONAL THERAPY	0	2, 728, 944 40, 114		0 2, 728, 944		7.00
	06800 SPEECH PATHOLOGY	0	338, 849		0 338, 849		8.00
69.00	06900 ELECTROCARDI OLOGY	0	596, 520		0 596, 520	69	9.00
	07000 ELECTROENCEPHALOGRAPHY	0	0		0 0		0.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	791,633		0 791, 633		1.00
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	1, 754, 645 5, 551, 059		0 1, 754, 645 0 5, 551, 059		2.00 3.00
	07400 RENAL DI ALYSI S	0	3, 331, 037 0		0 0		4.00
	07500 ASC (NON-DISTINCT PART)	0	C	)	0 0		5.00
	OUTPATIENT SERVICE COST CENTERS	· · · · · · ·		1			
	09100 EMERGENCY	0	4, 223, 547		0 4, 223, 547		1.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS				0	92	2.00
99.00	09900 CMHC	0	0		0 0	99	9.00
	SPECIAL PURPOSE COST CENTERS		-	1			
118.00		11, 626	44, 496, 172		0 44, 496, 172	118	8.00
100 07	NONREI MBURSABLE COST CENTERS		-				0 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH	0	0		0 0 0 0		0.00
	19100 RESEARCH 19200 PHYSI CLANS' PRI VATE OFFI CES	0	3, 325, 307		0 3, 325, 307		2.00
	19300 NONPALD WORKERS	0	0		0 0		3.00
194.00	07950 COMMUNI TY EDUCATI ON	0	C		0 0	194	4.00
	07951 MARKETI NG	0	C		0 0		4.01
	07952 SC MGMT SVH TANDEM CASTLETON	0	0		0 0		4.02
200.00 201.00	3		0				0.00
201.00		11, 626	47, 821, 479		0 0 47, 821, 479		2.00
202.00		11,020	17, 521, 477	I I	SI 17,021,477	202	0

	Financial Systems A TION OF CAPITAL RELATED COSTS	SCENSION ST. VI	NCENT FISHERS Provider C		eriod: rom 07/01/2019	u of Form CMS-: Worksheet B Part II Date/Time Pre	
			CAPITAL REI	_ATED COSTS		11/18/2020 7:	51 am
	Cost Center Description	Directly Assigned New Capital	BLDG & FI XT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
		Related Costs 0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00 2.00 4.00 5.00 7.00 8.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	0 974, 632 0 0	53, 996 479, 591 719, 646 0	18, 067 160, 470 240, 792 0	72, 063 1, 614, 693 960, 438 0	72, 063 3, 106 0 0	5. 00 7. 00
9.00 10.00 11.00 13.00 14.00 15.00	00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	0 0 0 0 0	62, 106 27, 024 167, 170 17, 541 27, 490 48, 503	20, 780 9, 042 55, 935 5, 869 9, 198 16, 229	82, 886 36, 066 223, 105 23, 410 36, 688 64, 732	0 0 5, 098 0 3, 287	10.00 11.00 13.00
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	6, 477 4, 042	2, 167 1, 352	8, 644 5, 394	0	16.00 17.00
30. 00 31. 00 32. 00	INPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS 03100 INTENSI VE CARE UNI T 03200 CORONARY CARE UNI T 03300 BURN INTENSI VE CARE UNI T 03400 SURGI CAL INTENSI VE CARE UNI T 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0 0 0 0 0 0	813, 909 0 0 0 0 63, 375	272, 333 0 0 0 0 21, 205	1, 086, 242 0 0 0 0 84, 580	13, 631 0 0 0 0 1, 840	30.00 31.00 32.00 33.00 34.00
50.00	05000 OPERATI NG ROOM	0	543, 459	181, 840	725, 299	9, 070	•
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0	0 477, 311	0 159, 707	0 637, 018	0 7, 427	51.00 52.00
53.00 54.00 54.01	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND	0 0 0	0 252, 725 22, 956	0 84, 561 7, 681	0 337, 286 30, 637	0 4, 106 980	54.00 54.01
56.00 56.01 57.00 58.00	05600 RADI OI SOTOPE 05601 ONCOLOGY 05700 CT SCAN	0	0 105, 349 57, 727	0 35, 250 19, 315	0 140, 599 77, 042	0 1, 434 2, 838 1, 410	57.00
59.00 60.00 62.00 63.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06300 BLOOD STORING, PROCESSING & TRANS.	0	35, 885 0 55, 499 0 0	12, 007 0 18, 570 0 0	47, 892 0 74, 069 0 0	1, 410 0 0 0	59.00 60.00 62.00 63.00
	06400   NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0 11, 504 241, 402 5, 052 41, 119	1, 691	15, 353 322, 175 6, 743 54, 877	0 2, 369 6, 355 82 608	66. 00 67. 00
69. 00 70. 00 71. 00	06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 07200 IMPL. DEV. CHARGED TO PATI ENTS	0	81, 486 0 0		108, 751 0 0	980 0 0	69.00 70.00 71.00
73.00 74.00	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART) 0UTPATIENT SERVICE COST CENTERS	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	73.00
91. 00 92. 00	09100 EMERGENCY 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	394, 503	132, 000	526, 503 0	7, 439	91.00 92.00
99.00	OTHER REIMBURSABLE COST CENTERS 09900 CMHC	0	0	0	0	0	99.00
118.00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	974, 632	4, 816, 847	1, 611, 706	7, 403, 185	72, 060	118. 00
191.00 192.00 193.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH 19200 PHYSICIANS' PRIVATE OFFICES 19300 NONPAID WORKERS 07950 COMMUNITY EDUCATION		0 0 645, 000 0	0 0 215, 815 0	0 0 860, 815 0	0 3 0	190.00 191.00 192.00 193.00 194.00
194.01	07951 MARKETING 07952 SC MGMT SVH TANDEM CASTLETON Cross Foot Adjustments	0	0		0 0 0	0 0	194. 00 194. 01 194. 02 200. 00 201. 00
202.00	0	974, 632	5, 461, 847	1, 827, 521	8, 264, 000		202.00

Cost Conter Description         ADM IN STRATIVE         CPRATION OF PLUT         LANNEX J.         HOUSEKEEPINC         DETAWN           00 10100 CAP REL COSTS-BLDG & FIXT         0		Financial Systems TION OF CAPITAL RELATED COSTS	ASCENSION ST. VI	NCENT FISHERS Provider CO	F	eriod: rom 07/01/2019	u of Form CMS- Worksheet B Part II Date/Time Pre	
# CENERAL         PLANT         LILIENT SERVICE         -           1 00         GUNDAL SERVICE COST CENTRAL         1         0         0.000         1         0.000         1         0.000         1         0.000         1         0.000         1         0.000         1         0.000         1         0.000         1         0.000         1         1         0.000         1         0.0000         1         0.0000         1 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>11/18/2020 7:</td><td></td></td<>							11/18/2020 7:	
ENTRIAL SHOULD COST CAUTURS         5.00         7.00         8.00         9.00         10.00           1000000000000000000000000000000000000		Cost Center Description				HOUSEKEEPING	DIETARY	
1.00         00100 CAP REL COSTS-BLOG & FIXT         1.017,790         1.027,790           2.00         00200 CAPR COSTS-BLOG & FIXT         4.77           4.00         00400 CAPR COSTS-BLOG & FIXT         1.017,790           4.00         00400 CAPR COSTS-BLOG & FIXT         1.017,790           4.00         00400 CAPR COSTS-BLOG & FIXT         1.027,770           4.00         00400 CAPR COSTS-BLOG & FIXT         1.027,770           4.00         00400 CAPR COSTS-BLOG & FIXT         1.027,770           4.00         00400 CAPR FIX COSTS-BLOG & FIXT         1.027,770           4.00         00400 CAPR FIX COSTS-BLOG & FIXT         1.027,770           4.00         00400 CAPR FIX COSTS-BLOG & FIXT         2.5,451           1.00         01000 CAPR FIX COSTS-BLOG & FIXT         2.5,451           1.00         01000 CAPR FIX COSTS-BLOG & FIXT         2.1,253           1.00         01000 CAPR FIX COSTS & FIXT         2.1,253           1.00         01000 CAPR FIX FIXT		T				9.00	10.00	
2.00         00200 (CAP REL COSTS-MVELE BUILP	1 00				[			1.00
4. 00         00400 [JUIL OVER ENVELTS OF PARTNEWT         1, 617, 790         1, 1689, 151         5, 507           7. 00         00700 [OPERATION OF PLANT         128, 713         1, 1689, 151         7, 70           9. 00         00700 [OPERATION OF PLANT         128, 713         1, 1689, 151         7, 70           9. 00         00700 [OPERATION OF PLANT         2, 557         16, 594         104         124, 513         8           9. 00         00700 [OPERATION OF PLANT         2, 557         16, 594         104         124, 513         8           9. 00         00700 [OPERATION OF PLANT         2, 557         16, 594         104         124, 513         8           11. 00         01100 [OPERATION OF PLANT         2, 756         1, 14         6         827         0         11           13. 00         01300 AURSIN SERVICE         2, 17, 71         1, 064         0         121         0         16           10. 00         01500 PLANLESKEV ENDER         2, 144         1, 064         0         121         0         16         16         17, 03         0, 0         32, 0         33, 0         33, 00         33, 00         33, 00         33, 00         33, 00         34, 441, 093         0, 0         34, 441, 093								2.00
2         00000         00700         0PEANT         128,713         1,089,151         P           8         00000         NUMRY & LIMEN SEVICE         4,575         0         4,575         0         124,513         9         8           9         06         00000         NUMRY & LIMEN SEVICE         2,557         1,022         104         8         9         6         00000         124,513         9         8         9         6         00000         10000 TTAKY         124,513         9         6         11         40         44,668         10         11         10         01300 NIRSHKA AMMIN STATON         27,534         4,4539         0         5,627         0         1,46         0         11,60         0         0         11         0         0         0         11,40         0         10,67         0         124         11,40         0         16         16         10								4.00
8. 00         00800 LAUNORY & LI NN SERVICE         4. 775         0         4. 775         10         0         00000 DISSEEPIN D	5.00		1, 617, 799					5.00
9, 00         00000000         000000000000000000000000000000000000								7.00
10.00         01000         DITTARY         5.597         6.994         0         811         49.468         10.           13.00         01300         CAFFLERIA         29.969         43.262         0         5.020         0         11.           13.00         01300         NURSING ADMINISTRATION         57.534         4.539         0         5.27         0         13.           14.00         01400         CHARLASENTICS & SUPPLY         1,057         7.114         0         8.25         0         14.           15.00         01500         PHARMACY         37.011         12.552         0         1.466         0         10.01700         10.01700         10.017         10.017         10.01700         0         0         0         10.01700         10.01700         10.01700         10.01700         0				-				8.00
11.00       01100 CAFETERIA       29,969       43,262       0       5.000       01         11.00       01400 CENTRAL SERVICES & SUPPLY       1,705       7,114       0       825       0       14.         11.00       01400 CENTRAL SERVICES & SUPPLY       1,705       7,114       0       825       0       14.         11.00       01400 CENTRAL SERVICE COST CENTERS       243       1,044       0       121       0       17.         IMPATIENT BURINES SERVICE COST CENTERS       243       1,044       0       121       0       17.         IMPATIENT BURINES COST CENTERS       163,903       210,632       1,047       24,442       41,093       30.         31.00       03300 DINSERV       CARE UNIT       0       0       0       0       33.         32.00       03300 DINSERV INTENSIVE CARE UNIT       0       0       0       0       33.         33.00       03300 DINSERVICE COST CENTERS							49 468	
14.00       01400 CENTRAL SERVICES & SUPPLY       1,705       7,114       0       825       0       14.66         15.00       01500 PHARMACY       37,511       12,552       0       1,456       0       15.         16.00       01600 MEDICAL RECORDS & LIBRARY       389       1,676       0       121       0       17.         INPART ENT BOUTINE SERVICE COST CENTERS       243       1,046       0       121       0       30.0       30.00       50.00       50.00       50.00       50.00       50.00       <								11.00
15:00       01500 PHABMACY       37, 611       12,552       0       1,456       0       15         16:00       01500 MELICAL RECORDS & LIBRARY       389       1,676       0       1955       0       16         17:00       00300 ADULTS & PEDIATRICS       163,903       210,632       1,047       24,442       41,093       30         30:00       03300 CRRIARY CARE UNIT       0       0       0       0       33         32:00       03300 CRRIARY CARE UNIT       0       0       0       0       33         31:00       03400 UNRSTEW       CARE UNIT       0       0       0       0       33         31:00       03400 UNRSTEW       CARE UNIT       24,045       164,01       104       1,003       0       43         30:00       05000 OFEATING ROOM       192,836       140,642       929       16,319       0       0       51       52       53       53       53       54       0       0       0       0       51       53       54       0       54       0       54       0       54       54       54       56       55       56       55       56       53       54       56       54<	13.00		57, 534	4, 539	0		0	13.00
16.00         0 10400 MEDI CAL RECORDS & LI BRARY         389         1,676         0         195         0         16.           INPATIENT ROUTINE SERVICE COST CENTERS         243         1,046         0         10. </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>14.00</td>							-	14.00
17.00         01700         SCH LA SERVICE         242         1.046         0         121         0         17.           10         01700         SCH LA SERVICE COST CENTERS         163,903         210,632         1,047         24,442         41,093         30.           30.00         03000         AULTS & PEDIATRICS         163,903         210,632         1,047         24,442         41,093         31.           32.00         03200         CRARMARY CARE UNIT         0         0         0         0         33.           34.00         03400         SURFICE CARE UNIT         0         0         0         0         33.           43.00         03400         SURFICE CARE UNIT         0         0         0         0         0         33.           44.00         03400         SURFICE CARE UNIT         0         0         0         0         0         0         33.           50.00         03400 MURSERW         COST CENTERS         24,846         16,401         101.403         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<								15.00
INPATI ENT ROUTINE SERVICE COST CENTERS			1					17.00
13.00       02100       INTERSIVE CARE UNIT       0				.,	-			
12.0.0       03200       COROMARY CARE UNIT       0 <th< td=""><td></td><td></td><td>163, 903</td><td></td><td></td><td></td><td>-</td><td>30.00</td></th<>			163, 903				-	30.00
33.00       [33.00       [33.00       [33.30]       [35.30]       [35.30]       [35.30]       [35.30]       [35.30]       [35.30]       [35.30]       [35.30]       [35.30]			0	0				31.00
14.00       00       0       0       0       0       0       0       0         A40.00       JAROLILLARY SERVICE COST CENTERS			0	0	-	0		32.00
ANCILLARY SERVICE COST CENTERS         1 <th< td=""><td></td><td></td><td>0</td><td>0</td><td>-</td><td>0</td><td>-</td><td>34.00</td></th<>			0	0	-	0	-	34.00
50.0       0       05000       00       0	43.00		24, 845	16, 401	104	1, 903	0	43.00
51.00       00       0       0       0       0       0       0       0       0       0       0       5       5         52.00       05300       DELIVERY ROM & LABOR ROM       145,756       123,524       669       14,333       8,375       52.         53.00       05300       RADIOLOGY - DIAGNOSTIC       67,660       65,403       516       7,589       68       54.         54.01       05300       MERTHESI DLOGY       0       0       0       0       689       54.         56.01       05600       RADIOLOGY       23,970       27,263       0       3,165       05.         57.00       05700 CT SCAN       35,047       14,939       0       1,733       0       57.         60.00       05000 CARDIA C CATHETERI ZATION       0 </td <td>50.00</td> <td></td> <td>100.00/</td> <td>1.10 ( 10</td> <td></td> <td>4 ( 040</td> <td></td> <td>50.00</td>	50.00		100.00/	1.10 ( 10		4 ( 040		50.00
52.00       IOS200       DELIVEEY ROMA & LABOR ROM       145,756       123,524       669       14,333       8,375       52.         53.00       OS300       NRSTHESIOLOGY       0       0       0       0       53.         53.00       OS300       NRSTHESIOLOGY       167,660       65,403       516       7,589       0       54.         54.01       OS400 RADI 01SOTOPE       0       0       0       0       0       56.         57.00       OS700 CT SCAN       35,047       14,939       0       1,733       0       57.         58.00       OS600 CARDI 01 SOTOPE       0       0       0       0       0       0       0       58.         59.00       OS900 CARDI AC CATHETER LATI 0 N       0 <td< td=""><td></td><td></td><td>192, 836</td><td></td><td></td><td></td><td></td><td>50.00</td></td<>			192, 836					50.00
53.00       05300       ANESTHESI QLOGY       0       0       0       0       0       0       53.         54.00       05300       RADIOLOGY-DI ACNOSTI C       67.660       65.400       51.       54.40       54.40       54.40       54.40       54.40       54.40       54.40       56.40       56.40       56.40       56.40       56.40       56.41       57.60       0       0       0       0       55.       56.00       50.00       57.60       0       57.60       0       0       0       0       0       57.60       0       0       0       0       0       0       57.60       0			145, 756	0				52.00
54.01       03.030       ULTRA SOUND       111, 219       5, 941       133       669       0       56.01         56.00       05600       RADIO ISOTOPE       0       0       0       0       56.01         56.01       05601       NOCLOGY       23, 970       27, 263       0       1, 733       0       57.00         58.00       05500       CATRERIZATION       35, 047       14, 939       0       1, 078       58.90         59.00       05900       CARDI AC CATHETERI ZATION       0			0					53.00
56.00       00       00       0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>54.00</td>								54.00
56.01       DS601       DNCOLOGY       23,970       27,263       0       3,163       0       56.         57.00       DS700       CT SCAN       35,047       14,939       0       1,733       0       57.         58.00       DS700       CARDI AC CATHETERI ZATI ON       0								54.01
57.00       D5700       CT SCAN       35,047       14,939       0       1,733       0       57.         58.00       05800       MAGRETI C RESONANCE I MAGING (MRI )       17,759       9,287       0       1,078       0       58.         59.00       05900       CARDIA C CATHETERI ZATION       0 <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td>56.00</td>			-	-				56.00
59:00       05900       CARDI AC CATHETERI ZATION       0								57.00
60.00         06000         LABORATORY         78, 932         14, 363         0         1, 667         0         60.00           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0 <td>58.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>58.00</td>	58.00						0	58.00
62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       0       0       0       0       0       62.0         63.00       06300       BLOOD STORI NG, PROCESSI NG & TRANS.       0 </td <td></td> <td></td> <td>0</td> <td>0</td> <td>-</td> <td>-</td> <td></td> <td>59.00</td>			0	0	-	-		59.00
63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0       0       63.0         64.00       06400       INTRAVENOUS THERAPY       0       0       0       0       64.0         65.00       06500       RESPI RATORY THERAPY       25,928       2,977       0       345       0       65.0         66.00       06600       PHYSI CAL THERAPY       79,448       62,473       0       7,249       0       66.         67.00       06700       0CUPATIONAL THERAPY       1,133       1,308       0       1,225       6       67.         69.00       06900       ELECTROCARDIOLOGY       9,585       10,641       0       1,235       66.       69.0       0       0       0       0       70.0       70.00       70.00       1,235       66.0       69.0       0       0       0       70.00       70.00       70.00       1,235       66.0       69.0       0       0       0       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00			/8, 932	14, 363			-	60.00
64.00         06400         INTRAVENOUS THERAPY         0         0         0         0         64.           65.00         06500         RESPI RATORY THERAPY         25,928         2,977         0         345         0         65.           66.00         06000         PUSI CAL THERAPY         79,448         62,473         0         7,249         0         66.           67.00         06700         0CCUPATI ONAL THERAPY         1,133         1,308         0         152         0         67.           68.00         0SPECH PATHOLOGY         9,585         10,641         0         1,235         0         69.           69.00         06900         ELECTROCARDI OLOCY         16,304         21,088         0         2,447         0         69.           70.00         07000         IELCTROENCEPHALOGRAPHY         0         0         0         0         0         0         70.         72.         0         70.         0         70.         0         70.         72.         0         70.         0         70.         72.         73.         73.         73.         73.         73.         73.         73.         74.00         74.00         74.01 <td< td=""><td></td><td></td><td>0</td><td>0</td><td>-</td><td>Ŭ</td><td></td><td>63.00</td></td<>			0	0	-	Ŭ		63.00
66.00       06600       PHYSI CAL THERAPY       79, 448       62, 473       0       7, 249       0       66.         67.00       06700       0CCUPATI ONAL THERAPY       1, 133       1, 308       0       152       0       67.         68.00       06800       SPECCH PATHOLOGY       9, 585       10, 641       0       1, 235       0       68.         69.00       06900       ELECTROCARDI OLOGY       16, 304       21, 088       0       2, 447       0       69.         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       0       70.         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       26, 320       0       0       0       72.         72.00       07200 I MPL.       DEV. CHARGED TO PATI ENTS       58, 360       0       0       0       73.         73.00       07300       DRUGS CHARGED TO PATI ENTS       146, 708       0       0       0       74.       0         75.00       07500 ASC (NON-DI STI NCT PART)       0       0       0       0       74.       92.       0       92.       0       92.       99.       99.       99200       DSERVATI ON BEDS (NON-DI STI NCT PART) <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>-</td> <td>64.00</td>			0	0	0	0	-	64.00
67.00       06700       0CCUPATIONAL THERAPY       1, 133       1, 308       0       152       0       67.         68.00       06800       SPEECH PATHOLOGY       9, 585       10, 641       0       1, 235       0       68.         69.00       06900       ELECTROCARDIOLOGY       16, 304       21, 088       0       2, 447       0       69.         70.00       07000       ELECTROCARDIOLOGY       16, 304       21, 088       0       2, 447       0       69.         70.00       O7000       ELECTROCARDIOLOGY       0       0       0       0       0       0       70.       0       70.       0       70.       0       0       0       0       70.       70.       70.       70.       0       0       0       0       71.       72.       72.       72.00       74.00       74.00       74.00       0       0       0       0       74.       74.00       74.00       74.00       74.00       74.00       74.00       74.00       74.00       74.00       74.00       75.       75.       75.       75.       75.       75.       75.00       75.00       75.00       75.00       75.00       75.00       9								65.00
68.00         06800         SPECH PATHOLOGY         9,585         10,641         0         1,235         0         68.           69.00         06900         ELECTROCARDIOLOGY         16,304         21,088         0         2,447         0         69.           70.00         OTOOD         ELECTROCARDIOLOGY         16,304         21,088         0         2,447         0         69.           70.00         OTOOD         ELECTROCARDIOLOGY         0         0         0         0         0         0         0         0         0         70.00         CLARGED TO PATIENTS         26,320         0         0         0         0         71.00         MEDI CAL SUPPLIES CHARGED TO PATIENTS         58,360         0         0         0         0         72.         73.00								66.00
69.00         06900         ELECTROCARDIOLOGY         16, 304         21, 088         0         2, 447         0         69.           70.00         07000         ELECTROCARDIOLOGRAPHY         0								67.00
70.00         07000         ELECTROENCEPHALOGRAPHY         0         0         0         0         0         70.           70.00         MOID CAL SUPPLIES CHARGED TO PATIENTS         26, 320         0         0         0         0         71.           72.00         O7200         IMPL. DEV. CHARGED TO PATIENTS         58, 360         0         0         0         72.           73.00         O7300         DRUGS CHARGED TO PATIENTS         58, 360         0         0         0         0         73.           74.00         O7400         RENAL DI ALYSI S         0         0         0         0         0         0         0         74.           0         07500         ASC (NON-DI STINCT PART)         0         0         0         0         74.         0         0         0         0         74.           0         09100         EMERGENCY         PART         0         0         0         0         0         75.           0         09200         OBSERVATI ON BEDS (NON-DI STINCT PART)         111, 806         102, 094         1, 053         111, 846         0         91.         92.           0         099000         CMHC         0         <					-			69.00
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       58, 360       0       0       0       0       72.         73.00       07300       DRUGS CHARGED TO PATIENTS       146, 708       0       0       0       73.         74.00       07400       RENAL DI ALYSI S       0       0       0       0       74.         75.00       07500 ASC (NON-DI STINCT PART)       0       0       0       0       0       75.         01700       DEMERGENCY       111, 806       102, 094       1, 053       11, 846       0       91.         91.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART)       111, 806       102, 094       1, 053       11, 846       0       91.         92.00       OBSERVATI ON BEDS (NON-DI STINCT PART)       0       0       0       0       92.         01111       806       102, 094       1, 053       11, 846       0       91.         92.00       OBSERVATI ON BEDS (NON-DI STINCT PART)       111, 806       102, 094       1, 053       11, 846       0         92.00       OHERGENCY       111, 806       102, 094       1, 053       11, 816       118.         1818.00       SUBTOTALS (SUM OF LINES 1 through 117)			-	0	0	0	0	70.00
73.00       07300       DRUGS CHARGED TO PATIENTS       146,708       0       0       0       0       73.         74.00       07400       RENAL DIALYSIS       0       0       0       0       0       74.         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0       0       0       74.         0UTPATIENT SERVICE COST CENTERS       0       0       0       0       0       0       0       0       75.         0       09100       EMERGENCY       111,806       102,094       1,053       11,846       0       91.       92.         0       09200       OBSERVATI ON BEDS (NON-DI STINCT PART)       0       0       0       0       92.       92.       94.       95.       94.				0	0	0		71.00
74.00       07400       RENAL DI ALYSI S       0       0       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0				0	0	0		72.00
75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0       0       0       0       75.         0UTPATI ENT SERVICE COST CENTERS       111,806       102,094       1,053       11,846       0       91.       92.         0       09200       0BSERVATI ON BEDS (NON-DI STINCT PART)       111,806       102,094       1,053       11,846       0       91.       92.         0       0       0       0       0       0       0       0       0       92.         0       0900       CMHC       0       0       0       0       0       99.         SPECIAL PURPOSE COST CENTERS       5       105,145       49,468       118.       118.       118.       118.00       SUBTOTALS (SUM OF LINES 1 through 117)       1,529,306       922,231       4,575       105,145       49,468       118.         190.00       19000       GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       0       191.         191.00       19100       RESEARCH       0       0       0       0       0       191.         192.00       192.00       PHYSI CIANS' PRI VATE OFFI CES       88,493       166,920       0			140, 708	0	0	0		
91. 00       09100       EMERGENCY       111, 806       102, 094       1, 053       11, 846       0       91.         92. 00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART)       111, 806       102, 094       1, 053       11, 846       0       92.         01. 00       00       0       0       0       0       0       92.         0900       CMHC       0       0       0       0       0       99.         SPECI AL PURPOSE COST CENTERS       118. 00       SUBTOTALS (SUM OF LINES 1 through 117)       1, 529, 306       922, 231       4, 575       105, 145       49, 468       118.         118. 00       ISUBTOTALS (SUM OF CENTERS       0       0       0       0       0       190.         191. 00       19000       GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       0       190.         192. 00       19000       GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       0       191.         192. 00       19100       RESARCH       0       0       0       0       192.         193. 00       19300       NONPAI D WORKERS       0       0       0       0       192.		07500 ASC (NON-DISTINCT PART)	0	0	0	0		•
92.00         O9200         OBSERVATI ON BEDS (NON-DI STINCT PART)         92.           OTHER         REI MBURSABLE COST CENTERS         92.           OP900         CMHC         0         0         0         0         99.           SPECI AL PURPOSE COST CENTERS         SPECI AL SUBTOTALS (SUM OF LINES 1 through 117)         1,529,306         922,231         4,575         105,145         49,468         118.           NONREI MBURSABLE COST CENTERS         SUBTOTALS (SUM OF LINES 1 through 117)         1,529,306         922,231         4,575         105,145         49,468         118.           190.00         I 9000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.           191.00         19100         RESEARCH         0         0         0         191.           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         88,493         166,920         0         192.           193.00         19300         NONPAI D WORKERS         0         0         0         192.           194.00         07950         COMMUNI TY EDUCATI ON         0         0         0         194.           194.01         07951         MARKETI NG         0         0         0 <td< td=""><td></td><td></td><td>T</td><td></td><td></td><td></td><td></td><td></td></td<>			T					
OTHER         REI MBURSABLE         COST         CENTERS           99.00         09900         CMHC         0         0         0         0         0         99.           SPECI AL         PURPOSE         COST         CENTERS         118.         0         SUBTOTALS         (SUM OF LINES 1 through 117)         1, 529, 306         922, 231         4, 575         105, 145         49, 468         118.           100.00         19000         GI FT,         FLOWER,         COFFEE         SHOP & CANTEEN         0         0         0         190.           191.00         19100         RESEARCH         0         0         0         0         191.           192.00         19200         PHYSI CI ANS'         PRI VATE OFFI CES         88, 493         166, 920         0         19, 368         0         192.           193.00         193000         NONPAI D         WORKERS         0         0         0         0         0         194.           194.00         07950         COMMUNI TY         EDUCATI ON         0         0         0         0         194.           194.01         07951         MARKETI NG         0         0         0         0         0 </td <td></td> <td></td> <td>111, 806</td> <td>102, 094</td> <td>1, 053</td> <td>11, 846</td> <td>0</td> <td>91.00</td>			111, 806	102, 094	1, 053	11, 846	0	91.00
99.00         09900         CMHC         0         0         0         0         0         99.           SPECIAL PURPOSE COST CENTERS           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         1,529,306         922,231         4,575         105,145         49,468         118.           NONREI MBURSABLE COST CENTERS           190.00         197T, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.           191.00         19100         RESEARCH         0         0         0         191.           192.00         194200         PHYSI CLANS' PRI VATE OFFI CES         88,493         166,920         0         193.         192.           193.00         19300         NONPAI D WORKERS         0         0         0         0         194.           194.00         07950         COMMUNI TY EDUCATION         0         0         0         0         194.           194.01         07951         MARKETI NG         0         0         0         0         194.	92.00							92.00
I18.00         SUBTOTALS (SUM OF LINES 1 through 117)         1,529,306         922,231         4,575         105,145         49,468         118.           NONREI         MBURSABLE COST CENTERS	99.00	09900 CMHC	0	0	0	0	0	99.00
NONRE         MBURSABLE         COST         CENTERS           190.00         19000         GIFT,         FLOWER,         COFFEE         SHOP & CANTEEN         0         0         0         190.           191.00         19100         RESEARCH         0         0         0         0         191.           192.00         19200         PHYSI CI ANS'         PRI VATE         0         0         0         191.           193.00         19300         NONPAI D         WORKERS         0         0         0         193.           194.00         07950         COMMUNI TY         EDUCATI ON         0         0         0         194.           194.01         07951         MARKETI NG         0         0         0         0         194.								
190. 00         19000         GI FT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         0         190.           191. 00         19100         RESEARCH         0         0         0         0         191.           192. 00         19200         PHYSI CI ANS'         PRI VATE         0         0         0         191.           192. 00         19200         PHYSI CI ANS'         PRI VATE         0         166, 920         0         193.         193.00         193.00         193.00         193.00         193.00         193.00         193.00         193.00         193.00         193.00         193.00         194.00         194.00         194.00         0         0         0         0         194.00           194. 01         07951         MARKETI NG         0         0         0         0         194.00         194.00	118.00		1, 529, 306	922, 231	4, 575	105, 145	49, 468	118.00
191.00         19100         RESEARCH         0         0         0         191.           192.00         19200         PHYSI CLANS'         PRI VATE OFFICES         88, 493         166, 920         0         19, 368         0         192.           193.00         19300         NONPAI D         WORKERS         0         0         0         0         193.           194.00         07950         COMMUNI TY         EDUCATI ON         0         0         0         194.           194.01         07951         MARKETI NG         0         0         0         194.	190 00		0	0	0	0	0	190 00
192.00         19200         PHYSI CI ANS'         PRI VATE OFFI CES         88, 493         166, 920         0         19, 368         0         192.           193.00         19300         NONPAI D WORKERS         0         0         0         0         193.           194.00         07950         COMMUNI TY EDUCATI ON         0         0         0         0         194.           194.01         07951         MARKETI NG         0         0         0         194.			0	0		0		191.00
194. 00         07950         COMMUNITY         EDUCATION         0         0         0         0         194.           194. 01         07951         MARKETING         0         0         0         0         194.	192.00	19200 PHYSI CLANS' PRI VATE OFFI CES	88, 493	166, 920	0	19, 368	0	192.00
194. 01 07951 MARKETING 0 0 0 0 0194.			0	0	0	0		193.00
			0	0	0	0		194.00
			0	0		0		
200.00 Cross Foot Adjustments 200.				0			0	200.00
201.00         Negative Cost Centers         0 </td <td>201.00</td> <td>Negative Cost Centers</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td>201.00</td>	201.00	Negative Cost Centers	0	0	0	0		201.00
202.00         TOTAL (sum lines 118 through 201)         1,617,799         1,089,151         4,575         124,513         49,468         202.	202.00	TOTAL (sum lines 118 through 201)	1, 617, 799	1, 089, 151	4, 575	124, 513	49, 468	202.00

4.00         00000         EMPLOYEE ENCEPT IS DEPARTMENT         4.00           7.00         00000         PERATION OF PLANT         5.00           10.00         10000         DETAMON STRUCE         5.00           10.00         101000         DETAMON STRUCE         5.00           10.00         101000         DETAMON STRUCE         5.00           10.00         01000         DETAMON STRUCE         5.00			ASCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-	2552-10
Cost Center Description         CAFETERIA XMM IN SIGNIA XMM IN SIGNIA SERVICES         PMARMACY INSIGN         REDICAL SERVICES         PMARMACY INSIGN         REDICAL SERVICES           0         00100 CAP REL COST - GUIDERS         13.00         15.00         15.00         10.00 <t< th=""><th>ALLOCA</th><th>TION OF CAPITAL RELATED COSTS</th><th></th><th>Provider CC</th><th></th><th>From 07/01/2019</th><th>Part II Date/Time Pre</th><th>pared:</th></t<>	ALLOCA	TION OF CAPITAL RELATED COSTS		Provider CC		From 07/01/2019	Part II Date/Time Pre	pared:
BUTKINAL STANUEL COST CONTENTING         1           00         00100 (CAR ELL COSTS - MOLE EQUIPATING CODE OF SUPPORT - CARE - CAR		Cost Center Description	CAFETERI A		SERVICES &	PHARMACY	MEDI CAL RECORDS &	<u>51 am</u>
1.00         DIOD (GAP RELL COSTS-MUDE & FIXT         1.00         DIOD (GAP RELL COSTS-MUDE & FIXT         1.00           0.00         DODE & RELL COSTS-MUDE & FUNT         1.00         DIOD (GAP RELL COSTS-MUDE & FUNT)         1.00           0.00         DOSED (AMINGYR & LINEN STRATT & GALERAL         5.00         5.00         5.00           0.00         DOSED (AMINGYR & LINEN STRATT & GALERAL         5.00         5.00         5.00           0.00         DOSED (AMINGYR & LINEN STRATT ON         10.20         110.368         4.6.337           0.00         DIOD (DIOD (HITARY         S.01.956         110.368         4.6.337           0.00         DIOD (DIOD (HITARY         S.01.971         1.50         1.50           0.00         DIOD (DIOD (HITARY STRATT ON         1.9.266         110.368         4.6.337           0.00         DIOD (DIOD (HITARY STRATT ON         1.9.26         1.0.70         1.50           0.00         DIOT (DIOD (ANTARY)         C.0.170         0.00         0			11.00	13.00	14.00	15.00	16.00	
2.00 0200 CAP REL COSTS-WIBLE EDUIP 4 2.00 0400 (WARNEYE BINE ITS DEPARTMENT 5 5 00 0500 (AURIN STRATION OF PLAN STRATON 5 7 00 0500 (AURIN STRATION F ALSO TARVET 5 00 0500 (AURIN STRATON F ALSO TARVET 5 0 0500 (AURIN STRATON F ALSO TARVET 5 0 0500 (AURIN STRATON F ALSO TARVET 5 0 0000 (AURIN STRATON F ALSO TARVET 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 00							1 1 00
13.00         10300         NURSING ADMINISTRATION         19,240         110,368         46,332           15.00         01500         PLARMACY         12,613         147         319         132,717         15.00           15.00         01500         PLARMACY         12,613         147         319         132,717         10.094         16.00           17.00         100         0 <td< td=""><td>2.00 4.00 5.00 7.00 8.00 9.00 10.00</td><td>00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE &amp; GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY &amp; LINEN SERVICE 00900 HOUSEKEEPING</td><td></td><td></td><td></td><td></td><td></td><td>2.00 4.00 5.00 7.00 8.00 9.00 10.00</td></td<>	2.00 4.00 5.00 7.00 8.00 9.00 10.00	00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						2.00 4.00 5.00 7.00 8.00 9.00 10.00
14.00         O 1400         CENTRAL SERVICES & SUPPLY         0         0         4.30         14.00           15.00         01500         MEDCAL SERVICE         0 <td>11.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>11.00</td>	11.00							11.00
15.00         01500         PHARMACY         12.013         147         317         15.00           17.00         01500         0	13.00				44.00			13.00
16.00         DOTACOL MEDICAL RECORDS & LIBRARY         0				Ŭ				
17 00         101200         SOCIAL SERVICE         O         O         O         O         17.00           180001         30000         ADULTS & SERVICE COST CENTERS         49,711         24,593         1,872         0         648         30.00         31.00         30.00         30.00         0         0         0         0         0         0         0         0         0         0         0         33.00         33.00         33.00         33.00         0         0         0         0         0         0         33.00         33.00         33.00         33.00         0         0         0         0         0         33.00 </td <td></td> <td></td> <td>_</td> <td>1</td> <td></td> <td></td> <td>10, 904</td> <td></td>			_	1			10, 904	
30.00         30000         AUULTS & PEDIATRICS         49, 711         24, 593         1, 872         0         648         30.00           32.00         30200         CORRINARY CARE UNIT         0         0         0         0         33.00           32.00         33.00         CORRINARY CARE UNIT         0         0         0         0         33.00           33.00         033.00         CORRINARY CARE UNIT         0         0         0         0         33.00           34.00         03400         SURGI CAL INTERSIVE CARE UNIT         0         0         0         0         33.00           50.00         OSOGO OPERATING ROOM         41.320         22.472         12.476         0         3.005         50.00           51.00         OSOGO OPERATING ROOM         32.073         32.283         693         0         668         52.00         55.00         650.00         668         52.00         650.00         668         52.00         650.00         668         52.00         650.00         668         52.00         650.00         668.00         668.00         668.00         668.00         668.00         668.00         668.00         668.00         668.00         668.00	17.00		C				-	1
1:00       0.0100   INTENSIVE CARE UNIT       0			1	1 1		1 1		
22.00         D2200         COROMARY CARE UNIT         0         0         0         0         0         0         0         33.00           33.00         033.00         034.00         33.00         0.0         0         0         0         33.00           33.00         034.00         034.00         0.0         0         0         0         33.00           33.00         03500         SURGICAL INTERSIVE CARE UNIT         0         0         0         0         25.00         0         0         0         0         0         25.00         0			49, 711	24, 593				
33 00         03 300         DURN INTENSIVE CARE UNIT         0         0         0         0         0         34.00           43.00         04300         VURGEAL INTENSIVE CARE UNIT         9, 843         3.824         516         0         225         43.00           43.00         04300         VURGEAL INTENSIVE CARE UNIT         9, 843         3.824         516         0         225         43.00           43.00         04300         VURGEAL INTENSIVE CARE UNIT         0						-		1
34.00         02400         SURGI CAL INTENSI VE CARE UNIT         0				0		Ű,		
ARCILLARY SERVICE COST CENTRES         1 <th< td=""><td>34.00</td><td></td><td>C</td><td>0</td><td></td><td>0 0</td><td></td><td></td></th<>	34.00		C	0		0 0		
50.00         05000         DPECATING ROOM         41.320         22.472         12.476         0         3.005         95.00         50.00         50.00         0	43.00		9, 843	3, 824	51	6 0	225	43.00
51.00         00         0 <td>F0 00</td> <td></td> <td>41.000</td> <td>00.470</td> <td>10.47</td> <td></td> <td>2 005</td> <td>50.00</td>	F0 00		41.000	00.470	10.47		2 005	50.00
52.00         05200         DELIVERY ROM & LABOR ROM         32,073         32,283         693         0         666         52.00           53.00         05300         MESTHESIDGGY         0         0         0         0         53.00           54.00         05400         RADI LOCY-DI AGNOSTI C         20,124         1,162         1,677         0         57.55         64.00         65.00         0         0         0         0         56.00         05600         RADI LOCY-DI AGNOSTI C         29.01         148         54.00         0         0         0         0         0         0         0         56.00         05600         RADI NOCLOCY         8.144         4.414         264         0         156.00         05700         0			41, 320	22,472				
53.00         00         0         0         0         0         0         0         0         0         53.00         05300         AMESTICS         0	52.00		32,073	32, 283		-		
54.01       03630       ULTRA SOUND       3.651       5       29       0       148       54.00       56.00       05600       RADIOI SOTOPE       0       0       0       56.00       056.00       056.00       056.00       0       0       0       0       0       56.00       056.00       0	53.00							1
56.00         0 <td>54.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	54.00							
56.01         05601         0XCLOCY         8,144         4,414         224         0         160         56.0           57.00         05700								1
57:00         05700         CT SCAN         12,749         563         739         0         342         57.00           68:00         05800         MAGNETI C RESONANCE INCI MAGI NG (NRI )         6,336         303         413         0         131         58.00           59.00         05900         CARDI AC CATHETERI ZATION         0<			-	Ű				1
58.00         Selon_MAGNETIC RESONANCE I MAGI NG (NRI )         6, 336         303         413         0         131         58.00         05900         CARDI AC CATHETERI ZATION         0         0         0         0         59.00         05900         CARDI AC CATHETERI ZATION         0	57.00					-		
60.00         06000         LABORATORY         0         0         0         0         846         60.00           62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         0         0         62.00         63.00         0.62.00         63.00         0         0         0         62.00         63.00         0         0         0         0         0         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         64.00         64.00         64.00         65.00         66.00         64.00         65.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00         72.00 <td>58.00</td> <td>05800 MAGNETIC RESONANCE IMAGING (MRI)</td> <td></td> <td></td> <td>41</td> <td>3 0</td> <td></td> <td>1</td>	58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)			41	3 0		1
62:00         06:200         WHOLE         BLOOD & PACKED RED BLOOD CELLS         0 <td>59.00</td> <td></td> <td>C</td> <td>0</td> <td></td> <td></td> <td></td> <td></td>	59.00		C	0				
63:00         06300         BLOOD STORING, PROCESSING & TRANS.         0         0         0         0         0         0         63:00           64:00         06400         INTRAVENOUS THERAPY         11,454         0         0         0         64:00           66:00         06500         RESPI RATORY THERAPY         32,175         0         153         0         299         66:00           0         0         0         0         0         67:00         72:07         72:00         72:00				0				
64.00         0 6400         INTRAVENOUS THERAPY         0         0         0         0         64.00           65.00         06500         RESPI RATORY THERAPY         11,454         0         498         0         109         65.00           66.00         06600         PHYSI CAL THERAPY         32,175         0         153         0         299         66.00           66.00         SPECH PATHOLOGY         2,733         0         295         0         49         68.00           69.00         G6000         ELECTROCARDIOLOGY         2,733         0         295         0         49         69.00           0         0         0         0         0         0         0         0         72.00         0         0         0         72.00         72.00         0         0         0         277         72.00         72.00         0         0         0         0         72.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         0						-		
66.00         06600         PHYSI CAL THERAPY         32,175         0         153         0         299         66.00           67.00         0CCUPATI ONAL THERAPY         298         0         0         67.00         67.00         67.00         67.00         67.00         67.00         67.00         67.00         69.00         295         0         46.00         68.00         68.00         595         0         46.00         68.00         69.00         70.00         295         0	64.00			0				
67.00         0cCUPATI ONAL THERAPY         298         0         0         67.00         67.00         68.00         06800         SPECH PATHOLOGY         2,733         0         295         0         49         68.00         68.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         69.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         72.00         70.00         70.00         73.00         70.00         70.00         73.00         70.00         74.00         70.00         74.00         70.00         74.00         74.00         70.00         74.00         74.00         70.00         74.00         74.00         70.00         74.00         74.00         74.00         70.00         74.00         74.00         74.00	65.00		11, 454	. 0	49	8 0	109	65.00
68.00         06800         SPEECH PATHOLOGY         2,733         0         295         0         49         68.00           69.00         06900         ELECTROCARDIOLOGY         6,129         127         426         0         239         69.00         70.00         70.00         70.00         70.00         0         0         0         0         0         70.00	66.00							
69.00         06900         ELECTROCARDIOLOGY         6, 129         127         426         0         239         69.00           70.00         07000         ELECTROENCEPHALOGRAPHY         0         0         0         0         70.00         70.00         0         0         0         0         70.00         70.00         0         0         0         0         0         0         70.00         0         0         0         0         0         0         70.00         0         0         0         0         0         0         0         72.00         070.00         IMPL. DEV. CHARGED TO PATIENTS         0         0         0         0         0         0         72.00         72.00         73.00         ROX0 RENAL DI ALYSI S         0         0         0         0         0         0         0         0         0         0         0         72.00         73.00         73.00         73.00         ROX0 RENAL DI ALYSI S         0         0         0         0         0         0         0         74.00         74.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00         75.00								
70.00         07000         ELECTROENCEPHALOGRAPHY         0         0         0         0         70.00         70.00         00         00         70.00         70.00         00         00         70.00         70.00         70.00         00         00         70.00         70.00         00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         70.00         75.00         75.00         75.00         77.00         72.00         73.00         70.00         73.00         70.00         73.00								
72.00         07200         IMPL.         DEV.         CHARGED TO PATIENTS         0         16,700         0         277         72.00           73.00         DRUGS CHARGED TO PATIENTS         0         0         0         0         132,717         909         73.00           74.00         O7400 RENAL DIALYSIS         0         0         0         0         0         74.00           07500         ASC (NON-DI STINCT PART)         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       132,717       909       73.00         74.00       07400       RENAL DIALYSIS       0       0       0       0       0       74.00         075.00       07500       ASC (NON-DISTINCT PART)       0	71.00		C	0				
74.00         07400         RENAL DI ALYSI S         0         0         0         0         0         74.00         74.00         74.00         0         0         0         0         74.00         75.00         0 <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td>				0				
75.00         07500         ASC (NON-DISTINCT PART)         0         0         0         0         0         0         0         0         0         0         75.00         0				0				
OUTPATI ENT SERVICE COST CENTERS           91.00         09100         EMRGENCY         32,543         20,475         1,670         0         1,962         91.00           92.00         09200         OBSERVATI ON BEDS (NON-DI STI NCT PART)         0         0         0         92.00         9900         0         0         0         0         92.00         9900         0         0         0         0         92.00         0         99.00         0         0         0         0         0         92.00         99.00         0         0         0         0         0         99.00         0         99.00         0         99.00         0         0         0         0         0         0         99.00         99.00         0         0         0         0         99.00         99.00         0         0         0         0         99.00         99.00         99.00         0         0         0         99.00         99.00         118.00         99.00         118.00         99.00         118.00         118.00         118.00         118.00         118.00         119.00         191.00         191.00         191.00         191.00         191.00         190.00         191.0				0		-		
92.00         09200         0BSERVATION         BEDS (NON-DISTINCT PART)         92.00           0THER         REI MBURSABLE COST CENTERS         0         0         0         0         99.00         0         99.00         0         0         0         0         0         99.00         99.00         0         0         0         0         0         0         99.00         0								
OTHER         REI MBURSABLE         COST         CENTERS         99.00         O <th< td=""><td>91.00</td><td></td><td>32, 543</td><td>20, 475</td><td>1, 67</td><td>0 0</td><td>1, 962</td><td></td></th<>	91.00		32, 543	20, 475	1, 67	0 0	1, 962	
99.00         O9900         CMHC         O         O         O         O         O         99.00           SPECIAL PURPOSE COST CENTERS           SPECIAL PURPOSE COST CENTERS           118.00           SUBTOTALS (SUM OF LINES 1 through 117)         301,356         110,368         46,256         132,717         10,904         118.00           NONREI MBURSABLE COST CENTERS           190.00         GIFT, FLOWER, COFFEE SHOP & CANTEEN         O         O         O         190.00         191.00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         O         O         0         191.00         191.00         192.00         192.00         192.01         192.02         192.00         192.01         0         0         0         0         192.00           190.02         192.02         PHYSI CI ANS' PRI VATE OFFI CES         O         O         0         0         192.00           190.02         O7950         COMMUNI TY EDUCATI ON         O         O         0         0         194.00           190.02         O7950         COMMUNI TY EDUCATI ON         O         O         O         0         0         194.02	92.00	UY200 UBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         301,356         110,368         46,256         132,717         10,904         118.00           NONREI MBURSABLE COST CENTERS         0         0         0         0         190.00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.00         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         0         0         0         190.00         191.00         190.00         190.00         190.00         190.00         191.00         192.00         191.00         192.00         192.00         192.00         192.00         192.00         192.00         192.00         192.00         192.00         192.00         192.00         193.00	99.00					0 0	0	99 00
SUBTOTALS         SUBTOTALS <t< td=""><td>, ,. 00</td><td></td><td></td><td>. 0</td><td></td><td>0</td><td>0</td><td>1</td></t<>	, ,. 00			. 0		0	0	1
190.00       GIFT, FLOWER, COFFEE SHOP & CANTEEN       0       0       0       0       190.00         191.00       19100       RESEARCH       0       0       0       0       191.00         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       0       0       0       0       192.00         193.00       19300       NONPAL D WORKERS       0       0       0       0       193.00         194.00       07950       COMMUNI TY EDUCATI ON       0       0       0       0       194.00         194.01       07951       MARKETI NG       0       0       0       0       194.00         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       0       194.02         200.00       Cross Foot Adj ustments       200.00       0       0       0       0       201.00	118.00	SUBTOTALS (SUM OF LINES 1 through 117)	301, 356	110, 368	46, 25	6 132, 717	10, 904	118. 00
191.00       19100       RESEARCH       0       0       0       191.00         192.00       19200       PHYSI CLANS' PRIVATE OFFICES       0       0       76       0       192.00         193.00       19300       NONPAL D_WORKERS       0       0       0       0       193.00         194.00       07950       COMMUNITY EDUCATION       0       0       0       0       194.00         194.01       07951       MARKETING       0       0       0       0       194.00         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       194.00         200.00       Cross Foot Adjustments       200.00       0       0       0       0       200.00         201.00       Negative Cost Centers       0       0       0       0       0       0       201.00	190 00						0	190 00
192.00       19200       PHYSICLANS' PRIVATE OFFICES       0       0       76       0       192.00         193.00       19300       NONPALD WORKERS       0       0       0       0       193.00         194.00       07950       COMMUNITY EDUCATION       0       0       0       0       194.00         194.01       07951       MARKETING       0       0       0       0       194.00         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       0       194.00         200.00       Cross Foot Adjustments       0       0       0       0       200.00       0       0       0       0       201.00				0				
194.00       07950       COMMUNITY EDUCATION       0       0       0       194.00         194.01       07951       MARKETING       0       0       0       0       194.00         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       0       194.02         200.00       Cross Foot Adjustments       0       0       0       0       0       200.00         201.00       Negative Cost Centers       0       0       0       0       0       0       0       201.00			C	0				
194.01       07951       MARKETING       0       0       0       194.02         194.02       07952       SC MGMT SVH TANDEM CASTLETON       0       0       0       0       194.02         200.00       Cross Foot Adjustments       0       0       0       0       200.00         201.00       Negative Cost Centers       0       0       0       0       0       0       0       201.00			C	0		0 0		
194.02         07952         SC MGMT SVH TANDEM CASTLETON         0         0         0         194.02           200.00         Cross Foot Adjustments         0         0         0         0         194.02           201.00         Negative Cost Centers         0         0         0         0         0         0         0         201.00				0		0 0		
200.00         Cross Foot Adjustments         200.00				0				
201.00 Negative Cost Centers 0 0 0 0 0 0 0 201.00							0	200.00
202.00   TOTAL (sum lines 118 through 201)   301,356  110,368  46,332  132,717  10,904 202.00	201.00	Negative Cost Centers	C	0		0 0	0	201.00
	202.00	TOTAL (sum lines 118 through 201)	301, 356	110, 368	46, 33	2 132, 717	10, 904	202.00

Health Financial Systems	ASCENSION ST. VI	NCENT FISHERS		In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period:	Worksheet B
				From 07/01/2019 To 06/30/2020	Part II Date/Time Prepared:
Cost Center Description	SOCI AL SERVI CE	Subtotal	Intern &	Total	11/18/2020 7:51 am
Cost center bescription	SOCIAL SERVICE	Subtotal	Residents Cos		
			& Post		
			Stepdown Adjustments		
	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT	1		1		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 7. 00 00700 OPERATION OF PLANT					5. 00 7. 00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9. 00 00900 HOUSEKEEPI NG					9.00
10. 00  01000 DI ETARY 11. 00  01100 CAFETERI A					10.00 11.00
13. 00  01300  NURSI NG ADMI NI STRATI ON					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL_RECORDS & LI BRARY					15.00
16. 00 01600 MEDICAL RECORDS & LIBRARY 17. 00 01700 SOCIAL SERVICE	6, 804				16.00 17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDIATRICS	4, 661	1, 622, 475		0 1, 622, 475	30.00
31. 00 03100 I NTENSI VE CARE UNI T 32. 00 03200 CORONARY CARE UNI T	0	0		0 0 0 0	31.00 32.00
33. 00 03300 BURN INTENSIVE CARE UNIT	0	0		0 0	33.00
34.00 03400 SURGI CAL INTENSI VE CARE UNI T	0	0		0 0	34.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	2, 143	146, 224		0 146, 224	43.00
50. 00 05000 OPERATI NG ROOM	0	1, 164, 368		0 1, 164, 368	50.00
51.00 05100 RECOVERY ROOM	0	0		0 0	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	0	1,002,839	1	0 1, 002, 839 0 0	52.00 53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	506, 098		0 506, 098	54.00
54. 01 03630 ULTRA SOUND	0	53, 632		0 53, 632	54.01
56. 00 05600 RADI OI SOTOPE 56. 01 05601 0NCOLOGY	0	0 209, 411		0 0 0 209, 411	56. 00 56. 01
57.00 05700 CT SCAN	0	145, 992		0 145, 992	57.00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	84, 609		0 84, 609	58.00
59. 00  05900  CARDI AC CATHETERI ZATI ON 60. 00  06000  LABORATORY	0	169, 877		0 0 0 169, 877	59.00 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1	0 0	62.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	63.00
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	0	59, 033		0 0 0 59,033	64.00 65.00
66. 00 06600 PHYSI CAL THERAPY	0	510, 327		0 510, 327	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	9, 722		0 9, 722	67.00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	80, 023 156, 491		0 80, 023 0 156, 491	68.00 69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	70.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	34, 142		0 34, 142	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	0	75, 337 280, 334		0 75, 337 0 280, 334	72.00 73.00
74. 00 07400 RENAL DI ALYSI S	0	200,001	1	0 0	74.00
75.00 07500 ASC (NON-DI STINCT PART)	0	0		0 0	75.00
0UTPATI ENT SERVI CE COST CENTERS 91. 00 09100 EMERGENCY	0	817, 391	1	0 817, 391	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	Ĭ	017,071		0	92.00
OTHER REIMBURSABLE COST CENTERS			1		
99.00 09900 CMHC SPECIAL PURPOSE COST CENTERS	0	0	1	0 0	99.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6, 804	7, 128, 325		0 7, 128, 325	118.00
NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				0 0	190. 00
190.00 19000 GFF1, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	0	0		0 0	190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	1, 135, 675		0 1, 135, 675	192.00
193.00 19300 NONPALD WORKERS	0	0	1	0 0	193.00
194. 00 07950  COMMUNI TY EDUCATI ON 194. 01 07951  MARKETI NG	0	0			194. 00 194. 01
194.0207952 SC MGMT SVH TANDEM CASTLETON	0	0		0 0	194. 02
200.00 Cross Foot Adjustments		0	1	0 0	200.00
201.00Negative Cost Centers202.00TOTAL (sum lines 118 through 201)	0 6, 804	0 8, 264, 000		0 0 0 8, 264, 000	201.00 202.00
	0,004	5, 204, 000	I	-1 0, 204, 000	1202.00

ST ALLOCATION - STATI		SCENSION ST. VI	NCENT FISHERS Provider CC		eriod:	u of Form CMS-: Worksheet B-1	
					rom 07/01/2019 o 06/30/2020	Date/Time Pre 11/18/2020 7:	
		CAPI TAL REL	ATED COSTS			1 17 10/2020 /1	
Cost Center	- Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci I i ati on	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE					1		
00 00100 CAP REL CO		210, 802	010,000				1
	ENEFITS DEPARTMENT	2,084	210, 802 2, 084	12, 446, 656		05 000 400	2
00 00500 ADMI NI STRA 00 00700 0PERATI ON (		18, 510 27, 775	18, 510 27, 775	536, 523 0	-11, 901, 041 0	35, 920, 438 2, 857, 871	
00 00800 LAUNDRY & I		0	0	0	0	101, 582	
00 00900 HOUSEKEEPII		2, 397	2, 397	0	0	565, 104	
. 00 01000 DI ETARY		1,043	1, 043	0	0	124, 271	10
. 00 01100 CAFETERIA		6, 452	6, 452	0	0	665, 424	
. 00 01300 NURSI NG ADI		677	677	880, 476		1, 277, 460	
. 00 01400 CENTRAL SEI . 00 01500 PHARMACY	RVICES & SUPPLY	1,061	1,061	567, 779	0	37, 858 835, 097	
. 00 01500 PHARMACT		1, 872 250	1, 872 250	507,779	0	8, 644	
. 00 01700 SOCIAL SER		156	156	0	0	5, 394	
	E SERVICE COST CENTERS	,					
. 00 03000 ADULTS & PI	EDI ATRI CS	31, 413	31, 413	2, 354, 689	0	3, 639, 226	30
. 00 03100 I NTENSI VE (		0	0	0	0	0	
. 00 03200 CORONARY C		0	0	0	0	0	
. 00 03300 BURN INTENS		0	0	0	0	0	
. 00   03400   SURGI CAL   1 . 00   04300   NURSERY	ITENSIVE CARE UNIT	2, 446	2, 446	317, 727	0	0 551, 639	
ANCI LLARY SERVI C	E COST CENTERS	2,440	2,440	517,727	0	551,059	43
. 00 05000 OPERATI NG I		20, 975	20, 975	1, 566, 461	0	4, 281, 288	50
. 00 05100 RECOVERY R	MOC	0	0	0	0	0	
. 00 05200 DELIVERY R	DOM & LABOR ROOM	18, 422	18, 422	1, 282, 700	0	3, 236, 291	52
. 00 05300 ANESTHESI 0		0	0	0	0	0	
. 00 05400 RADI OLOGY-I		9, 754	9, 754	709, 224	0	1, 502, 292	
. 01 03630 ULTRA SOUN		886	886 0	169, 181 0	0	249, 111	
. 00 05600 RADI 0I SOTO . 01 05601 0NCOLOGY	Έ.	4,066	4, 066	247, 611	0	0 532, 214	
. 00 05700 CT SCAN		2, 228	2, 228	490, 210	0	778, 158	
1 1	ESONANCE IMAGING (MRI)	1, 385	1, 385	243, 506	0	394, 305	
. 00 05900 CARDI AC CA	THETERI ZATI ON	0	0	0	0	0	59
. 00 06000 LABORATORY		2, 142	2, 142	0	0	1, 752, 567	
	0 & PACKED RED BLOOD CELLS	0	0	0	0	0	
	NG, PROCESSING & TRANS.	0	0	0	0	0	
. 00  06400   NTRAVENOU . 00  06500 RESPI RATOR		444	444	0 409, 211	0	0 575, 700	
. 00 06600 PHYSI CAL TI		9, 317	9, 317	1, 097, 652	0	1, 764, 021	
. 00 06700 0CCUPATI ON		195	195	14, 172	0	25, 153	
. 00 06800 SPEECH PATI		1, 587	1, 587	105, 048	0	212, 818	
. 00 06900 ELECTROCARI		3, 145	3, 145	169, 207	0	361, 997	
. 00 07000 ELECTROENCI		0	0	0	0	0	
	PPLIES CHARGED TO PATIENTS	0	0	0	0	584, 404	
. 00 07200 I MPL. DEV. . 00 07300 DRUGS CHAR	CHARGED TO PATIENTS	0	0	0	0	1, 295, 796 3, 257, 432	
. 00 07300 DRUGS CHAR			0	0	0	3, 257, 432	
. 00 07500 ASC (NON-D		0	0	0	0	0	
OUTPATI ENT SERVI							1
. 00 09100 EMERGENCY		15, 226	15, 226	1, 284, 768	0	2, 482, 475	91
	N BEDS (NON-DISTINCT PART)						92
OTHER REI MBURSAB	LE COST CENTERS						
. 00 09900 CMHC	COST CENTERS	0	0	0	0	0	99
8.00 SUBTOTALS	(SUM OF LINES 1 through 117)	185, 908	185, 908	12, 446, 145	-11, 901, 041	33, 955, 592	1110
NONREI MBURSABLE		100, 900	100, 900	12, 770, 140	11, 701, 041	33, 733, 372	1.10
	ER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190
1. 00 19100 RESEARCH		0	0	0	0		191
2. 00 19200 PHYSI CI ANS		24, 894	24, 894	511	0	1, 964, 846	
3. 00 19300 NONPALD WO		0	0	0	0		193
4. 00 07950 COMMUNI TY 1	DUCATION	0	0	0	0		194
4.01 07951 MARKETING 4.02 07952 SC_MGMT_SVI	A TANDEM CASTLETON	0	0	0	0		194
	Adjustments		0	0	0	0	200
	ost Centers						200
	allocated (per Wkst. B,	5, 461, 847	1, 827, 521	2, 553, 301		11, 901, 041	
Part I)							
3.00 Unit cost m	nultiplier (Wkst. B, Part I)	25. 909844	8. 669372	0. 205140	1	0. 331317	1202

Health Fina	ancial Systems	ASCENSION ST. V	NCENT FISHERS		In Lie	u of Form CMS-	2552-10
COST ALLOC	ATION - STATISTICAL BASIS		Provider CO		Peri od:	Worksheet B-1	
					From 07/01/2019 To 06/30/2020	Date/Time Pre 11/18/2020 7:	
		CAPI TAL REI	LATED COSTS				
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFI TS	Reconciliation	ADMI NI STRATI VE & GENERAL	
				DEPARTMENT		(ACCUM. COST)	
				(GROSS			
				SALARI ES)			
		1.00	2.00	4.00	5A	5.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			72, 06	53	1, 617, 799	204.00
205.00	Unit cost multiplier (Wkst. B, Part			0.00579	20	0. 045038	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00

	LLOCATION - STATISTICAL BASIS		Provider C	F	eriod: rom 07/01/2019	Worksheet B-1	
				Т	o 06/30/2020	Date/Time Pre 11/18/2020 7:	
	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPI NG (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
00 00 00 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL						1 2 4 5
00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	162, 433 0	197, 303				7 8
00	00900 HOUSEKEEPI NG 01000 DI ETARY	2, 397 1, 043		160, 036 1, 043			10
	01100 CAFETERI A	6, 452	0	6, 452	0	294, 832	11
	01300 NURSI NG ADMI NI STRATI ON	677		677		18, 843	13
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	1, 061 1, 872	0	1, 061 1, 872		0 12, 340	14
	01600 MEDICAL RECORDS & LIBRARY	250		250		12, 340	16
	01700 SOCIAL SERVICE	156	0	156	0	0	17
~~	INPATIENT ROUTINE SERVICE COST CENTERS	04.440	45.450	04.440	E 007	40.405	
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	31, 413	45, 150	31, 413		48, 635 0	30
	03200 CORONARY CARE UNIT	0	0		-	0	32
00	03300 BURN INTENSIVE CARE UNIT	0	0	C	0	0	33
	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34
00	04300 NURSERY ANCI LLARY SERVICE COST CENTERS	2, 446	4, 478	2, 446	0	9, 630	43
00	05000 OPERATI NG ROOM	20, 975	40, 052	20, 975	0	40, 425	50
	05100 RECOVERY ROOM	0	0	C	-	0	51
	05200 DELIVERY ROOM & LABOR ROOM	18, 422	29, 715	18, 422	1, 208	31, 379	52
	05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C	9, 754	22, 233	9, 754	0	0 19, 688	53
	03630 ULTRA SOUND	886				3, 768	54
	05600 RADI OI SOTOPE	0		C		0	56
	05601 ONCOLOGY	4, 066		4, 066		7, 968	
	05700 CT SCAN	2, 228		2, 228		12, 473	57
	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	1, 385		1, 385		6, 199 0	58
	06000 LABORATORY	2, 142	0	2, 142	0	0	60
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	C	-	0	62
	06300 BLOOD STORING, PROCESSING & TRANS. 06400 INTRAVENOUS THERAPY	0	0		-	0	63
	06500 RESPIRATORY THERAPY	444	0	444		11, 206	
	06600 PHYSI CAL THERAPY	9, 317	0	9, 317		31, 478	66
	06700 OCCUPATI ONAL THERAPY	195		195		292	
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	1, 587 3, 145		1, 587 3, 145		2, 674 5, 996	
	07000 ELECTROENCEPHALOGRAPHY	3, 143		3, 143		5, 990 0	69
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	C	0	0	7
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	C	0	0	72
	07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS	0			0	0	73
	07400 RENAL DIALISIS 07500 ASC (NON-DISTINCT PART)	0	0		, i i i i i i i i i i i i i i i i i i i	0	75
	OUTPATIENT SERVICE COST CENTERS		· · · · ·				
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	15, 226	45, 466	15, 226	0	31, 838	91 92
00	09900 CMHC SPECIAL PURPOSE COST CENTERS	0	0	C	0	0	99
. 00		137, 539	197, 303	135, 142	7, 135	294, 832	118
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	C	-		190
. 00	19100 RESEARCH 19200 PHYSICIANS' PRIVATE OFFICES	0 24, 894		C 24, 894	0		191 192
	19300 NONPALD WORKERS	24, 094	0	24,094	0		192
. 00	07950 COMMUNI TY EDUCATI ON	0	0	C	0	0	194
	07951 MARKETING	0	0	0	0		194
I. 02 ). 00	07952 SC MGMT SVH TANDEM CASTLETON Cross Foot Adjustments	0	0	C	0	0	194 200
. 00							200
2.00	Cost to be allocated (per Wkst. B,	3, 804, 732	135, 238	811, 557	195, 164	1, 069, 737	
	Part I)						
3.00 1.00		23. 423393					
r. UU	Part II)	1, 089, 151	4, 575	124, 513	47, 408	301, 356	<sup>∠∪4</sup>

Health Fina	ncial Systems	ASCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-	2552-10
COST ALLOCA	ATION - STATISTICAL BASIS		Provider CO		Period: From 07/01/2019	Worksheet B-1	
					To 06/30/2020	Date/Time Pre 11/18/2020 7:	
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NO	DI ETARY	CAFETERI A	
		PLANT	LINEN SERVICE	(SQUARE FEET	(MEALS SERVED)	(MEALS SERVED)	
		(SQUARE FEET)	(POUNDS OF				
			LAUNDRY)				
		7.00	8.00	9.00	10.00	11.00	
205.00	Unit cost multiplier (Wkst. B, Part	6. 705232	0. 023188	0. 77803	1 6. 933146	1.022128	205.00
206.00	<pre>II) NAHE adjustment amount to be allocated (per Wkst. B-2)</pre>						206. 00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

<sup>11/18/2020 7:51</sup> am D: \Shared drives\Finance\_Net Revenue\_IN - Acute\Reimbursement\Cost Reports\FY2020\Fishers\SVF2020.mcrx

COST A	Financial Systems A LLOCATION - STATISTICAL BASIS	SCENSION ST. VI	Provider CC	N. 15-0181	Period:	u of Form CMS-: Worksheet B-1	
,551 A	LEGATION STATISTICAL DASIS				From 07/01/2019 To 06/30/2020	Date/Time Pre	pared:
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	11/18/2020 7: SOCI AL SERVI CE	
		ADMI NI STRATI ON	SERVICES & SUPPLY	(COSTED REQUI S. )	RECORDS & LI BRARY	(TOTAL PATIENT	
		(DI RECT NURS.	(COSTED	REQUIS. )	(GROSS	DAYS)	
		HRS. )	REQUIS.)		CHARGES)	-	
	GENERAL SERVICE COST CENTERS	13.00	14.00	15.00	16.00	17.00	
. 00	00100 CAP REL COSTS-BLDG & FIXT						1.0
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.0
1.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.0
5.00 7.00	00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT						5.0
3.00	00800 LAUNDRY & LINEN SERVICE						8.0
9.00	00900 HOUSEKEEPI NG						9.0
0.00	01000 DI ETARY 01100 CAFETERI A						10.0
3.00	01300 NURSI NG ADMI NI STRATI ON	143, 769					13.0
	01400 CENTRAL SERVICES & SUPPLY	0	3, 595, 737				14.0
5.00	01500 PHARMACY	191	24, 796	3, 257, 43			15.0
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	0		0 194, 961, 274 0 0	3, 461	16.0
7.00	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	0		0 0	3,401	17.0
0. 00	03000 ADULTS & PEDI ATRI CS	32, 036	145, 272		0 11, 574, 422	2, 371	30.0
1.00	03100 I NTENSI VE CARE UNI T	0	0		0 0	0	
2.00 3.00	03200 CORONARY CARE UNIT 03300 BURN INTENSIVE CARE UNIT	0	0		0 0	0	
4.00	03400 SURGI CAL I NTENSI VE CARE UNI T	0	0		0 0	0	
	04300 NURSERY	4, 981	40, 052		0 4, 016, 185	1, 090	
	ANCI LLARY SERVICE COST CENTERS	00.070	0(0,00)		0 50 040 000	0	1 50 0
0.00 1.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	29, 273	968, 286 0		0 53, 943, 029 0 0	0	
2.00	05200 DELIVERY ROOM & LABOR ROOM	42,051	53, 815		0 11, 922, 789	0	
3.00	05300 ANESTHESI OLOGY	0	0		0 0	0	
64.00	05400 RADI OLOGY-DI AGNOSTI C	1, 514	130, 171		0 10, 261, 944	0	
4.01 6.00	03630 ULTRA SOUND 05600 RADI OI SOTOPE	/ 0	2, 284		0 2, 638, 976	0	54.0 56.0
6. 01	05601 ONCOLOGY	5, 750	20, 480		0 2, 848, 768	0	56.0
7.00	05700 CT SCAN	733	57, 344		0 6, 099, 639	0	
8.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	395	32, 049		0 2, 338, 462	0	
9.00 0.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	0		0 0 0 15, 109, 185	0	
2.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0 0	0	62.0
3.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	
4.00	06400 I NTRAVENOUS THERAPY	0	0		0 0	0	64.0
5.00 6.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	38, 685 11, 902		0 1, 951, 933 0 5, 334, 836	0	
	06700 OCCUPATI ONAL THERAPY	0	0		0 111, 836	0	
	06800 SPEECH PATHOLOGY	0	22, 932		0 879, 033		
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	166	33, 083		0 4, 263, 008	0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	583, 308		0 5, 468, 107	0	
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1, 295, 796		0 4, 941, 587	0	
	07300 DRUGS CHARGED TO PATIENTS	0	0	3, 257, 43		0	
	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	0		0 0	0	
5.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	0		0 0	0	/ 0. 0
	09100 EMERGENCY	26, 672	129, 577		0 35, 030, 284	0	
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.0
9.00	OTHER REIMBURSABLE COST CENTERS	0	0		0 0	0	99.0
7.00	SPECIAL PURPOSE COST CENTERS		0		0 0	0	1 //.0
18.00		143, 769	3, 589, 832	3, 257, 43	32 194, 961, 274	3, 461	118.0
00 00	NONREI MBURSABLE COST CENTERS		0		0 0	0	1100 0
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH	0	0		0 0		190. 0 191. 0
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	5, 905		0 0		192.0
93.00	19300 NONPAID WORKERS	0	0		0 0	0	193.0
	07950 COMMUNITY EDUCATION	0	0		0 0		194. C
	07951 MARKETING 07952 SC MGMT SVH TANDEM CASTLETON	0	0				194. C
200.00			0			0	200. 0
201.00	Negative Cost Centers						201.0
202.00		1, 788, 363	80, 633	1, 212, 82	26 18, 632	11, 626	202. 0
	Part I) Unit cost multiplier (Wkst. B, Part I)	12. 439142	0. 022425	0. 37232	0. 000096	3. 359145	203 0
03 00			0. 022723	0.07202			
203.00 204.00		110, 368	46, 332	132, 71	17 10, 904	6, 804	204.0

Health Financial Systems A	ASCENSION ST. VI	NCENT FISHERS		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO		Period: From 07/01/2019	Worksheet B-1	
				To 06/30/2020	Date/Time Pre 11/18/2020 7:	
Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
	ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &		
		SUPPLY	REQUIS.)	LI BRARY	(TOTAL PATIENT	
	(DI RECT NURS.	(COSTED		(GROSS	DAYS)	
	HRS.)	REQUIS.)		CHARGES)		
	13.00	14.00	15.00	16.00	17.00	
205.00 Unit cost multiplier (Wkst. B, Part	0. 767676	0. 012885	0. 04074	.3 0. 000056	1. 965906	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

<sup>11/18/2020 7:51</sup> am D: \Shared drives\Finance\_Net Revenue\_IN - Acute\Reimbursement\Cost Reports\FY2020\Fishers\SVF2020.mcrx

	Financial Systems //	ASCENSION ST. V	Provider C	CN: 15-0181	Period: From 07/01/2019	Worksheet C Part I	2552-10
					To 06/30/2020	Date/Time Pre 11/18/2020 7:	pared: 51 am
			Title	XVIII	Hospi tal	PPS	
					Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	6, 520, 423		6, 520, 42	23 0	6, 520, 423	
31.00	03100 I NTENSI VE CARE UNI T	0			0 0	0	
32.00	03200 CORONARY CARE UNI T	0			0 0	0	
33.00	03300 BURN INTENSIVE CARE UNIT	0			0 0	0	
34.00	03400 SURGI CAL INTENSI VE CARE UNI T	0			0 0	0	
43.00	04300 NURSERY	909, 017		909, 01	17 0	909, 017	43.00
	ANCI LLARY SERVICE COST CENTERS			1	- I I		
50.00	05000 OPERATING ROOM	6, 862, 481		6, 862, 48		6, 862, 481	
51.00	05100 RECOVERY ROOM	0			0 0	0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	5, 526, 148		5, 526, 14	48 0	5, 526, 148	
53.00	05300 ANESTHESI OLOGY	0			0 0	0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	2, 387, 372		2, 387, 3		2, 394, 689	
54.01	03630 ULTRA SOUND	374, 873		374, 8		374, 873	
56.00	05600 RADI OI SOTOPE	0			0 0	0	
56.01	05601 ONCOLOGY	925, 572		925, 5		932, 119	
57.00	05700 CT SCAN	1, 155, 706		1, 155, 70		1, 155, 706	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)	592, 757		592, 75		592, 757	
59.00	05900 CARDI AC CATHETERI ZATI ON	0		0 005 7	0 0	0	
60.00	06000 LABORATORY	2, 395, 707		2, 395, 70	07 0	2, 395, 707	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0			0 0	0	
63.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0			0 0	0	
64.00	06400 I NTRAVENOUS THERAPY	020.005		000.00	0 0 05 0	0	
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	820, 805				820, 805	
	06700 OCCUPATIONAL THERAPY	2, 728, 944		2, 728, 94		2, 728, 944	
67.00 68.00	06800 SPEECH PATHOLOGY	40, 114 338, 849		40, 1		40, 114	
69.00	06900 ELECTROCARDI OLOGY	596, 520		338, 84 596, 52		338, 849 596, 520	
70.00	07000 ELECTROCARDI OLOGI	590, 520		590, 52		590, 520 0	
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	791, 633		791, 63	°	791, 633	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1, 754, 645		1, 754, 64		1, 754, 645	
72.00	07300 DRUGS CHARGED TO PATIENTS	5, 551, 059		5, 551, 0		5, 551, 059	
74.00	07400 RENAL DIALYSIS	5, 551, 059		3, 551, 00	0 0	5, 551, 059	
75.00	07500 ASC (NON-DISTINCT PART)	0			0 0	0	
75.00	OUTPATIENT SERVICE COST CENTERS	0			<u> </u>	0	/ 3.00
91.00	09100 EMERGENCY	4, 223, 547		4, 223, 54	47 0	4, 223, 547	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 342, 951		1, 342, 9		1, 342, 951	
00	OTHER REIMBURSABLE COST CENTERS	., 0.2, 701		.,	1	., 6.2, 701	1
99.00	09900 CMHC	0			0	0	99.00
200. OC		45, 839, 123		45, 839, 12		45, 852, 987	
201.00		1, 342, 951		1, 342, 95		1, 342, 951	

Image: constraint of the second sec			SCENSION ST. VI		ON 15 0101		u of Form CMS-	2552-10
Cost Center Description         Charges         Cost Cost Center Description         TEFRA Inpatient         Total (col. 6 (col. 7)         Cost of Other Ratio         TTEFRA Inpatient           0.00         03000 ADULTS & PEDIATRICS         9, 130, 385         9, 130, 385         9, 130, 385         9, 130, 385         33, 00         03000 ADULTS & PEDIATRICS         9, 130, 385         9, 130, 385         33, 00         03000 ADULTS & PEDIATRICS         9, 130, 385         9, 130, 385         33, 00         03000 CORONARY CARE UNI T         0         0         0         33         33, 00         03000 OPERATI NE CARE UNI T         0         0         0         33         30, 00         0000 OPERATI NE ROM         13, 048, 203         40, 054, 029         0, 127217         0, 000000         5           0.00         03000 PERATI NE ROM         13, 048, 203         40, 894, 826         53, 943, 029         0, 127217         0, 000000         5         0, 0000000         5         53, 00         0, 0000000         5         0, 0000000         5         53, 00         0, 0000000         0, 0000000         5         0, 0000000         0, 0000000         0, 0000000         0, 0000000         0, 0000000         0, 0000000         0, 0000000         0, 0000000         0, 0000000         0, 0000000         0, 0000000         0, 0000000		N OF RAILO OF COSIS TO CHARGES					Date/Time Pre 11/18/2020 7:	pared: 51 am
Cost Center Description         Inpatient         Outpatient         Total (col. 6)         Cost or Other Ratio         TEFRA Ratio           INPATIENT RUTINE SERVICE COST CENTERS         0         7.00         8.00         9.00         10.00         33.00           0.00         03000 INTENSIVE CARE UNIT         0         0         00000         33.00         33.00         0.00         33.00         33.00         33.00         33.00         33.00         0.000000         33.00         33.00         0.000000         33.00         33.00         33.00         0.00         33.00         33.00         33.00         33.00         33.00         0.00000         53.943.029         0.122217         0.000000         53.943.029         0.122217         0.000000         53.00         53.943.029         0.122217         0.000000         55.00         0.000000         53.943.029         0.122217         0.000000         55.00         0.000000         53.943.029         0.122217         0.000000         55.00         0.000000         53.943.029         0.122217         0.000000         55.200         0.5200 010ELVERY ROM         11.632.795         289.994         11.922.789         0.4451495         0.000000         55.00         0.000000         55.00         0.000000         55.00					XVIII	Hospi tal	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS         -		Cost Center Description	I npati ent				Inpati ent	
30:0:0:03000       ADULTS & PEDIATRICS       9, 130, 385       9, 130, 385       9, 130, 385       33         31:0:0       03200       ORDINARY CARE UNIT       0       0       0       33         33:0:0       03200       ORDINARY CARE UNIT       0       0       0       33         33:0:0       03300       DIRNE INTENSIVE CARE UNIT       0       0       0       34         34:0:0       04300       SURVICE COST CENTERS       4, 016, 185       4       0.000000       5         50:0:0       05000       PERATING ROM       13, 048, 203       40, 894, 826       53, 943, 029       0.127217       0.0000000         52:0:0       05200       DELVERY ROM       14, 016, 185       4       0			6.00	7.00	8.00	9.00	10.00	
11 00       03100       INTENSI VE CARE UNIT       0 <td< td=""><td></td><td></td><td>· · · · · ·</td><td></td><td></td><td></td><td></td><td></td></td<>			· · · · · ·					
12: 00         03200         CORONARY CARE UNIT         0         0         33           33: 00         03400         BURN INTENSIVE CARE UNIT         0         0         0         34           34: 00         04300         BURSI INTENSIVE CARE UNIT         0					9, 130, 38			30.00
33.00       OX300       BURN I NTENSI VE CARE UNI T       0       0       3         34.00       OX300       SURG (CAL INTENSI VE CARE UNI T       0       0       3       3         34.00       OX300       NURSERY       4,016,185       4,016,185       3         AMCI LLARY SERVICE COST CENTERS       0       0       0       0.000000			0			0		31.00
34.00       Ostado       Surgici CAL INTENSIVE CARE UNIT       0       0       3         43.00       Oddoon NURSERY       4,016,185       4       4       4       0       4,006,185       4       4       4       4       0       4,006,185       4       0       4,000,182       53,943,029       0.127217       0.000000       5       5       0       0       0.000000       0       0.000000       5       5       0       0       0.000000       0       0.000000       5       5       0       0       0.000000       0       0.000000       5       5       0       0       0.000000       0       0.000000       5       5       0       0       0.000000       0       0.000000       5       5       0       0       0       0       0       0.000000       5       5       0       0       0       0       0.000000       0 <t< td=""><td></td><td></td><td>0</td><td></td><td></td><td>0</td><td></td><td>32.00</td></t<>			0			0		32.00
43.00       0x300       NURSERY       4,016,185       4,016,185       4,016,185       4         50.00       05000       OPERATING ROOM       13,048,203       40,894,826       53,943,029       0.127217       0.000000       5         51.00       05000       OPERATING ROOM       11,632,795       289,994       11,922,789       0.463495       0.000000			0			0		33.00
ANCL LARY SERVICE COST CENTERS           50.00         05000 OPERATING ROOM         13,048,203         40,894,826         53,943,029         0.127217         0.000000         5           51.00         DS100 RECOVERY ROOM         13,048,203         0         0         0         0.0000000         0.000000         0.000000			0		1.01/ 10	0		34.00
50.00         05000         0PERATI NG ROOM         13.048.203         40.894.826         53.943.029         0.127217         0.000000         0.000000           51.00         05100 RECOVERY ROOM         0         0         0         0         0.000000			4,016,185		4,016,18	15		43.00
51 00         OS100         RECOVERY ROM         O <tho< th=""> <tho< th=""></tho<></tho<>			12 049 202	40 004 024	E2 042 02	0 127217	0,00000	50.00
52.00         05200         0ELIVERY ROOM & LABOR ROOM         11, 632, 795         289, 994         11, 922, 789         0. 463495         0. 000000         5           53.00         05300         ANESTHESI OLOGY         0         0         0         0.000000         5           54.01         05400         RADI OLOGY - DI AGNOSTI C         316, 957         9, 944, 987         10, 261, 944         0. 232643         0.000000         5           54.01         05600         RADI OLOGY - DI AGNOSTI C         49, 919         2, 544, 157         2, 638, 976         0. 142052         0.000000         5           56.01         05601         NOCLOGY         4, 919         2, 843, 849         2, 848, 768         0.324903         0.000000         5           57.00         05700         CT SCAN         422, 224         2, 266, 168         2, 338, 462         0.25342         0.000000         5           59.00         05900         CARDI AC CATHETERI ZATI ON         0         0         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000         0.000000			13, 040, 203	40, 094, 020	03, 943, 02			
53.00       05300       ANESTHESI (LOGY       0       0       0       0.000000       5.000       0.0000000       5         54.00       05400       RADI OLOGY-DI AGNOSTI C       316, 957       9, 944, 987       10, 261, 944       0.232643       0.000000       5         56.00       05600       RADI OLOGY       94, 819       2, 544, 157       2, 638, 976       0.142052       0.000000       5         56.01       05600       RADI OLOGY       4, 919       2, 843, 849       2, 848, 768       0.324903       0.000000       5         57.00       05700       CT SCAN       429, 234       5, 670, 405       6, 099, 639       0.189471       0.000000       5         58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )       42, 294       2, 296, 168       2, 338, 462       0.253482       0.000000       6         60.00       06000       LABORATORY       4, 354, 953       10, 754, 232       15, 109, 185       0.158560       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000       0.000000			11 622 705	200 004	11 022 70			
54.00       06400       RADI OLGGY-DI AGNOSTI C       316,957       9,944,987       10,261,944       0.232643       0.00000       5         54.01       03630       ULTRA SOUND       94,819       2,544,157       2,638,976       0.142052       0.000000       5         56.01       05600       RADI OLGCY-M       4,919       2,843,849       2,848,768       0.324903       0.000000       5         57.00       05700       CT SCAN       429,234       5,670,405       6,099,639       0.189471       0.000000       0.000000       5         58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )       42,294       2,296,168       2,338,462       0.253482       0.000000       0.0			11,032,793	207, 774	11, 722, 70			
54. 01       03630       ULTRA SOUND       94, 819       2, 544, 157       2, 638, 976       0. 142052       0. 000000       5         56. 00       05600       RADI 0I SOTOPE       0       0       0       0.000000       0.000000       5         57. 00       05700       CT SCAN       429, 234       5, 670, 405       6, 099, 639       0. 189471       0.000000       5         58.00       05800       MAGRETI C RESONANCE I MAGING (MRI )       42, 294       2, 296, 168       2, 338, 462       0. 253482       0.000000 <t< td=""><td></td><td></td><td>216 057</td><td>0 044 097</td><td>10 261 04</td><td></td><td></td><td></td></t<>			216 057	0 044 097	10 261 04			
56.00       05600       RADI OI SOTOPE       0       0       0       0       0.000000       5         56.01       05601       NOCLOGY       4,919       2,843,849       2,843,768       0.324903       0.000000       5         57.00       05700       CT SCAN       429,234       5,670,056       6,099,639       0.189471       0.000000       5         58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )       42,294       2,296,168       2,338,462       0.253482       0.000000       5         60.00       06000       Lobox CARDI AC CATHETERI ZATI ON       0       0       0.000000       0.000000       0.000000       6         62.00       06200       WHOLE BLODD & PACKED RED BLODD CELLS       0       0       0.000000       0.000000       0.000000       0.000000       6         63.00       BLODD STORI NG, PROCESSI NG & TRANS.       0       0       0       0.000000       0.000000       0.000000       6         64.00       6400       INTRAVENUS THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       6         65.00       06500       RESPI RATORY THERAPY       300,566       5,034,270       5,334,836       0.511533								
56.01       05601       0NCOLOGY       4,919       2,843,849       2,848,768       0.324903       0.000000       5         57.00       05700       CT SCAN       429,234       5,670,405       6,099,639       0.189471       0.000000       5         58.00       05800       CARDI AC CATHETERI ZATI ON       0       0       0.000000			74,017		2,030,77			
57.00       05700       CT SCAN       429,234       5,670,405       6,099,639       0.189471       0.000000       55         58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )       42,294       2,296,168       2,338,462       0.253482       0.000000       56         59.00       05900       CARDIA C CATHETERI ZATI ON       0       0       0.000000       0.000000       0.000000       66         60.00       06000       LABORATORY       4,354,953       10,754,232       15,109,185       0.158560       0.000000       60         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       0       0.000000       0.000000       66         64.00       06400       INTRAVENUS THERAPY       512,026       1,439,907       1,951,933       0.42059       0.000000       6         65.00       06500       RESPI RATORY THERAPY       512,026       1,439,907       1,951,933       0.358486       0.000000       6         67.00       06700       OCUPATI ONAL THERAPY       85,711       26,125       111,836       0.358686       0.000000       6         68.00       06800       SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479			4 919	0	2 848 76			1
58.00       05800       MAGNETIC RESONANCE IMAGING (MRI)       42,294       2,296,168       2,338,462       0.253482       0.000000       5         59.00       05900       CARDIAC CATHETERIZATION       0       0       0       0.000000       0.000000       0.000000       0.000000       0.0000000       0.0000000       0.0000000       0.								
59:00       05900       CARDI AC CATHETERI ZATI ON       0       0       0       0.000000       0.000000       50.00000       0.000000       0.000000       50.00000       60.000       LABORATORY       4,354,953       10,754,232       15,109,185       0.158560       0.000000       60.00000       60.000000       0.000000       0.000000       60.00000       60.00000       0.000000       60.00000       60.00000       0.000000       60.000000       60.000000       0.000000       60.000000       60.000000       0.000000       60.000000       60.000000       0.000000       0.000000       60.000000       60.000000       0.000000       0.000000       60.000000       0.000000       60.000000       0.000000       0.000000       60.000000       0.000000       0.000000       60.000000       60.000000       0.000000       60.000000       70.00000       70.00       60.000000       60.000000								
60.00       06000       LABORATORY       4, 354, 953       10, 754, 232       15, 109, 185       0. 158560       0. 000000       6         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       0. 000000       0. 000000       0. 000000       6         63.00       0.6000       STORI NG, PROCESSI NG & TRANS.       0       0       0       0. 000000       0. 000000       6         64.00       0.6400       INTRAVENOUS THERAPY       512, 026       1, 439, 907       1, 951, 933       0. 420509       0. 000000       6         65.00       06500       RESPI RATORY THERAPY       300, 566       5, 034, 270       5, 334, 836       0. 511533       0. 000000       6         66.00       06700       0CUPATI ONAL THERAPY       85, 711       26, 125       111, 836       0. 358686       0. 000000       6         67.00       06900       ELECTROCARDI OLOGY       218, 706       4, 044, 302       4, 263, 008       0. 139929       0. 000000       7         71.00       07000       ELECTROCARDI OLOGY       218, 706       4, 044, 302       4, 263, 008       0. 139929       0. 000000       7         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       1,881, 565			0	0	_/ === / === / ==			
62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       0.000000       0.000000       6         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0.000000       0.000000       6         64.00       06400       INTRAVENOUS THERAPY       0       0       0       0.000000       0.000000       6         65.00       06500       RESPI RATORY THERAPY       512,026       1,439,907       1,951,933       0.42059       0.000000       6         66.00       06600       PHYSI CAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       6         67.00       06700       000000       6,474       872,559       879,033       0.385479       0.000000       6         68.00       0800       SPEECH PATHOLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       7         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       7         73.00       07300       DRUGS CHARGED TO PATI ENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       7			4, 354, 953	10, 754, 232	15, 109, 18			
64.00       06400       INTRAVENOUS THERAPY       0       0       0       0.000000       0.000000       66         65.00       06500       RESPI RATORY THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       6         66.00       06600       PHYSI CAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       6         67.00       06700       0CCUPATI ONAL THERAPY       85,711       26,125       111,836       0.358686       0.000000       6         68.00       06800       SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479       0.000000       6         69.00       06900       ELECTROCARDI OLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       7         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       7         73.00       07300       DRUGS CHARGED TO PATI ENTS       2,408,311       2,533,276       4,941,587       0.352077       0.000000       7         74.00       07400       RENAL DI ALYSIS       0       0       0       0.000000	62.00 0620	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				
65.00       06500       RESPI RATORY THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       6         66.00       06600       PHYSI CAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       6         67.00       06700       0CCUPATI ONAL THERAPY       85,711       26,125       111,836       0.358686       0.000000       6         68.00       06800       SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479       0.000000       6         69.00       06900       ELECTROCARDIOLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       7         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       7         72.00       07200       IMPL.       DEV. CHARGED TO PATIENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       7         73.00       07300       DRUGS CHARGED TO PATIENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       7         74.00       RFAL DIALYSIS       0       0       0       0	63.00 0630	OBLOOD STORING, PROCESSING & TRANS.	0	0		0 0.000000	0. 000000	63.00
66.00       06600       PHYSI CAL THERAPY       300, 566       5, 034, 270       5, 334, 836       0. 511533       0.000000       6         67.00       06700       0CCUPATI ONAL THERAPY       85, 711       26, 125       111, 836       0. 358686       0.000000       6         68.00       06800       SPEECH PATHOLOGY       6, 474       872, 559       879, 033       0. 385479       0.000000       6         69.00       06900       ELECTROCARDI OLOGY       218, 706       4, 044, 302       4, 263, 008       0. 139929       0.000000       6         70.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       1, 881, 565       3, 586, 542       5, 468, 107       0. 144773       0.000000       7         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       1, 881, 565       3, 586, 542       5, 468, 107       0. 144773       0.000000       7         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       2, 408, 311       2, 533, 276       4, 941, 587       0. 342083       0.000000       7         73.00       07300       DRUGS CHARGED TO PATI ENTS       3, 015, 738       13, 211, 513       16, 227, 251       0. 342083       0.000000       7         75.00       07400<	64.00 0640	O INTRAVENOUS THERAPY	0	0		0 0.000000	0. 000000	64.00
67.00       06700       OCCUPATIONAL THERAPY       85,711       26,125       111,836       0.358686       0.00000       6         68.00       06800       SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479       0.000000       6         69.00       06900       ELECTROCARDIOLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       6         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0.000000       0.000000       7         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       7         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       7         73.00       07400       RENAL DI ALYSIS       0       0       0       0       0.000000       7       0.000000       7         74.00       07400       RENAL DI ALYSIS       0       0       0       0.000000       7       0.000000       7         70.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568	65.00 0650	0 RESPI RATORY THERAPY	512, 026	1, 439, 907	1, 951, 93	0. 420509	0. 000000	65.00
68.00       06800       SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479       0.000000       6         69.00       06900       ELECTROCARDIOLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       6         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       0.000000       0.000000       7         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       7         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       7         73.00       07300       DRUGS CHARGED TO PATIENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       7         74.00       07400       RENAL DIALYSIS       0       0       0       0.000000       0.000000       7         75.00       07500       ASC (NON-DISTINCT PART)       0       0       0.000000       0.000000       7         91.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       9	66.00 0660	0 PHYSI CAL THERAPY	300, 566	5, 034, 270	5, 334, 83	0. 511533	0. 000000	66.00
69.00       06900       ELECTROCARDIOLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       6         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       0.000000       0.000000       7         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       7         72.00       07200       IMPL.       DEV. CHARGED TO PATIENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       7         73.00       07300       DRUGS CHARGED TO PATIENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       7         74.00       07500       ASC (NON-DISTINCT PART)       0       0       0       0.000000       0.000000       7         00       07500       ASC (NON-DISTINCT PART)       0       0       0       0.000000       0.000000       7         91.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       9         92.00       09200 (DBSERVATION BEDS (NON-DISTINCT PART)       439,737       2,004,300       2,444,037 <td< td=""><td>67.00 0670</td><td>0 OCCUPATI ONAL THERAPY</td><td>85, 711</td><td>26, 125</td><td>111, 83</td><td>0. 358686</td><td>0. 000000</td><td>67.00</td></td<>	67.00 0670	0 OCCUPATI ONAL THERAPY	85, 711	26, 125	111, 83	0. 358686	0. 000000	67.00
70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0.000000       0.000000       7         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       7         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       7         73.00       07300       DRUGS CHARGED TO PATIENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       7         74.00       07400       RENAL DI ALYSIS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       7         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0.000000       7         91.00       O9100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       9         92.00       09200       OBSERVATION BEDS (NON-DI STINCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       9         92.00       09900       CMHC       0       0       0       0.2044,037       0.549481       0.00			6, 474	872, 559	879, 03	0. 385479	0.00000	68.00
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       7         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       7         73.00       07300       DRUGS CHARGED TO PATI ENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       7         74.00       07400       RENAL DI ALYSI S       0       0       0       0       0.000000       0.000000       7         75.00       07500 ASC (NON-DI STINCT PART)       0       0       0       0.000000       0.000000       7         91.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       9         92.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       9         92.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       9         90.00       09900       CMHC       0       0       0	69.00 0690	0 ELECTROCARDI OLOGY	218, 706	4,044,302	4, 263, 00	0. 139929	0.00000	69.00
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       7         73.00       07300       DRUGS CHARGED TO PATIENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       7         74.00       07400       RENAL DI ALYSIS       0       0       0       0       0       0.000000       7         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0.000000       0.000000       7         0UTPATIENT SERVICE COST CENTERS       91.00       091000       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       9         92.00       092000       OBSERVATION BEDS (NON-DI STINCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       9         99.00       099000       CMHC       0       0       0       0       20.04300       2,444,037       9.549481       0.000000       9         90.00       Subtotal (see instructions)       54,396,423       140,564,851       194,961,274       20       20       20       20       20       20       20       20       20			0	0				
73.00       07300       DRUGS CHARGED TO PATIENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       7         74.00       07400       RENAL DI ALYSIS       0       0       0       0       0       0.000000       7         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0       0.000000       7         0017PATIENT SERVICE COST CENTERS       91.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       9         92.00       09200       0BSERVATION BEDS (NON-DI STINCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       9         99.00       09900       CMHC       0       0       0       0       9       20       200.00       Subtotal (see instructions)       54,396,423       140,564,851       194,961,274       20       20       20       20       20       20       20       0       20								
74.00       07400       RENAL DI ALYSI S       0       0       0.000000       0.000000       7         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0.000000       7         0UTPATIENT SERVICE COST CENTERS       91.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       9         92.00       09200       0BSERVATION BEDS (NON-DI STINCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       9         99.00       09900       CMHC       0       0       0       9       9       0       0       0       9       9       0       0       0       9       0       0       0       9       9       0       0       0       0       9       0       0       0       9       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
75.00         07500         ASC (NON-DI STINCT PART)         0         0         0.000000         0.000000         7           OUTPATIENT SERVICE COST CENTERS         09100         EMERGENCY         2,456,845         32,573,439         35,030,284         0.120568         0.000000         9           92.00         09200         OBSERVATION BEDS (NON-DI STINCT PART)         439,737         2,004,300         2,444,037         0.549481         0.000000         9           0THER REIMBURSABLE COST CENTERS         09900         CMHC         0         0         9         0         9         0         20         0         204,300         2,444,037         0.549481         0.000000         9         9           001HER         REIMBURSABLE COST CENTERS         0         0         0         0         0         9         0								
OUTPATI ENT SERVICE COST CENTERS           91. 00         09100         EMERGENCY         2, 456, 845         32, 573, 439         35, 030, 284         0. 120568         0. 000000         9           92. 00         092000         DBSERVATI ON BEDS (NON-DI STINCT PART)         439, 737         2, 004, 300         2, 444, 037         0. 549481         0. 000000         9           0THER REIMBURSABLE COST CENTERS         09900         CMHC         9         0         0         9         9         0         09900         CMHC         9         20         0         200. 00         Subtotal (see i nstructions)         54, 396, 423         140, 564, 851         194, 961, 274         20         20         20				-				
91.00         09100         EMERGENCY         2,456,845         32,573,439         35,030,284         0.120568         0.000000         9           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART)         439,737         2,004,300         2,444,037         0.549481         0.000000         9           0THER         REI MBURSABLE         COST CENTERS         0         0         0         9         9         0         09900         CMHC         9         0         0         9         20         20         0         9         0         0         9         20         0         20         0         20         0         20         0         20         0         20         9         20         0         20 <td< td=""><td></td><td></td><td>0</td><td>0</td><td></td><td>0 0.000000</td><td>0.00000</td><td>75.00</td></td<>			0	0		0 0.000000	0.00000	75.00
92. 00         09200         OBSERVATI ON BEDS (NON-DI STINCT PART)         439, 737         2,004,300         2,444,037         0.549481         0.000000         9           0THER REIMBURSABLE COST CENTERS         0         0         0         99.00         09900         CMHC         99.00         0         90.00         99000         CMHC         90.00         90.00         0         90.00         90.00         0         90.00         90.00         0         90.00         90.00         0         90.00         90.00         0         90.00							0.00000	
OTHER         REI MBURSABLE         COST         CENTERS           99.00         099000         CMHC         0         0         9           200.00         Subtotal         (see i nstructions)         54, 396, 423         140, 564, 851         194, 961, 274         20           201.00         Less         Observation         Beds         20								
99.00         09900         CMHC         0         0         9           200.00         Subtotal (see instructions)         54, 396, 423         140, 564, 851         194, 961, 274         20           201.00         Less Observation Beds         54, 396, 423         140, 564, 851         194, 961, 274         20			439, 737	2,004,300	2,444,03	0.549481	0.00000	92.00
200. 00         Subtotal (see instructions)         54, 396, 423         140, 564, 851         194, 961, 274         20           201. 00         Less Observation Beds         20 <t< td=""><td></td><td></td><td></td><td></td><td>1</td><td>0</td><td></td><td>00.00</td></t<>					1	0		00.00
201.00 Less Observation Beds 20			-	-		-		99.00 200.00
			54, 390, 423	140, 304, 851	194, 901, 27	4		200.00
			54 306 422	140 564 851	104 061 07	4		201.00
	202.00		54, 570, 423	140, 304, 631	174, 701, 27		l	1202.00

Heal th	Fi na	nci a	al Syst	tems	5			AS
COMPUT	ATI ON	I OF	RATI 0	0F	COSTS	TO	CHARGES	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 15-0181	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Pre 11/18/2020 7:	
		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
I NPATI ENT ROUTI NE SERVI CE COST CENTERS					
30. 00 03000 ADULTS & PEDIATRICS					30.00
31. 00 03100 I NTENSI VE CARE UNI T					31.00
32. 00 03200 CORONARY CARE UNI T					32.00
33. 00 03300 BURN INTENSIVE CARE UNIT					33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT					34.00
43. 00 04300 NURSERY					43.00
ANCI LLARY SERVI CE COST CENTERS					
50. 00 05000 OPERATING ROOM	0. 127217				50.00
51.00 05100 RECOVERY ROOM	0. 000000				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 463495				52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000				53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 233356				54.00
54.01 03630 ULTRA SOUND	0. 142052				54.01
56. 00 05600 RADI OI SOTOPE	0. 000000				56.00
56. 01 05601 0NC0L0GY	0. 327201				56.01
57.00 05700 CT SCAN	0. 189471				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 253482				58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000				59.00
60. 00 06000 LABORATORY	0. 158560				60. OC
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000				62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000				63.00
64.00 06400 INTRAVENOUS THERAPY	0. 000000				64.00
65. 00 06500 RESPI RATORY THERAPY	0. 420509				65. OC
66. 00 06600 PHYSI CAL THERAPY	0. 511533				66. OC
67.00 06700 OCCUPATI ONAL THERAPY	0. 358686				67. OC
68.00 06800 SPEECH PATHOLOGY	0. 385479				68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 139929				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 000000				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 144773				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 355077				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 342083				73.00
74.00 07400 RENAL DIALYSIS	0. 000000				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000				75.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0. 120568				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 549481				92.00
OTHER REIMBURSABLE COST CENTERS					1 1
99. 00 09900 CMHC					99.00
200.00 Subtotal (see instructions)					200.00
201.00 Less Observation Beds					201.00
202.00 Total (see instructions)					202.00
	i l				,

	Financial Systems / ATION OF RATIO OF COSTS TO CHARGES	ASCENSION ST. VI	Provider C	°N· 15_0181	Peri od:	u of Form CMS-: Worksheet C	2552-10
COMPUT	ATTON OF RATTO OF COSTS TO CHARGES		Provider C	CN. 15-0181	From 07/01/2019 To 06/30/2020	Part I Date/Time Pre 11/18/2020 7:	pared: 51 am
			Titl	e XIX	Hospi tal	Cost	
					Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Di sal I owance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1		1			
	03000 ADULTS & PEDI ATRI CS	6, 520, 423		6, 520, 42		6, 520, 423	
	03100 I NTENSI VE CARE UNI T	0			0 0	0	
	03200 CORONARY CARE UNI T	0			0 0	0	
	03300 BURN INTENSIVE CARE UNIT	0			0 0	0	
	03400 SURGICAL INTENSIVE CARE UNIT	0			0 0	0	
43.00	04300 NURSERY	909, 017		909, 01	17 0	909, 017	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	( 0/0 404				( 0/0 404	50.00
	05000 OPERATING ROOM	6, 862, 481		6, 862, 48		6, 862, 481	
	05100 RECOVERY ROOM	0		F F0( 4	0 0	0	
	05200 DELIVERY ROOM & LABOR ROOM	5, 526, 148		5, 526, 14	18 0	5, 526, 148	
	05300 ANESTHESI OLOGY	0		0 007 0		0	
	05400 RADI OLOGY-DI AGNOSTI C	2, 387, 372		2, 387, 3		2, 394, 689	1
	03630 ULTRA SOUND	374, 873		374, 87		374, 873	
	05600 RADI OI SOTOPE 05601 ONCOLOGY	025 572		0.05 5		022,110	
	05700 CT SCAN	925, 572		925, 5		932, 119	1
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 155, 706 592, 757		1, 155, 70 592, 75		1, 155, 706 592, 757	
	05900 CARDIAC CATHETERIZATION	592,757		592,73	0 0	592, 151	
	06000 LABORATORY	2, 395, 707		2, 395, 70	Ŭ Ŭ	2, 395, 707	
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2, 393, 707		2, 395, 70	0 0	2, 393, 707	1
	06300 BLOOD STORING, PROCESSING & TRANS.	0			0 0	0	
	06400 I NTRAVENOUS THERAPY	0			0 0	0	
	06500 RESPIRATORY THERAPY	820, 805	C	820, 80	-	820, 805	
	06600 PHYSI CAL THERAPY	2, 728, 944				2, 728, 944	
	06700 OCCUPATI ONAL THERAPY	40, 114		40, 1		40, 114	
	06800 SPEECH PATHOLOGY	338, 849		338, 84		338, 849	
	06900 ELECTROCARDI OLOGY	596, 520		596, 52		596, 520	
	07000 ELECTROENCEPHALOGRAPHY	0,020		0,0,0	0 0	0,0,020	1
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	791, 633		791, 63	-	791, 633	
	07200 I MPL. DEV. CHARGED TO PATIENTS	1, 754, 645		1, 754, 64		1, 754, 645	
	07300 DRUGS CHARGED TO PATIENTS	5, 551, 059		5, 551, 0		5, 551, 059	
	07400 RENAL DIALYSIS	0,001,007			0 0	0,001,007	1
	07500 ASC (NON-DISTINCT PART)	0			0 0	0	
	OUTPATIENT SERVICE COST CENTERS	-		1	-	-	
	09100 EMERGENCY	4, 223, 547		4, 223, 54	47 0	4, 223, 547	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 342, 951		1, 342, 9	51	1, 342, 951	92.00
	OTHER REIMBURSABLE COST CENTERS						1
	09900 CMHC	0			0	0	99.00
200.00	Subtotal (see instructions)	45, 839, 123	C	45, 839, 12	13, 864	45, 852, 987	200.00
		1 242 051		1 242 0	1	1 242 051	1201 00
201.00	Less Observation Beds	1, 342, 951		1, 342, 9	1	1, 342, 951	201.00

From 0701/2019         Part 1           To 06/3/020         The Prepared Date 7/Time Prepared Not 2011           Cost Center Description         Inpatient         Outpatient         Total (col. + col 7)         Cost of 0ther Ratio         TEFRA Inpatient           0         000         000000         000000         000         000000         000         000000         000         000000         000         000000         000         000000         000000         000000         0000000         00000000         000000000         000000000000000000000000000000000000	Health Financial Systems	ASCENSION ST. VI		CN 15 0101		u of Form CMS-	2552-10
Cost Center Description         Charges         Cost of Cost of the Ratio         TEFRA Inpatient           INPATIENT ROUTINE SERVICE COST CENTERS         0         7.00         8.00         9.00         10.00           30.00         03000 ADULTS & PEDIATRICS         9.130.385         9.130.385         30.         31.           32.00         03200 (DINENSIV CARE UNIT         0         0         0         33.           34.00         03200 (DRNIN INTENSIV CARE UNIT         0         0         33.           34.00         03400 (MISSERY         4.016.185         4.016.185         4.31.           ANCILLARY SERVICE COST CENTERS         0         0         34.         0.0000000 (DEPRATI ING ROM         13.0442.203         40.894.826         53.943.029         0.127217         0.0000000           51.00         05100 (RECOVERY ROM         16.327         2.99.944.826         53.943.029         0.127217         0.0000000         52.00           52.00         05200 (RECOVERY ROM         16.327.975         2.99.944.826         53.943.029         0.127217         0.0000000         52.00           52.00         05200 (RECOVERY ROM         14.92.759         2.99.944.826         53.943.029         0.0000000         52.00         53.943.029         0.0000000 <t< td=""><td>COMPUTATION OF RATIO OF COSTS TO CHARGES</td><td></td><td></td><td></td><td></td><td>Date/Time Pre</td><td>epared: 51 am</td></t<>	COMPUTATION OF RATIO OF COSTS TO CHARGES					Date/Time Pre	epared: 51 am
Cost Center Description         Inpatient         Outpatient         Total (col. 6) + col. 7)         Cost or Other Ratio         TEFRA Ratio           INPATIENT ROUTINE SERVICE COST CENTERS         6.00         7.00         8.00         9.00         10.00           00         03000 (INTENSIVE CARE UNIT         0         0         0.00         0.00         0.00         31.00         0.00         0.00         0.00         33.1           00         03000 (INTENSIVE CARE UNIT         0         0         0.00         0.00         0.00         33.3           00         03000 (DRIRG LCL INTENSIVE CARE UNIT         0         4.016, 185         4.016, 185         30.0           01.00         05000 (PECOVERY PROM         13.048, 203         40.894, 824         53.943, 029         0.127217         0.000000         52.00           05000 (PECOVERY PROM         13.048, 203         40.894, 824         53.943, 029         0.127217         0.000000         52.00         0.000000         53.00         0.000000         53.00         53.00         0.000000         53.00         53.00         0.000000         53.00         0.000000         53.00         0.000000         54.00         0.000000         54.00         0.000000         54.00         0.000000         56.00				e XIX	Hospi tal	Cost	
INPART ENT ROUTINE SERVICE COST CENTERS	Cost Center Description	I npati ent				Inpati ent	
30: 00         03000 ADULTS & PEDIATRICS         9, 130, 385         9, 130, 385         30. 00         310           30: 00         03200 CORONARY CARE UNIT         0         0         0         0         31           32: 00         03200 CORONARY CARE UNIT         0         0         0         33         31           30: 00         03400 SURGICAL INTENSIVE CARE UNIT         0         0         0         33           34: 00         03400 UNUSESY         4, 016, 185         4, 016, 185         4, 016, 185         4, 016, 185         4, 016, 185           50: 00         05000 OPERATING ROOM         13, 048, 203         40, 894, 826         53, 943, 029         0, 127217         0, 000000         55           50: 00         05200 DELIVERY ROOM         11, 632, 795         289, 994         11, 922, 789         0, 463495         0, 000000         53           50: 00         05400 RADI LOGY         0		6.00	7.00	8.00	9.00	10.00	
31:0.0       03100       INTERSIVE CARE UNIT       0       31.0.0       33.0.0       03300       EVENT       0       32.0       33.0.0       03400       SURGI CAL       INTENSIVE CARE UNIT       0       34.0.0       34.0.0       34.0.0       34.0.0       34.0.0       03400       SURGI CAL       INTENSIVE CARE UNIT       0       0       0       0.0.000000       55.0.0.0       55.0.0.0       DEVICENT ROM       ALABOR ROM       11.632.795       289.994       11.922.789       0.0.000000       55.2.0.0       0.0.000000       52.5.0.0       0       0.0.000000       55.0.0       0.0.000000       52.5.0.0       0.0.000000       54.0.0       0.0.000000       56.0.0       0.0.000000       50.0.0       0.0.000000       55.0.0       0.0.000000       50.0.0       0.0.000000       50.0.0       0.0.000000       50.0.0       0.0.000000       50.0.0       0.0.000000       50.0.0       0.0.000000       50.0.0       50.0.0       50.0.0       50.0.0       50.0.0       50.0.0       50.0.0.000000       50.0.0       50.0.0							
32:00       03200       CORONARY CARE UNIT       0       0       32.00       33.0				9, 130, 38			30.00
33.00         033.00         BURN INTENSIVE CARE UNIT         0         0         33.3           04.00         03400         NURSERY         4,016,185         4,016,185         4,016,185         4,016,185         4,016,185         4,016,185         4,016,185         4,016,185         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,01,015         4,016,015         4,016,01,015         4,016,015         4,		0			-		31.00
34.00       03400       SURCICAL INTENSIVE CARE UNIT       0       0       34.40       0       34.40       34.40       34.40       34.40       34.40       34.40       34.40       34.40       34.40       34.40       34.40       34.40       34.40       34.40       36.40       35.943.029       0.127217       0.000000       50.50       51.943.029       0.000000       50.50       51.943.029       0.000000       52.00       0.5200       DELVERY ROOM       11.632.755       289.994       11.922.789       0.463495       0.000000       52.53.40       0.50000       0.463495       0.000000       54.54.157       0.000000       54.54.157       0.600000       0.000000       54.54.157       0.000000       54.54.157       0.000000       54.54.157       0.000000       56.000000       55.50.00       0.000000       56.000000       55.50.00       0.000000       56.000000       56.000000       56.000000       56.000000       56.000000       56.000       56.00       6.099.639       0.189471       0.000000       57.50       0.5000       58.00       56.00       6.099.639       0.189471       0.000000       56.57.00       0.000000       56.000000       56.000000       6.0000000       6.0000000       56.000000       56.000       56.000       56.000		0			0		32.00
43.00       D4300       NURSERY       4,016,185       4,016,185       43.         MACILLARY SERVICE COST CENTERS		0			0		33.00
ANCI LLARY SERVICE COST CENTERS         Image: Control of the co		0		1.01/ 10	0		34.00
50. 00       050001       0FERATING ROM       13, 048, 203       40, 894, 826       53, 943, 029       0.127217       0.000000       51.         51. 00       05100       RECOVERY ROM       0       0       0.000000       51.         52. 00       05200       DELIVERY ROM & LABOR ROM       11, 632, 795       289, 994       11, 922, 789       0.463495       0.000000       52.         53. 00       05300       RAUSTHESI OL-OGY       0       0       0.000000       54.       0.5300       RAUSTHESI OL-OGY       0       0       0.000000       54.         54. 01       03630       ULTRA SOUND       94, 819       2, 544, 157       2, 638, 976       0.142052       0.000000       55.         56. 00       05600       RADI OLSTOPE       0       0       0.000000       55.       56.       0.05700       CT SCAN       429, 234       5, 670, 405       6, 099, 639       0.189471       0.000000       55.         59. 00       05800       LABOTARY       429, 234       5, 670, 405       0.090, 639       0.189471       0.000000       56.         50. 00       05000       CADI AC CATHETERI ZATI ON       0       0       0.000000       0.0000000       0.0000000       0.000000 <t< td=""><td></td><td>4,016,185</td><td></td><td>4,016,18</td><td>5</td><td></td><td>43.00</td></t<>		4,016,185		4,016,18	5		43.00
51.00       OS100       RECOVERY ROM       0       0       0       0       0.000000       51.00       0.000000       52.00       0       0.000000       52.00       0       0.000000       52.00       0.000000       52.00       0.000000       52.00       0.000000       52.00       0.000000       52.00       0.000000       52.00       0.000000       53.00       AUSTHESI OLOGY       0       0.000000       53.00       AUSTHESI OLOGY       0.000000       54.00       0.000000       53.00       AUSTHESI OLOGY       0.000000       54.00       0.000000       54.00       0.000000       54.00       0.000000       55.00       0.000000       0.0000000       0.000000 <t< td=""><td></td><td>12 049 202</td><td>40 004 024</td><td>E2 042 02</td><td>0 0 107017</td><td>0,00000</td><td>50 00</td></t<>		12 049 202	40 004 024	E2 042 02	0 0 107017	0,00000	50 00
52.00         05200         DELIVERY ROM & LABOR ROM         11, 632, 795         289, 994         11, 922, 789         0, 463495         0, 000000         53.           53.00         05300         ANESTHESI OLGGY         0         0         0, 000000         53.         53.         0, 05400         ANESTHESI OLGGY         0, 0, 000000         53.         53.         0, 05400         RADI OLGGY-DI AGNOSTI C         316, 957         9, 944, 987         10, 261, 944         0, 1222643         0, 000000         54.           54.00         05600         RADI OLGGY-DI AGNOSTI C         44, 919         2, 843, 849         2, 848, 768         0, 324903         0, 000000         56.           56.00         05600         MAGNETI C RESONANCE I MAGI NG (MRI )         42.294         2, 296, 168         2, 338, 462         0, 200000         58.           59.00         05800         LABORTORY         4, 354, 953         10, 754, 232         15, 109, 185         0.         0, 000000         0, 000000         62.         0         0         0, 000000         63.         4.         4.354, 953         10, 754, 232         15, 109, 185         0.         0.000000         0.000000         62.         0         0         0, 0000000         63.         4.         64.00         60.0		13, 046, 203	40, 694, 620	03, 943, 02			
53.00       OS300       ANESTHESI OLOGY       0       0       0       0.000000       53.         54.00       05400       RADI OLOGY-DI AGNOSTI C       316, 957       9, 944, 987       10, 261, 944       0.232643       0.000000       54.         54.01       03630       ULTRA SOUND       94, 819       2, 544, 157       2, 638, 976       0.142052       0.000000       56.         56.01       05601       0COL       0.00000       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       56.       0.000000       58.       0.000000       59.       0.000000       59.       0.000000       59.       0.000000       59.       0.000000       59.       0.000000       59.       0.000000       59.       0.000000       50.       0.000000       50.       0.000000       50.       0.000000       50.       0.000000       50.       0.000000       50.       0.000000       50.       0.000000       50.       0.000000       50.       0.000000		11 622 705	200 004	11 022 70			
54.00       CM010L0GY-DIAGNOSTIC       316,957       9,944,987       10,251,944       0.232643       0.00000       54.         54.01       03630       ULTRA SOUND       94,819       2,544,157       2,638,976       0.142052       0.000000       56.         50.00       05600       RADIOLOGY       4,919       2,843,849       2,848,768       0.324903       0.000000       55.         57.00       05700       CT SCAN       429,234       5,670,405       6,099,639       0.189471       0.000000       57.         58.00       05800       MAGNETI C RESONANCE I MAGING (MRI)       42,224       2,296,168       2,338,462       0.253482       0.000000       58.         59.00       05900       CARDIA C CATHETERI ZATI ON       0       0       0       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.       0.000000       60.		11,032,795	209, 994	11, 922, 70			
54.01       03630       JLTRA SOUND       94,819       2,544,157       2,638,976       0.142052       0.000000       56.         56.00       05600       RADIOI STOPE       0       0       0       0       0.000000       56.         57.00       05500       CASCIA       429,234       5,670,405       6,099,639       0.189471       0.000000       58.         58.00       05800       MAGNETIC RESONANCE IMAGING (MRI)       42,294       2,296,168       2,338,462       0.253482       0.000000       58.         59.00       05900       CARDIAC CATHETERIZATION       0       0       0.000000       0.000000       68.         60.00       06000       WHOLE BLOOD & PACKED RED BLODD CELLS       0       0       0.000000       0.000000       63.         61.00       06400       INTRAVENOUS THERAPY       0       0       0.000000       0.000000       66.         65.00       06500       RESPIRATORY THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       66.         66.00       06600       PHYSI CAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       66.         67.00       0       <		216 057		10 261 04			
56. 00       05600       RADIOLSTOPE       0       0       0       0.000000       56. 56. 57. 57. 57. 57. 57. 57. 57. 57. 57. 57							
56.01       05601       0NCOLOGY       4,919       2,843,849       2,848,768       0.324903       0.000000       56.         57.00       05700       CT SCAN       429,234       5,670,405       6,099,639       0.189471       0.000000       57.         58.00       05800       MAGNETIC RESONANCE IMAGING (MRI)       42,224       2,296,168       2,338,462       0.253482       0.000000       59.         59.00       06000       LABORATORY       4,354,953       10,754,232       15,109,185       0.158560       0.000000       60.         63.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       0.000000       0.000000       63.         64.00       06400       INTRAVENOUS THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       64.         6500       RESPI RATORY THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       65.         6600       OBCOD TINNAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       66.         67.00       06000       ELECTROCARDIOLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       67.		94,019					
57.00       05700       CT SCAN       429, 234       5, 670, 405       6, 099, 639       0. 189471       0. 000000       57.         58.00       05800       MAGNET1C RESONANCE I MAGI NG (MRI )       42, 294       2, 296, 168       2, 338, 462       0. 253482       0. 000000       59.         60.00       06000       LABORATORY       4, 354, 953       10, 754, 232       15, 109, 185       0. 158560       0. 000000       60.         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       0       0.000000       0. 000000       63.         64.00       06400       INTRAVENOUS THERAPY       0       0       0       0.000000       0.000000       64.         65.00       06500       RESPI RATORY THERAPY       512, 026       1, 439, 907       1, 951, 933       0. 420509       0.000000       66.         67.00       06700       0CCUPATI ONAL THERAPY       58, 711       26, 125       111, 836       0. 358686       0.000000       67.         68.00       06800       SPEECH PATHOLOGY       6, 474       872, 559       879, 033       0. 385479       0.000000       67.         71.00       07000       ELECTROCARDI OLOGY       218, 706       3, 643, 008       0.00		4 919	0				
58.00       05800       MAGNETIC RESONANCE I MAGING (MRI)       42,294       2,296,168       2,338,462       0.253482       0.00000       58.         59.00       CARDIAC CATHETERIZATION       0       0       0       0.000000       0.000000       0.000000       60.00         60.00       G6200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       0       0.000000       0.000000       62.00         63.00       D6400       INTRAVENOUS THERAPY       0       0       0       0.000000       0.000000       64.00         0.6500       RESPIRATORY THERAPY       0       0       0       0.000000       0.000000       64.00         0.6500       RESPIRATORY THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       65.00         66.00       06400       PHYSI CAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       66.         67.00       00       00       0       0.000000       0.000000       66.       6.474       872,559       879,033       0.385479       0.000000       69.         69.00       06800       SPECH PATHOLOGY       218,706       4,044,302       4,263,008       0.13992							•
59.00         CARDIAC CATHETERIZATION         0         0         0         0.000000         0.000000         59.           60.00         06000         LABORATORY         4,354,953         10,754,232         15,109,185         0.158560         0.000000         60.           63.00         06400         WHOLE BLOOD & PACKED RED BLOOD CELLS         0         0         0.000000         0.000000         63.           64.00         06400         INTRAVENUS THERAPY         0         0         0.000000         0.000000         64.           65.00         06500         PESPI RATORY THERAPY         0         0         0.000000         65.           66.00         06600         PHYSI CAL THERAPY         512,026         1,439,907         5,334,836         0.511533         0.000000         65.           67.00         0CCUPATI ONAL THERAPY         85,711         26,125         111,836         0.38647         0.000000         66.           69.00         06900         ELECTROCARNIOLOGY         218,706         4,044,302         4,263,008         0.139929         0.000000         67.           71.00         07100         MEDI CAL SUPLI ES CHARGED TO PATI ENTS         1,881,565         3,586,542         5,468,107         0.144773							
60.00       06000       LABORATORY       4, 354, 953       10, 754, 232       15, 109, 185       0. 158560       0.000000       60.         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       0.000000       0.000000       62.         63.00       06400       INTRAVEMOUS THERAPY       0       0       0.000000       0.000000       63.         64.00       06400       INTRAVEMOUS THERAPY       0       0       0.000000       0.000000       63.         65.00       06500       RESPI RATORY THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       65.         66.00       06600       PHYSI CAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       66.         67.00       06700       0CUPATI ONAL THERAPY       85,711       26,125       111,836       0.385686       0.000000       68.         69.00       ELECTROCARDI OLOGY       6,474       872,559       879,033       0.385479       0.000000       69.         71.00       07000       ELECTROCARDI OLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       70.         72.00       072		0	0	_//			
62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0       0       0       0.000000       0.000000       62.         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0       0.000000       0.000000       63.         64.00       06500       RESPIRATORY THERAPY       0       0       0       0.000000       0.000000       65.         65.00       06500       RESPIRATORY THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       65.         66.00       06600       PHYSICAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       66.         67.00       06700       0CCUPATI ONAL THERAPY       85,711       26,125       111,836       0.358686       0.000000       67.         68.00       0SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479       0.000000       69.         70.00       O7000       ELECTROCARDI DLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       71.         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       1,881,565       3,586,542       5,468,107       0.144773       0.00		4, 354, 953	10, 754, 232	15, 109, 18			
63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       0       0       0.000000       0.000000       63.         64.00       06400       INTRAVENOUS THERAPY       0       0       0       0.000000       64.         65.00       RESPI RATORY THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       65.         66.00       0600       PHYSI CAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       67.         67.00       06700       0CCUPATIONAL THERAPY       85,711       26,125       111,836       0.358686       0.000000       67.         68.00       06800       SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479       0.000000       68.         69.00       07000       ELECTROCARDIOLOGY       218,706       4,044,302       4,263,008       0.139999       0.000000       70.         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       72.         73.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000	62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				
65.00       06500       RESPI RATORY THERAPY       512,026       1,439,907       1,951,933       0.420509       0.000000       65.         66.00       0600       PHYSI CAL THERAPY       300,566       5,034,270       5,334,836       0.511533       0.000000       66.         67.00       06700       0CCUPATI ONAL THERAPY       85,711       26,125       111,836       0.358686       0.000000       67.         68.00       06800       SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479       0.000000       68.         69.00       06900       ELECTROCARDI OLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       70.         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       72.         73.00       07300       DRUGS CHARGED TO PATIENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       72.         74.00       O400       RERGENCY       0       0       0       0.000000       0.000000       74.         75.00       O7500       ASC (NON-DI STINCT PART)       0       0       0.000000       0.000000<		0	0		0 0.000000	0. 000000	63.00
66.00       06600       PHYSI CAL THERAPY       300, 566       5, 034, 270       5, 334, 836       0. 511533       0. 000000       66.         67.00       06700       OCCUPATI ONAL THERAPY       85, 711       26, 125       111, 836       0. 358686       0. 000000       67.         68.00       06800       SPEECH PATHOLOCY       6, 474       872, 559       879, 033       0. 385479       0. 000000       68.         69.00       06900       ELECTROCARDI OLOGY       218, 706       4, 044, 302       4, 263, 008       0. 139929       0. 000000       69.         0.00       0       0       0       0       0       0. 000000       69.       0. 000000       0. 000000       71.         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       1, 881, 565       3, 586, 542       5, 468, 107       0. 144773       0. 000000       72.         73.00       07300       DRUGS CHARGED TO PATI ENTS       2, 408, 311       2, 533, 276       4, 941, 587       0. 342083       0. 000000       73.         74.00       RNAL DI ALYSI S       0       0       0       0. 000000       0. 000000       74.         75.00       07500       ASC (NON-DI STI NCT PART)       0       0	64.00 06400 INTRAVENOUS THERAPY	0	0	)	0 0.000000	0.000000	64.00
67.00       06700       0CCUPATIONAL THERAPY       85,711       26,125       111,836       0.358686       0.000000       67.         68.00       06800       SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479       0.000000       68.         69.00       06900       ELECTROCARDIOLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       69.         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       0.000000       70.         71.00       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       71.         72.00       07200 IMPL. DEV. CHARGED TO PATI ENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       73.         74.00       07400       RENAL DI ALYSI S       0       0       0       0.000000       74.         75.00       07500 ASC (NON-DI STINCT PART)       0       0       0       0.000000       75.         017DATI ENT SERVICE COST CENTERS       91.00       09200       0SERVATION BEDS (NON-DI STINCT PART)       439,737       2,004,300       2,444,037       0.549481       0.0000000       92.	65. 00 06500 RESPI RATORY THERAPY	512, 026	1, 439, 907	1, 951, 93	3 0. 420509	0. 000000	65.00
68.00       06800       SPEECH PATHOLOGY       6,474       872,559       879,033       0.385479       0.000000       68.         69.00       06900       ELECTROCARDIOLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       69.         70.00       O7000       ELECTROENCEPHALOGRAPHY       0       0       0       0.000000       70.         71.00       O7100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       71.         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       72.         73.00       07300       RENAL DI ALYSI S       3,015,738       13,211,513       16,227,251       0.342083       0.000000       74.         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0.000000       75.         0UTPATI ENT SERVICE COST CENTERS       91.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       92.         07100       MEDISABLE COST CENTERS       91.00       0       0       0       0.549481 <td>66. 00 06600 PHYSI CAL THERAPY</td> <td>300, 566</td> <td>5, 034, 270</td> <td>5, 334, 83</td> <td>6 0. 511533</td> <td>0. 000000</td> <td>66.00</td>	66. 00 06600 PHYSI CAL THERAPY	300, 566	5, 034, 270	5, 334, 83	6 0. 511533	0. 000000	66.00
69.00       06900       ELECTROCARDI OLOGY       218,706       4,044,302       4,263,008       0.139929       0.000000       69.         70.00       07000       ELECTROENCEPHALOGRAPHY       0       0       0       0.000000       0.000000       70.         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       71.         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       72.         73.00       07300       DRUGS CHARGED TO PATI ENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       74.         74.00       07500       ASC (NON-DI STI NCT PART)       0       0       0       0.000000       75.         0100       07500       ASC (NON-DI STI NCT PART)       2,456,845       32,573,439       35,030,284       0.120568       0.000000       91.         92.00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       92.         0.1100       ENTR REI MBURSABLE COST CENTERS       99.00       0       0 <td>67.00 06700 OCCUPATI ONAL THERAPY</td> <td>85, 711</td> <td>26, 125</td> <td>111, 83</td> <td>6 0.358686</td> <td>0.000000</td> <td>67.00</td>	67.00 06700 OCCUPATI ONAL THERAPY	85, 711	26, 125	111, 83	6 0.358686	0.000000	67.00
70.00         07000         ELECTROENCEPHALOGRAPHY         0         0         0         0.000000         0.000000         70.           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENTS         1,881,565         3,586,542         5,468,107         0.144773         0.000000         71.           72.00         07200         IMPL. DEV. CHARGED TO PATIENTS         2,408,311         2,533,276         4,941,587         0.355077         0.000000         72.           73.00         07300         DRUGS CHARGED TO PATIENTS         3,015,738         13,211,513         16,227,251         0.342083         0.000000         73.           74.00         07400         RENAL DI ALYSIS         0         0         0         0.000000         74.           75.00         0750         ASC (NON-DI STINCT PART)         0         0         0         0.000000         75.           01000         EMERGENCY         2,456,845         32,573,439         35,030,284         0.120568         0.000000         91.           92.00         09200         DSERVATI ON BEDS (NON-DI STINCT PART)         439,737         2,004,300         2,444,037         0.549481         0.000000         92.           0.100000         CMHC         0         0	68.00 06800 SPEECH PATHOLOGY	6, 474	872, 559	879, 03	0. 385479	0.000000	68.00
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       1,881,565       3,586,542       5,468,107       0.144773       0.000000       71.         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       72.         73.00       07300       DRUGS CHARGED TO PATI ENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       73.         74.00       07400       RENAL DI ALYSI S       0       0       0       0       0.000000       74.         75.00       07500       ASC (NON-DI STI NCT PART)       0       0       0       0.000000       74.         75.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       91.         91.00       09200       OBSERVATION BEDS (NON-DI STI NCT PART)       2,456,845       32,573,439       35,030,284       0.120568       0.000000       91.         92.00       09200       OBSERVATION BEDS (NON-DI STI NCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       92.         90.00       09200       CMHC       0       0       0       0.0	69. 00 06900 ELECTROCARDI OLOGY	218, 706	4, 044, 302	4, 263, 00	0. 139929	0.000000	69.00
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       2,408,311       2,533,276       4,941,587       0.355077       0.000000       72.         73.00       07300       DRUGS CHARGED TO PATIENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       73.         74.00       07400       RENAL DI ALYSIS       0       0       0       0       0.000000       74.         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0.000000       74.         75.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       91.         92.00       09200       OBSERVATION BEDS (NON-DI STINCT PART)       2,456,845       32,573,439       35,030,284       0.120568       0.000000       92.         99.00       09200       OBSERVATION BEDS (NON-DI STINCT PART)       2,456,845       32,573,439       35,030,284       0.120568       0.000000       92.         99.00       09200       OBSERVATION BEDS (NON-DI STINCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       92.         90.00       09900       CMHC       0       0       0       0	70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0	)	0 0.000000	0.000000	70.00
73.00       07300       DRUGS CHARGED TO PATIENTS       3,015,738       13,211,513       16,227,251       0.342083       0.000000       73.         74.00       07400       RENAL DI ALYSIS       0       0       0       0       0.000000       74.         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0.000000       74.         75.00       07500       ASC (NON-DI STINCT PART)       0       0       0       0.000000       74.         71.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       91.         92.00       09200       OBSERVATION BEDS (NON-DI STINCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       92.         99.00       09900       CMHC       0       0       0       99.       0       0       0       99.       0       0       0       99.       00       0       0       200.       200.       200.       CMHC       200.       200.       200.       200.       200.       200.       200.       200.       200.       200.       200.       200.       200.       200.       200. <td>71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS</td> <td>1, 881, 565</td> <td>3, 586, 542</td> <td>5, 468, 10</td> <td>0. 144773</td> <td>0.000000</td> <td>71.00</td>	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 881, 565	3, 586, 542	5, 468, 10	0. 144773	0.000000	71.00
74.00         07400         RENAL DI ALYSI S         0         0         0         0.000000         0.000000         74.           75.00         07500         ASC (NON-DI STINCT PART)         0         0         0         0.000000         0.000000         75.           0UTPATIENT SERVICE COST CENTERS         0         0         0         0.120568         0.000000         91.           91.00         09100         EMERGENCY         2,456,845         32,573,439         35,030,284         0.120568         0.000000         91.           92.00         0BSERVATION BEDS (NON-DISTINCT PART)         439,737         2,004,300         2,444,037         0.549481         0.000000         92.           99.00         09900         CMHC         0         0         0         99.         0         09000         CMHC         99.         0         0         0         200.         200.         200 thotal (see instructions)         54,396,423         140,564,851         194,961,274         200.         200.         201.							
75.00         07500         ASC (NON-DI STINCT PART)         0         0         0         0.000000         0.000000         75.           0UTPATI ENT SERVICE COST CENTERS         0         0         0.000000         0.000000         75.         0.000000         0.000000         91.         91.00         09100         EMERGENCY         2,456,845         32,573,439         35,030,284         0.120568         0.000000         91.         92.         0.9200         0BSERVATI ON BEDS (NON-DI STINCT PART)         439,737         2,004,300         2,444,037         0.549481         0.000000         92.         92.           07HER         REIMBURSABLE COST CENTERS         0         0         0         99.00         09900         CMHC         99.         00         0         99.00         0         0         99.00         200.00         Subtotal (see instructions)         54,396,423         140,564,851         194,961,274         90.         200.         200.         201.							
OUTPATIENT SERVICE COST CENTERS           91.00         09100         EMERGENCY         2, 456, 845         32, 573, 439         35, 030, 284         0. 120568         0. 000000         91.           92.00         09200   0BSERVATI ON BEDS (NON-DI STINCT PART)         439, 737         2, 004, 300         2, 444, 037         0. 549481         0. 000000         92.           0THER REI MBURSABLE COST CENTERS         0         0         0         99.00         09900 CMHC         99.00         200.00         Subtotal (see instructions)         54, 396, 423         140, 564, 851         194, 961, 274         200.         200.         201.00		-	-				
91.00       09100       EMERGENCY       2,456,845       32,573,439       35,030,284       0.120568       0.000000       91.         92.00       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART)       439,737       2,004,300       2,444,037       0.549481       0.000000       92.         0THER REI MBURSABLE COST CENTERS       0       0       0       0       99.       0       09900       CMHC       99.       0       0       0       200.       20.       Subtotal (see instructions)       54,396,423       140,564,851       194,961,274       200.       201.       201.		0	0		0 0.000000	0.00000	75.00
92. 00         09200         OBSERVATI ON BEDS (NON-DI STI NCT PART)         439, 737         2, 004, 300         2, 444, 037         0. 549481         0. 000000         92.           0THER REIMBURSABLE COST CENTERS         0         0         0         99.         00         09900         CMHC         99.         0         0         99.         00         0         99.         00         0         99.         00         0         0         200.         200.         201.         0         0         0         200.         200.         201.         0         0         200.         201. <td></td> <td></td> <td></td> <td>05 555</td> <td></td> <td>0.5555</td> <td></td>				05 555		0.5555	
OTHER         REI MBURSABLE         COST         CENTERS           99.00         09900         CMHC         0         0         99.           200.00         Subtotal (see instructions)         54, 396, 423         140, 564, 851         194, 961, 274         200.           201.00         Less Observation Beds         201.         201.         201.         201.							
99. 00         09900         CMHC         0         0         99.           200. 00         Subtotal (see instructions)         54, 396, 423         140, 564, 851         194, 961, 274         200.           201. 00         Less Observation Beds         54, 396, 423         140, 564, 851         194, 961, 274         200.		439, 737	2,004,300	2,444,03	0.549481	0.000000	92.00
200. 00         Subtotal (see instructions)         54, 396, 423         140, 564, 851         194, 961, 274         200.           201. 00         Less Observation Beds         201.				1			00.00
201.00 Less Observation Beds 201.		-	-		-		99.00
		54, 396, 423	140, 564, 851	194, 961, 27	4		
202.001 [101a] (See instructions) [ 34, 340, 423] 140, 304, 631[ 144, 401, 274] [ 202.		54 206 422	140 564 051	10/ 061 27			•
		34, 390, 423	140, 304, 851	174, 901, 27	4		1202.00

	ASCENSION ST. VIN			u of Form CMS-255
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0181	Peri od: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepar 11/18/2020 7:51
		Title XIX	Hospi tal	Cost
Cost Center Description	PPS Inpatient Ratio			
	11.00			
I NPATI ENT ROUTI NE SERVI CE COST CENTERS				
30. 00 03000 ADULTS & PEDI ATRI CS				30
31. 00 03100 I NTENSI VE CARE UNI T				31
32.00 03200 CORONARY CARE UNI T				32
3.00 03300 BURN INTENSIVE CARE UNIT				33
4.00 03400 SURGICAL INTENSIVE CARE UNIT				34
3. 00 04300 NURSERY				43
ANCI LLARY SERVI CE COST CENTERS				
0.00 05000 OPERATING ROOM	0. 000000			50
1.00 05100 RECOVERY ROOM	0. 000000			51
2.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000			52
3. 00 05300 ANESTHESI OLOGY	0. 000000			53
4. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000			54
4.01 03630 ULTRA SOUND	0. 000000			54
6. 00 05600 RADI OI SOTOPE	0. 000000			56
6. 01 05601 ONCOLOGY	0. 000000			56
7.00 05700 CT SCAN	0. 000000			57
8.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000			58
9. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000			59
0. 00 06000 LABORATORY	0.000000			60
2.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000			62
3.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63
4.00 06400 INTRAVENOUS THERAPY	0.000000			64
5. 00 06500 RESPI RATORY THERAPY	0. 000000			65
6. 00 06600 PHYSI CAL THERAPY	0. 000000			66
7.00 06700 OCCUPATI ONAL THERAPY	0. 000000			67
8.00 06800 SPEECH PATHOLOGY	0.000000			68
9.00 06900 ELECTROCARDI OLOGY	0.000000			69
0. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000			70
1. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000			71
2. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000			72
3. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000			73
4. 00 07400 RENAL DIALYSIS	0. 000000			74
5. 00 07500 ASC (NON-DI STINCT PART)	0. 000000			75
OUTPATIENT SERVICE COST CENTERS	0.000000			/.
1. 00 09100 EMERGENCY	0. 000000			91
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92
OTHER REIMBURSABLE COST CENTERS	0.000000			92
9.00 09900 CMHC				99
200.00 Subtotal (see instructions)				200
201.00 Less Observation Beds				201
02.00  Total (see instructions)				20

Health Financial Systems A	ASCENSION ST. VI	NCENT FISHERS		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider C		Period: From 07/01/2019 To 06/30/2020		
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col 2)	Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4,00	5,00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS 31. 00 INTENSIVE CARE UNIT	1, 622, 475 0	0	1, 622, 47	5 2, 986 0 0	543.36 0.00	
32.00 CORONARY CARE UNI T	0			0 0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0			0 0	0.00	33.00
34.00 SURGI CAL I NTENSI VE CARE UNI T	0			0 0	0.00	
43.00 NURSERY	146, 224		146, 22		134.15	43.00
200.00 Total (lines 30 through 199)	1, 768, 699		1, 768, 69	9 4, 076		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
	(	6)	-			
	6.00	7.00				
I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         ADULTS & PEDI ATRI CS	549	298, 305	1			30.00
31. 00 INTENSIVE CARE UNIT	549	298, 305				30.00
32.00 CORONARY CARE UNIT	0	0				31.00
32.00 EURN INTENSIVE CARE UNIT	0	0				32.00
	0	0				33.00
34.00 SURGICAL INTENSIVE CARE UNIT 43.00 NURSERY		0				43.00
200.00 Total (lines 30 through 199)	549	298, 305				200.00
200. OUTOTAL (TTHES SO THEOUGH 199)	549	290, 300	I			1200.00

Health Financial Systems A	ASCENSION ST. VI	NCENT FISHERS		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider CO		Period: From 07/01/2019 To 06/30/2020	Date/Time Pre 11/18/2020 7:	pared: 51 am
			XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	T					
50.00 O5000 OPERATING ROOM	1, 164, 368					•
51.00 05100 RECOVERY ROOM	0				0	
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,002,839	11, 922, 789			0	
53.00 05300 ANESTHESI OLOGY	0	0	0.0000		0	
54.00 05400 RADI OLOGY-DI AGNOSTI C	506, 098					
54.01 03630 ULTRA SOUND	53, 632	2, 638, 976			0	
56. 00 05600 RADI OI SOTOPE	0	0	0.0000		0	00.00
56. 01 05601 ONCOLOGY	209, 411				0	
57. 00 05700 CT SCAN	145, 992					
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	84, 609	2, 338, 462			619	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	0.0000	0 0	0	59.00
60. 00 06000 LABORATORY	169, 877	15, 109, 185	0. 01124	3 953, 242	10, 717	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.0000	0 0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.0000	0 0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.0000	0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	59,033	1, 951, 933	0. 03024	101, 248	3, 062	65.00
66. 00 06600 PHYSI CAL THERAPY	510, 327	5, 334, 836	0. 09565	59 125, 378	11, 994	66.00
67.00 06700 OCCUPATIONAL THERAPY	9, 722	111, 836	0. 08693	35, 253	3, 065	67.00
68.00 06800 SPEECH PATHOLOGY	80, 023	879, 033	0. 09103	1, 956	178	68.00
69. 00 06900 ELECTROCARDI OLOGY	156, 491	4, 263, 008			6, 045	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.0000	0 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	34, 142	5, 468, 107	0.00624	408, 711	2, 552	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	75, 337	4, 941, 587	0. 01524	6 988, 632	15,073	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	280, 334		0.0172			•
74.00 07400 RENAL DIALYSIS	0	0	0.0000	0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.0000		0	75.00
OUTPATIENT SERVICE COST CENTERS						1
91. 00 09100 EMERGENCY	817, 391	35, 030, 284	0. 02333	796, 158	18, 578	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	334, 166					92.00
200.00   Total (lines 50 through 199)	5, 693, 792			8, 488, 868		•

Health Financial Systems	ASCENSION ST. VI	NCENT FISHERS		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHE	R PASS THROUGH COST			Period: From 07/01/2019 To 06/30/2020	Date/Time Pre 11/18/2020 7:	pared: 51 am
			XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School	Nursing School			All Other	
	Post-Stepdown		Post-Stepdowr	n Cost	Medi cal	
	Adj ustments		Adj ustments		Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS			1			
30. 00 03000 ADULTS & PEDI ATRI CS	0	0		0 0	J J	
31.00 03100 INTENSIVE CARE UNIT	0	0		0 0	0	
32.00 03200 CORONARY CARE UNI T	0	0		0 0	0	02.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		0 0	0	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		0 0	0	1 0 11 00
43. 00 04300 NURSERY	0	0		0 0	0	1 101 00
200.00 Total (lines 30 through 199)	0	0		0 0		200.00
Cost Center Description	Swi ng-Bed	Total Costs		Per Diem (col.	Inpati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
		1 through 3,				
		<u>minus col. 4)</u>				
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS			0.00	( 0.00	5.40	1 00 00
30. 00 03000 ADULTS & PEDIATRICS	0	0	2, 98			
31.00 03100 INTENSIVE CARE UNIT		0		0 0.00		
32.00 03200 CORONARY CARE UNIT		0		0 0.00		
33.00 03300 BURN INTENSIVE CARE UNIT		0		0 0.00		00.00
34.00 03400 SURGI CAL I NTENSI VE CARE UNI T		0		0 0.00		
43.00 04300 NURSERY		0	1, 09			
200.00 Total (lines 30 through 199)		0	4, 07	6	549	200.00
Cost Center Description	I npati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	<u>col. 8)</u>					
	9.00					
INPATIENT ROUTINE SERVICE COST CENTERS						30.00
30. 00 03000 ADULTS & PEDIATRICS	0					
31.00 03100 INTENSIVE CARE UNIT	0					31.00
32. 00 03200 CORONARY CARE UNIT	0					32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0					33.00
34.00 03400 SURGI CAL I NTENSI VE CARE UNI T	0					34.00
43.00 04300 NURSERY	0					43.00
200.00   Total (lines 30 through 199)	0					200.00

Health Financial Systems A	SCENSION ST. VI	NCENT FISHERS		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	VICE OTHER PASS	S Provider C		Period: From 07/01/2019 Fo 06/30/2020		pared: 51 am
	_	Title	XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursing School	Nursing School	Allied Health	Allied Health	
	Anestheti st	Post-Stepdown	_	Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	0	C	(	0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	C		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0 0	0	52.00
53.00 05300 ANESTHESI OLOGY	0	C		0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	C		0 0	0	54.00
54.01 03630 ULTRA SOUND	0	0		0	0	54.01
56. 00 05600 RADI OI SOTOPE	0	0		0	0	56.00
56. 01 05601 0NCOLOGY	0	0		0 0	0	56.01
57. 00 05700 CT SCAN	0	0		0	0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	59.00
60, 00 06000 LABORATORY	0	0		0	0	60,00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0	0	62.00
63. 00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	0		0	0	63.00
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0	0	65.00
66.00 06600 PHYSI CAL THERAPY	0	0		0	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0	0		0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0	0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
74. 00 07400 RENAL DIALYSIS	0	0		0	0	74.00
75. 00 07500 ASC (NON-DI STINCT PART)	0	0			0	75.00
OUTPATIENT SERVICE COST CENTERS	0		۱ <u> </u>		<u> </u>	, 0. 00
91. 00 09100 EMERGENCY	0	0		0 0	0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				0	92.00
200.00 Total (lines 50 through 199)	0	0		0 0	-	200.00
	0		I '		0	200.00

Health Financial Systems	ASCENSION ST. V	NCENT FISHERS		In Lie	eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF	RVICE OTHER PAS	S Provider C		Period:	Worksheet D	
THROUGH COSTS				From 07/01/2019 To 06/30/2020		pared:
					11/18/2020 7:	51 am
			XVIII	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total	Iotal Charges	Ratio of Cost	
	Medical Education Cost	(sum of cols.	Outpatient Cost (sum of	(from Wkst. C,		
	Education Cost	4)	cols. 2, 3,	8)	(col. 5 ÷ col. 7)	
		4)	and 4)	0)	(see	
					instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0		0 53, 943, 029	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0		0 0	0. 000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 11, 922, 789	0.000000	52.00
53.00 05300 ANESTHESI OLOGY	0	0		0 0	0. 000000	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 10, 261, 944	0.000000	54.00
54.01 03630 ULTRA SOUND	0	0		0 2, 638, 976	0.000000	54.01
56. 00 05600 RADI OI SOTOPE	0	0		0 0	0.000000	56.00
56. 01 05601 ONCOLOGY	0	0		0 2, 848, 768		
57.00 05700 CT SCAN	0	0		0 6, 099, 639	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 2, 338, 462		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0.000000	
60. 00 06000 LABORATORY	0	0		0 15, 109, 185		
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0 0	0. 000000	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0.000000	
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0 0	0.000000	•
65. 00 06500 RESPI RATORY THERAPY	0	0		0 1, 951, 933		
66. 00 06600 PHYSI CAL THERAPY	0	0		0 5, 334, 836		
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	0		0 111, 836		
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	0		0 879, 033 0 4, 263, 008		
70. 00 07000 ELECTROENCEPHALOGRAPHY	0			0 4, 203, 008 0 0		
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			0 5, 468, 107		
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0			0 4, 941, 587		
73. 00 07300 DRUGS CHARGED TO PATIENTS	0			0 16, 227, 251		
74. 00 07400 RENAL DI ALYSI S	0			0 10, 227, 231		
75. 00 07500 ASC (NON-DISTINCT PART)	0	0		0 0		
OUTPATIENT SERVICE COST CENTERS				<u> </u>	0.000000	10100
91. 00 09100 EMERGENCY	0	0		0 35, 030, 284	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 2, 444, 037		
200.00 Total (lines 50 through 199)	0	0	1	0 181, 814, 704		200. 00

APPORT OWENT OF INPATIENT AUCILLARY SERVICE OTHER PASS THROUGH COSTS         Provider CCN: 15-0181         Period: From 0/0707/2019 To 0/3/072020         Worksheet D Part IV To 0/3/072020           Cost Center Description         Outpatient Ratio of Cost (col. 6 + col. 27)         Inpatient Program Charges (Costs (col. 8)         Inpatient Program Pass-Through Costs (col. 9)         Hospital Program Pass-Through Costs (col. 9)         Outpatient Program Charges Costs (col. 6)         Outpatient Program Pass-Through Costs (col. 9)         Outpatient Program Pass-Through Costs (col. 9)         Outpatient Program Pass-Through Costs (col. 9)         Outpatient Program Charges Costs (col. 9)         Outpatient Program Pass-Through Costs (col. 9)         Outpatient Program Pass-Through Costs (col. 9)         Outpatient Program Charges Costs (col. 9) <th>Health Financial Systems</th> <th>ASCENSION ST. VIN</th> <th>CENT FISHERS</th> <th></th> <th></th> <th>In Lie</th> <th>u of Form CMS-:</th> <th>2552-10</th>	Health Financial Systems	ASCENSION ST. VIN	CENT FISHERS			In Lie	u of Form CMS-:	2552-10
Cost Center Description         Outpatient Ratio of Cost (col. 6 + col. 7)         Inpatient Inpatient Program Charges (col. 6 + col. 7)         Inpatient Program Charges (col. 6 + col. 7)         Inpatient Program Charges (col. 6 + col. 7)         Outpatient Program Charges (col. 6 + col. 7)         Outpatient Program Charges (col. 6 + col. 7)         Outpatient Program Charges (col. 6 + col. 7)         Outpatient Program Charges (col. 6 + col. 7)         Outpatient Program Charges         Outpatient Program Charges           50.00         05000 (PERATI NG ROOM 0 (StoO) CPERATI NG ROOM 0 (S	APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provider C	CN: 15-0181	From	07/01/2019	Part IV Date/Time Pre	
Cost Center Description         Outpatient Ratio of Cost to Charges (col. 6 + col.         Inpatient Program (Charges         Inpatient Program (Charges         Unpatient Program (Charges         Outpatient Program (Charges         Outpatient Program (Charges         Outpatient Program (Charges         Outpatient Program (Charges         Outpatient Program (Charges         Outpatient Program (Charges           4NCILLARY SERVICE COST CENTERS         9.00         10.00         11.00         12.00         13.00           50.00         005000 (RECOVERY ROM         0.000000         3,880.921         0         5.841.655         0         50.00           52.00         05200 DELIVERY ROM         0.000000         0         0         0         51.00           53.00         05300 ORECOVERY ROM         0.000000         0         0         0         52.00           54.00         05400 RADI LOGY - DI AGNOSTI C         0.000000         0         0         1380.01         54.01           56.00         05601 INCLOGY P         0.000000         0         0         136.01         56.00         56.00         56.00         56.00         57.00         56.00         56.00         56.00         56.00         56.00         56.00         57.00         57.00         57.00         56.00         58.00         58.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td>looni tol</td> <td></td> <td>51 am</td>						looni tol		51 am
Ratio of Cost (col. 6 + col. 7)         Program Charges 7)         Program Charges x col. 10)         Program Pass-Through Costs (col. 8 x col. 10)         Program Pass-Through Costs (col. 9 x col. 10)           MACILLARY SERVICE COST CENTERS         9.00         10.00         11.00         12.00         13.00           50.00         05000 (PERATING ROOM         0.000000         0         0         0         0         5.841.655         0         50.00           51.00         05000 (PERATING ROOM         0.000000         0         0         0         0         5.841.655         0         50.00           52.00         05300 (DELIVERY ROM & LABOR ROOM         0.000000         0         0         0         53.41.655         0         53.00           54.00         05400 (RADI LOGY + DI AGNOSTI C         0.000000         0         0         1.329,523         0         54.01           56.00         05600 (RADI LOGY + DI AGNOSTI C         0.000000         0         0         0         1.329,523         0         56.01           57.00         05600 (RADI DI SOTOPE         0.000000         0         0         0         62.147         0         56.01           58.00         05600 (MAGNETI C RESONANCE IMAGI NG (MRI )         0.000000         0         <	Capt Canton Deporintion	Outpatiant						
ANCILLARY SERVICE COST CENTERS         Charges (col. 6 + col. )         Charges (col. 6 + col. )         Pass-Through (costs (col. 8) x col. 10)         Pass-Through (costs (col. 8) x col. 10)         Pass-Through (costs (col. 9) x col. 12)           ANCILLARY SERVICE COST CENTERS         0.000000         11.00         12.00         13.00           50.00         05000 (DEERATING ROOM         0.000000         0         0         0         0           50.00         05000 (DEECNERY ROOM         0.000000         0         0         0         0         0         0         0         0         53.00           50.00         05200 DELIVERY ROOM & LABOR ROOM         0.000000         0         0         0         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         54.01         0         0         0         0         0         0         0         54.01           56.01         05400 RADIOLGCY-DI AGNOSTI C         0.000000         0         0         18.0,017         0         54.01         55.00         56.01         57.00         56.01         57.00         56.01         57.00         56.01         57.00         56.01         57.00         58.00         66.01         57.00         58.00	cost center bescription							
ANCILLARY SERVICE COST CENTERS         Costs (col. 8 x col. 10)         Costs (col. 9 x col. 12)           50.00         05000 OPERATING ROOM         0.00000         3, 880, 921         0         5. 841, 655         0         50. 00           50.00         05000 OPERATING ROOM         0.000000         0         0         0         51. 00         52. 00           50.00         05000 ARD LIVERY ROMM         0.000000         0         0         0         52. 00           50.00         05300 ARSTHESI 0LOGY         0.000000         0         0         0         53. 00           54.00         05400 RADIOLOGY-DI AGNOSTI C         0.000000         0         0         130, 017         0         54. 00           54.01         03630 ULTAR SOUND         0.000000         0         0         0         130, 017         0         56. 01           56.01         05601 ONCOLOGY         0.000000         0         0         11.36, 743         0         57. 00           59.00         05900 CARDIA C ATHERI ZATION         0.000000         0         0         0         58. 00         58. 00           60.00         06000 LABORATORY         0.000000         0         0         0         60. 00         60. 00								
P         x col. 10         x col. 12           ANCILLARY SERVICE COST CENTERS         9.00         10.00         11.00         12.00         13.00           50.00         05000         0PERATING ROOM         0.000000         3,880,921         5,841,655         050.00           51.00         05100 RECOVERY ROOM         0.000000         0         0         0         51.00           52.00         05200 DELIVERY ROOM & LABOR ROOM         0.000000         0         0         0         53.00           53.00         05300 ANESTHESIOLOGY         0.000000         0         0         0         53.00           54.01         05400 RADI LOGY-DI AGNOSTI C         0.000000         0         0         0         54.00           56.01         05501 ONCOLOGY         0.000000         0         0         61.329,523         55.01           57.00         05700 CT SCAN         0.000000         0         0         62.01         55.01           59.00         06000 LABORNETI C RESONANCE I MAGING (MRI )         0.000000         17,100         354,968         58.00           59.00         05000 CARDI AC CATHETERI ZATI ON         0.000000         0         0         0         62.00           63.00			charges			charges		
9.00         10.00         11.00         12.00         13.00           50.00         05000 [PERATI NG ROM         0.000000         3,880,921         0         5,841,655         0         50.00           51.00         05100 [RECOVERY ROM         0.000000         0         0         0         0         51.00           52.00         05200 [DELVERY ROM & LABOR ROM         0.000000         0         0         43.314         0         52.00           54.00         05400 RADI OLOGY         0.000000         0         0         13.00         54.00           54.01         03303 ULTRA SUND         0.000000         0         0         1329,523         0         54.01           56.01         05600 RADI OLOGY         0.000000         0         0         1334,00         55.00           56.01         05600 MCDI OK         0.000000         0         0         612,17         56.01           57.00         05700 CT SCAN         0.000000         0         0         1334,968         57.00           58.00         05800 MARNETI C RESONANCE I MAGI NG (MR1)         0.000000         0         0         0         62.00           60.00         05900 CARDI AC CATHETERI ZATI ON         0.000000					0			
ANCI LLARY SERVICE COST CENTERS           50.00         05000 (DPERATI NG ROOM)         0.000000         3, 880, 921         0         5, 841, 655         0           50.00         05100 RECOVERY ROOM         0.000000         0         0         0         51.00           51.00         05100 RECOVERY ROOM         0.000000         0         0         0         51.00           52.00         05200 DELIVERY ROOM & LABOR ROOM         0.000000         0         0         0         52.00           53.00         05300 ANESTHESI OLOGY         0.000000         0         0         0         53.00           54.01         03600 RADI OLOGY-DI AGNOSTI C         0.000000         0         0         0         54.01           56.00         05600 RADI OLSOTOPE         0.000000         0         0         0         57.00         55.00           57.00         05500 CARDI AC CATHERI ZATI ON         0.000000         0         0         135.743         0         57.00           58.00         05600 RADI AC CATHERI ZATI ON         0.000000         0         0         0         59.00         60.00         60.00         60.00         62.00         60.00         62.00         60.00         60.00         66.00			10.00			12 00		
50.00         05000         0PERATING ROOM         0.000000         3, 880, 921         0         5, 841, 655         0         50.00           51.00         05200         DELIVERY ROOM         0.000000         0	ANCILLARY SERVICE COST CENTERS	7.00	10.00	11.00		12.00	15.00	
51:00       05100       RECOVERY ROOM       0.000000       0       0       0       0       51:00         52:00       05200       DELIVERY ROOM & LABOR ROOM       0.000000       0       0       43;314       0       52:00         53:00       05300       ANESTHESI OLOGY       0.000000       0       0       0       53:00         54:01       03630       ULTAR SOUND       0.000000       0       0       13:29;523       0       54:01         56:00       05600       RADI OLOGY-DI AGNOSTI C       0.000000       0       0       180,017       0       54:01         56:01       05600       RADI OLOGY-T       0.000000       0       0       612,147       0       56:00         57:00       05700 CT SCAN       0.000000       17,100       354,968       0       58:00         59:00       05900 CARDI AC CATHETERIZATI ON       0.000000       0       0       0       0       60:00       60:00       60:00       60:00       60:00       60:00       60:00       60:00       60:00       60:00       60:00       60:00       60:00       60:00       60:00       62:00       63:00       0:00       0       0       0       60:		0.00000	3 880 921		0	5 841 655	0	50 00
52.00         05200         DELIVERY ROM & LABOR ROM         0.000000         0         43.314         0         52.00           53.00         05300         AMESTHESI DLOGY         0.000000         0         0         0         53.00           54.00         05400         RADIOLOGY-DI AGNOSTI C         0.000000         0         0         130.017         54.01           54.01         03630         ULTRA SOUND         0.000000         0         0         0         0         54.01           56.01         05601         ONCLOGY         0.000000         0         0         0         54.01           56.01         05601         ONCLOGY         0.000000         0         0         612.147         0         56.01           57.00         05700         CT SCAN         0.000000         17.100         0         354.968         0         58.00           58.00         05800         CARDI AC CATHETERIZATION         0.000000         0         0         0         59.00           60.00         CA200         MADRATORY         0.000000         0         0         0         62.00         62.00         0         62.00         62.00         65.00         65.00			0,000,721		0	0, 011, 000		
53.00       05300       ANESTHESI OLOGY       0.000000       0       0       0       53.00         54.00       05400       RADI OLOGY-DI AGNOSTI C       0.000000       0       1, 329, 523       0       54.01         54.01       03630       LTRA SOUND       0.000000       0       0       0       0       54.01         56.01       05600       RADI OLOGY       0.000000       0       0       0       0       56.01         57.00       05700 CT SGAN       0.000000       156.400       0       1, 136, 743       0       57.00         58.00       05800       MACNETI C RESONANCE I MAGI NG (MRI )       0.000000       17, 100       354, 968       58.00         59.00       05900       CARDI AC CATHETERI ZATI ON       0.000000       0       0       0       0       59.00         64.00       06400       LABORATORY       0.000000       0       0       0       63.00       640.00       64.00       64.00       64.00       64.00       64.00       64.00       64.00       64.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00			0		0	43 314		
54.00       05400       RADI OLOGY-DI AGNOSTI C       0.000000       154,845       0       1,329,523       0       54.01         54.01       03630       ULTRA SOUND       0.000000       0       0       0       54.01         54.01       03630       ULTRA SOUND       0.000000       0       0       0       56.00         56.01       05601       NOCOLOGY       0.000000       0       0       612,147       0       56.01         57.00       05700       CT SCAN       0.000000       17,100       0       354,968       58.00       59.00         58.00       05900       CARDI AC CATHETERI ZATI ON       0.000000       0       0       0       0       59.00         60.00       06000       LABORATORY       0.000000       0       0       0       0       60.00       0       0       62.00       60.00       0       62.00       60.00       62.00       63.00       66.00       0       0       62.00       63.00       66.00       63.00       66.00       63.00       66.00       63.00       66.00       63.00       66.00       63.00       66.00       66.00       66.00       66.00       66.00       66.00       <			0		0	43, 314	-	
54. 01       03630       ULTRA SOUND       0.000000       0       0       180, 017       0       54. 01         56. 00       05600       RADI OI SOTOPE       0.000000       0       0       0       56. 00         56. 01       05601       0NCOLOGY       0.000000       0       0       61.2, 147       0       56. 00         57. 00       05700       CT SCAN       0.000000       156, 400       0       1, 136, 743       0       57. 00         58. 00       05800       MAGNETI C RESONANCE I MAGI MG (MRI )       0.000000       0       0       0       59. 00       05900       CARDI AC CATHETERI ZATI ON       0.000000       0       0       0       0       59. 00       05900       CARDI AC CATHETERI ZATI ON       0.000000       0       0       0       0       60. 00       62. 00       63.00       D6300       BLODD STORI NG, PROCESSI NG & TRANS.       0.000000       0       0       0       63.00       0       64. 00       64. 00       64. 00       64. 00       64. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00 <td< td=""><td></td><td></td><td>154 845</td><td></td><td>0</td><td>1 329 523</td><td>-</td><td></td></td<>			154 845		0	1 329 523	-	
56.00         05600         RADI 0I SOTOPE         0.000000         0         0         0         0         56.00           56.01         05601         NCOLOGY         0.000000         0         0         612, 147         0         56.01           57.00         05700         CT SCAN         0.000000         156, 400         0         1, 136, 743         0         57.00           59.00         05800         MAGNETI C RESONANCE I MAGI NG (MRI )         0.000000         0         0         0         58.00         0         59.00         0.5900         CARDI AC CATHETERI ZATI ON         0.000000         953, 242         0         2, 478, 002         0         60.00         62.00         06200         WHOLE BLOOD & PACKED RED BLOOD CELLS         0.000000         0         0         0         62.00         63.00         64.00         0         65.00         <					0			1
56.01       05601       0NCOLOGY       0.00000       0       0       612,147       0       56.01         57.00       05700       CT SCAN       0.000000       156,400       0       1,136,743       0       57.00         58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI )       0.000000       0       0       0       0       58.00         59.00       05900       CARDI AC CATHETERI ZATI ON       0.000000       0			0		0	100, 017	-	
57.00       05700       CT SCAN       0.000000       156,400       0       1,136,743       0       57.00         58.00       05800       MAGNETIC RESONANCE I MAGI NG (MRI )       0.000000       17,100       0       354,968       0       58.00         59.00       CARDI AC CATHETERI ZATI ON       0.000000       0       0       0       59.00         60.00       LABORATORY       0.000000       0       0       0       59.00         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0.000000       0       0       0       62.00         63.00       D6300       BLOOD STORI NG, PROCESSI NG & TRANS.       0.000000       0       0       0       63.00         64.00       O6400       INTRAVENOUS THERAPY       0.000000       101,248       92,898       0       65.00         65.00       06500       RESPI RATORY THERAPY       0.000000       15,253       0       2,522       0       66.00         64.00       PHYLI CAL THERAPY       0.000000       1,956       0       2,116       68.00         69.00       O6900       ELECTROCARDI OLOGY       0.000000       1,956       0       62,116       69.00         69.00			0		0	612 147	-	
58.00       05800       MAGNETI C RESONANCE I MAGI NG (MRI)       0.000000       17,100       0       354,968       0       58.00         59.00       05900       CARDI AC CATHETERI ZATI ON       0.000000       0       0       0       59.00         60.00       LABORATORY       0.000000       953,242       0       2,478,002       0       62.00         62.00       06200       WHOLE BLODD & PACKED RED BLOOD CELLS       0.000000       0       0       0       62.00         63.00       06400       INTRAVENOUS THERAPY       0.000000       0       0       0       64.00         64.00       06400       INTRAVENUS THERAPY       0.000000       101,248       92,898       65.00         65.00       06500       RESPI RATORY THERAPY       0.000000       125,378       0       12,522       6       66.00         66.00       OCCUPATI ONAL THERAPY       0.000000       125,378       0       12,817       0       67.00       68.00         69.00       CELCTROCARDI OLOGY       0.000000       146,677       0       947,520       0       69.00       69.00       69.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00			156 400		0		-	
59.00       05900       CARDI AC CATHETERI ZATI 0N       0.000000       0 </td <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td>					0			
60.00       06000       LABORATORY       0.00000       953,242       0       2,478,002       0       60.00         62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0.000000       0       0       0       62.00         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0.000000       0       0       0       63.00         64.00       06400       INTRAVENOUS THERAPY       0.000000       0       0       0       63.00         65.00       06500       RESPI RATORY THERAPY       0.000000       101,248       0       92,898       0       65.00         66.00       06600       PHYSI CAL THERAPY       0.000000       125,378       0       12,522       0       66.00         67.00       06700       0CUPATI ONAL THERAPY       0.000000       1,956       0       62,116       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       164,677       947,520       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       164,677       947,520       0       69.00         71.00       MDIO ALL SUPPLI ES CHARGED TO PATI ENTS       0.000000       0       0       0					0	004, 700	-	
62.00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0.000000       0       0       0       0       62.00         63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0.000000       0       0       0       0       63.00         64.00       06400       INTRAVENOUS THERAPY       0.000000       0       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0.000000       101,248       0       92,898       0       65.00         66.00       06600       PHYSI CAL THERAPY       0.000000       125,378       0       12,522       0       66.00         67.00       06700       0CUPATI ONAL THERAPY       0.000000       1,956       0       2,817       0       67.00         68.00       06800       SPEECH PATHOLOGY       0.000000       1,956       0       62,116       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       0			0		-	2 478 002	-	
63.00       06300       BLOOD STORI NG, PROCESSI NG & TRANS.       0.000000       0       0       0       0       63.00         64.00       06400       INTRAVENOUS THERAPY       0.000000       0       0       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0.000000       101,248       0       92,898       0       65.00         66.00       06600       PHYSI CAL THERAPY       0.000000       125,378       0       12,522       0       66.00         67.00       06700       0CCUPATI ONAL THERAPY       0.000000       35,253       0       2,817       0       67.00         68.00       06800       SPECH PATHOLOGY       0.000000       1,956       0       62,116       0       68.00         69.00       07000       ELECTROCARDI OLOGY       0.000000       0       0       0       70.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       408,711       0       556, 618       0       71.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000000       988,632       0       476, 791       0       72.00         73.00       07300       DRUGS C					0	2, 470, 002		
64.00       06400       INTRAVENOUS THERAPY       0.000000       0       0       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0.000000       101,248       92,898       0       65.00         66.00       06600       PHYSI CAL THERAPY       0.000000       125,378       0       12,522       0       66.00         67.00       06700       0CCUPATI ONAL THERAPY       0.000000       35,253       0       2,817       0       67.00         68.00       06800       SPEECH PATHOLOGY       0.000000       1,956       0       62,116       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       164,677       0       947,520       0       69.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000000       0       0       0       70.00         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0.000000       988,632       476,791       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.000000       0       0       0       0       73.00         74.00       07400       RENAL DI ALYSI S			0		0	0		1
65.00       06500       RESPI RATORY THERAPY       0.00000       101,248       0       92,898       0       65.00         66.00       06600       PHYSI CAL THERAPY       0.000000       125,378       0       12,522       0       66.00         67.00       0CCUPATI ONAL THERAPY       0.000000       35,253       0       2,817       0       67.00         68.00       06800       SPEECH PATHOLOGY       0.000000       1,956       0       62,116       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       164,677       0       947,520       0       69.00         70.00       07000       ELECTROCNECEPHALOGRAPHY       0.000000       0       0       0       00       70.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000000       408,711       0       556,618       0       71.00         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0.000000       988,632       0       37.24,258       0       73.00         73.00       07300       RENAL DI ALYSI S       0.000000       0       0       0       0       0       74.00         75.00			0		0	0	-	
66.00       06600       PHYSI CAL THERAPY       0.000000       125,378       0       12,522       0       66.00         67.00       06700       OCCUPATI ONAL THERAPY       0.000000       35,253       0       2,817       0       67.00         68.00       06800       SPEECH PATHOLOGY       0.000000       1,956       0       62,116       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       164,677       0       947,520       0       69.00         70.00       07000       ELECTROCARDI OLOGY       0.000000       0       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000000       408,711       0       556,618       0       71.00         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0.000000       988,632       0       476,791       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.000000       0       0       0       0       73.00         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       0       74.00         007500       A			101 248		0	92 898	-	
67.00       06700       0CCUPATI ONAL THERAPY       0.000000       35,253       0       2,817       0       67.00         68.00       06800       SPEECH PATHOLOGY       0.000000       1,956       0       62,116       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       164,677       0       947,520       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       0       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000000       408,711       0       556,618       0       71.00         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0.000000       988,632       0       476,791       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.000000       585,510       0       3,724,258       0       73.00         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       0       0       0       74.00         75.00       07500 ASC (NON-DI STI NCT PART)       0.000000       0       0       0       0       0       0					0			1
68.00       06800       SPEECH PATHOLOGY       0.000000       1,956       0       62,116       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       164,677       0       947,520       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       0       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000000       408,711       0       556,618       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.000000       988,632       0       476,791       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.000000       585,510       0       3,724,258       0       73.00         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       0       74.00         75.00       07500 ASC (NON-DI STI NCT PART)       0.000000       0       0       0       0       74.00         75.00       09100       EMERGENCY       0.000000       796,158       0       4,150,810       0       91.00         92.00       09200       DBS					0			
69.00       06900       ELECTROCARDI OLOGY       0.000000       164,677       0       947,520       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       0       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0.000000       408,711       0       556,618       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.000000       988,632       0       476,791       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.000000       585,510       0       3,724,258       0       73.00         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       0       74.00         75.00       07500 ASC (NON-DI STINCT PART)       0.000000       0       0       0       0       74.00         71.00       09100       EMERGENCY       0.000000       796,158       0       4,150,810       0       91.00         92.00       09200       OBSERVATI ON BEDS (NON-DI STINCT PART)       0.000000       118,837       0       649,974       0       92.00					0		-	
70.00         07000         ELECTROENCEPHALOGRAPHY         0.000000         0								
71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         0.000000         408,711         0         556,618         0         71.00           72.00         07200         IMPL. DEV. CHARGED TO PATI ENTS         0.000000         988,632         0         476,791         0         72.00           73.00         07300         DRUGS CHARGED TO PATI ENTS         0.000000         585,510         0         3,724,258         0         73.00           74.00         07400         RENAL DI ALYSI S         0.000000         0         0         0         74.00           75.00         07500         ASC (NON-DI STI NCT PART)         0.000000         0         0         0         0         0         74.00           75.00         07500         ASC (NON-DI STI NCT PART)         0.000000         0         0         0         0         0         74.00           75.00         07500         ASC (NON-DI STI NCT PART)         0.000000         0         0         0         0         75.00           0017PAT IENT SERVICE COST CENTERS         91.00         9100         EMERGENCY         0.000000         796,158         0         4,150,810         0         91.00           92.00         09200					0	, , , , , , , , , , , , , , , , , , , ,		
72. 00         07200         IMPL. DEV. CHARGED TO PATIENTS         0.000000         988,632         0         476,791         0         72.00           73. 00         07300         DRUGS CHARGED TO PATIENTS         0.000000         585,510         0         3,724,258         0         73.00           74. 00         07400         RENAL DI ALYSIS         0.000000         0         0         0         0         74.00           75. 00         07500         ASC (NON-DI STINCT PART)         0.000000         0         0         0         0         75.00           0UTPATIENT SERVICE COST CENTERS         0.000000         796,158         0         4,150,810         0         91.00           92.00         09200         0BSERVATION BEDS (NON-DISTINCT PART)         0.000000         118,837         0         649,974         0         92.00			-		0	556 618	-	
73.00       07300       DRUGS CHARGED TO PATIENTS       0.000000       585,510       0       3,724,258       0       73.00         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0.000000       0       0       0       0       75.00         00TPATIENT SERVICE COST CENTERS       0.000000       796,158       0       4,150,810       0       91.00         91.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART)       0.000000       118,837       0       649,974       0       92.00					0		-	
74. 00         07400         RENAL DI ALYSI S         0.000000         0         0         0         74. 00           75. 00         07500         ASC (NON-DI STINCT PART)         0.000000         0         0         0         75. 00           0UTPATI ENT SERVICE COST CENTERS         0.000000         796, 158         0         4, 150, 810         0         91. 00           92. 00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART)         0.000000         118, 837         0         649, 974         0         92. 00					0			
75. 00         07500         ASC (NON-DI STINCT PART)         0.000000         0         0         0         0         75. 00           0UTPATI ENT SERVICE COST CENTERS         0.000000         796, 158         0         4, 150, 810         0         91. 00           91. 00         09100         EMERGENCY         0.000000         796, 158         0         4, 150, 810         0         91. 00           92. 00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART)         0.000000         118, 837         0         649, 974         0         92. 00					-			
OUTPATI ENT SERVICE COST CENTERS           91.00         09100         EMERGENCY         0.000000         796, 158         0         4, 150, 810         0         91. 00           92.00         09200         OBSERVATI ON BEDS (NON-DI STI NCT PART)         0.000000         118, 837         0         649, 974         0         92. 00			-		-	-	-	
91. 00         09100         EMERGENCY         0. 000000         796, 158         0         4, 150, 810         0         91. 00           92. 00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART)         0. 000000         118, 837         0         649, 974         0         92. 00		0.000000	0	1	<u> </u>	0	0	, 5. 00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0. 000000 118, 837 0 649, 974 0 92. 00		0,000000	796, 158		0	4, 150, 810	0	91.00
		0.000000			-		-	

Health Financial Systems	ASCENSION ST. V	INCENT FISHERS		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0181	Period:	Worksheet D	
				From 07/01/2019	Part V	
				To 06/30/2020	Date/Time Pre 11/18/2020 7:	epared: 51 am
		Title	e XVIII	Hospi tal	PPS	
			Charges	10301 tui	Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
	Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coi ns	-		
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0. 127217	5, 841, 655		0 0	743, 158	50.00
51.00 05100 RECOVERY ROOM	0. 000000	C		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 463495			0 0	20, 076	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	C		0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 232643	1, 329, 523		0 0	309, 304	54.00
54.01 03630 ULTRA SOUND	0. 142052	180, 017		0 0	25, 572	54.01
56. 00 05600 RADI OI SOTOPE	0. 000000	C	)	0 0	0	56.00
56. 01 05601 ONCOLOGY	0. 324903	612, 147		0 0	198, 888	56.01
57.00 05700 CT SCAN	0. 189471			0 0	215, 380	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 253482	354, 968		0 0	89, 978	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	0		0 0	0	59.00
60. 00 06000 LABORATORY	0. 158560	2, 478, 002		0 0	392, 912	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000	0	)	0 0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	C		0 0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0. 000000			0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0. 420509	92, 898		0 0	39, 064	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 511533	12, 522		0 0	6, 405	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 358686			0 0	1, 010	67.00
68.00 06800 SPEECH PATHOLOGY	0. 385479		•	0 0	23, 944	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 139929			0 0	132, 586	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000			0 0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 144773			0 0	80, 583	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 355077			0 0	169, 298	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 342083			0 580	1, 274, 005	
74.00 07400 RENAL DIALYSIS	0. 000000			0 0	0	74.00
75.00 07500 ASC (NON-DI STINCT PART)	0. 000000	0		0 0	0	75.00
OUTPATIENT SERVICE COST CENTERS	-	1		_		
91. 00 09100 EMERGENCY	0. 120568			0 0		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 549481			0 0		
200.00 Subtotal (see instructions)		22, 652, 693		0 580		
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges						
202.00  Net Charges (line 200 - line 201)		22, 652, 693	1	0 580	4, 579, 766	202.00

PORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	NCENT FISHERS Provider C		Period: From 07/01/2019 To 06/30/2020	u of Form CMS Worksheet D Part V Date/Time Pr 11/18/2020 7	repare 7:51 ai
			XVIII	Hospi tal	PPS	_
	Cos					
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
		Ded. & Coins.				
	(see inst.) 6.00	(see inst.) 7.00				
ANCI LLARY SERVI CE COST CENTERS	0.00	7.00				_
. 00 05000 OPERATING ROOM	0	0				50.
. 00 05100 RECOVERY ROOM	0	0				51.
. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.
. 00 05300 ANESTHESI OLOGY	0	0				53.
. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.
. 01 03630 ULTRA SOUND	0	0				54.
. 00 05600 RADI 0I SOTOPE	0	0				56
. 01 05601 ONCOLOGY	0	0				56
. 00 05700 CT SCAN	0	0				57
. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58
. 00 05900 CARDI AC CATHETERI ZATI ON	0	0				59
. 00 06000 LABORATORY	0	0				60
. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62
. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63
. 00 06400 I NTRAVENOUS THERAPY	0	0				64
. 00 06500 RESPIRATORY THERAPY	0	0				65
. 00 06600 PHYSI CAL THERAPY	0	0				66
. 00 06700 OCCUPATI ONAL THERAPY	0	0				67
. 00 06800 SPEECH PATHOLOGY	0	0				68
. 00 06900 ELECTROCARDI OLOGY	0	0				69
. 00 07000 ELECTROENCEPHALOGRAPHY	0	0				70
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71
. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0				72
. 00 07300 DRUGS CHARGED TO PATIENTS	0	198				73
. 00 07400 RENAL DI ALYSI S	0	0				74
. 00 07500 ASC (NON-DISTINCT PART)	0	0				75.
OUTPATIENT SERVICE COST CENTERS						_ /0
. 00 09100 EMERGENCY	0	0				91.
. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92
0.00 Subtotal (see instructions)	0	198				200
1.00 Less PBP Clinic Lab. Services-Program	0	.,,,				201
Only Charges						201
2.00 Net Charges (line 200 - line 201)	0	198				202

Health Fina	ancial Systems	ASCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-	2552-10
APPORTI ONMI	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C		Period:	Worksheet D	
					From 07/01/2019 To 06/30/2020		nored.
					To 06/30/2020	11/18/2020 7:	
			Ti †I	e XIX	Hospi tal	Cost	
				Charges	noopi tui	Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
	p	Ratio From	Services (see		Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.	Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
	LLARY SERVICE COST CENTERS					_	
50.00 0500	OO OPERATING ROOM	0. 127217	C	4, 344, 55	3 0	0	50.00
51.00 0510	00 RECOVERY ROOM	0. 000000	C	)	0 0	0	51.00
52.00 0520	DO DELIVERY ROOM & LABOR ROOM	0. 463495	C	72, 17	5 0	0	52.00
53.00 0530	00 ANESTHESI OLOGY	0. 000000	C	)	0 0	0	53.00
54.00 0540	00 RADI OLOGY-DI AGNOSTI C	0. 232643	C	839, 17	5 0	0	54.00
54.01 0363	30 ULTRA SOUND	0. 142052	C	359, 11	6 0	0	54.01
56.00 0560	00 RADI OI SOTOPE	0. 000000	C		0 0	0	56.00
56.01 0560	01 ONCOLOGY	0. 324903	C	186, 06	9 0	0	56.01
57.00 0570	DO CT SCAN	0. 189471	C	554, 96	3 0	0	57.00
58.00 0580	DO MAGNETIC RESONANCE IMAGING (MRI)	0. 253482	C	245, 80	6 0	0	58.00
59.00 0590	OO CARDI AC CATHETERI ZATI ON	0. 000000	C		0 0	0	59.00
60.00 0600	00 LABORATORY	0. 158560	C	1, 627, 02	2 0	0	60.00
62.00 0620	00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000	C		0 0	0	62.00
63.00 0630	00 BLOOD STORING, PROCESSING & TRANS.	0. 000000	C		0 0	0	63.00
64.00 0640	00 INTRAVENOUS THERAPY	0. 000000	C		0 0	0	64.00
65.00 0650	00 RESPI RATORY THERAPY	0. 420509	C	) 191, 27	3 0	0	65.00
66.00 0660	00 PHYSI CAL THERAPY	0. 511533	C	1, 149, 57	0 0	0	66.00
67.00 0670	00 OCCUPATIONAL THERAPY	0. 358686	C	2, 61	8 0	0	67.00
68.00 0680	OO SPEECH PATHOLOGY	0. 385479	C	256, 16	9 0	0	68.00
69.00 0690	00 ELECTROCARDI OLOGY	0. 139929	C	490, 81	7 0	0	69.00
70.00 0700	00 ELECTROENCEPHALOGRAPHY	0. 000000	C		0 0	0	70.00
71.00 0710	00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 144773	C	770, 27	5 0	0	71.00
72.00 0720	OO IMPL. DEV. CHARGED TO PATIENTS	0. 355077	C	90, 60	5 0	0	72.00
73.00 0730	DO DRUGS CHARGED TO PATIENTS	0. 342083	C	796, 01	0 0	0	73.00
74.00 0740	00 RENAL DIALYSIS	0. 000000	C		0 0	0	74.00
75.00 0750	00 ASC (NON-DISTINCT PART)	0. 000000	C		0 0	0	75.00
OUTP	ATIENT SERVICE COST CENTERS				·		
91.00 0910	00 EMERGENCY	0. 120568	C	5, 929, 02	6 0	0	91.00
92.00 0920	OO OBSERVATION BEDS (NON-DISTINCT PART)	0. 549481	C	181, 82	1 0	0	92.00
200.00	Subtotal (see instructions)		C	18, 087, 06	3 0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
	Only Charges						
202.00	Net Charges (line 200 - line 201)		C	18, 087, 06	3 0	0	202.00

alth Financial Systems A PORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	ASCENSION ST. V D VACCINE COST	Provider CC		Period: From 07/01/2019 To 06/30/2020	u of Form CMS Worksheet D Part V Date/Time Pr 11/18/2020 7	repared
			e XIX	Hospi tal	Cost	
	Cos	sts				
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.) 6.00	(see inst.) 7.00				
ANCI LLARY SERVICE COST CENTERS	0.00	7.00				
0. 00 05000 OPERATI NG ROOM	552, 701	0				50.0
. 00 05100 RECOVERY ROOM	552,701	0				51.
2. 00 05200 DELIVERY ROOM & LABOR ROOM	33, 453	-				52.
3. 00 05300 ANESTHESI OLOGY	0	0				53.
I. 00 05400 RADI OLOGY-DI AGNOSTI C	195, 228	-				54.
I. 01 03630 ULTRA SOUND	51, 013					54.
5. 00 05600 RADI OI SOTOPE	0					56.
5. 01 05601 0NC0L0GY	60, 454	-				56.
7. 00 05700 CT SCAN	105, 149					57.
3. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)	62, 307					58.
2. 00 05900 CARDI AC CATHETERI ZATI ON	02,007					59.
0. 00 06000 LABORATORY	257, 981					60.
2. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	201,101	0				62.
3. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.
I. 00 06400 I NTRAVENOUS THERAPY	0	0				64.
5. 00 06500 RESPI RATORY THERAPY	80, 432	0				65.
5. 00 06600 PHYSI CAL THERAPY	588,043	0				66.
7. 00 06700 OCCUPATI ONAL THERAPY	939	0				67.
3. 00 06800 SPEECH PATHOLOGY	98, 748	0				68.
2. 00 06900 ELECTROCARDI OLOGY	68, 680	0				69.
0. 00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	111, 515	0				71.
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	32, 172	0				72.
3. 00 07300 DRUGS CHARGED TO PATIENTS	272, 301	0				73.
I. 00 07400 RENAL DIALYSIS	0					74.
5. 00 07500 ASC (NON-DISTINCT PART)	0	0				75.
OUTPATIENT SERVICE COST CENTERS						
. 00 09100 EMERGENCY	714, 851					91.
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	99, 907	0				92.
00.00 Subtotal (see instructions)	3, 385, 874	0				200.
1.00 Less PBP Clinic Lab. Services-Program	0					201.
Only Charges						
02.00 Net Charges (line 200 - line 201)	3, 385, 874	0				202.

11/18/2020 7:51 am D: \Shared drives\Finance\_Net Revenue\_IN - Acute\Reimbursement\Cost Reports\FY2020\Fishers\SVF2020.mcrx

Health F	Fi nanci a	l Systems		
COMPUTA	TION OF	I NPATI ENT	<b>OPERATING</b>	(

Cost Center Description

ASCENSION ST. VINCE	In Lieu of Form CMS-2552-10			
G COST		From 07/01/2019	Worksheet D-1 Date/Time Prepared: 11/18/2020 7:51 am	
	Title XVIII	Hospi tal	PPS	

1.00 PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS Inpatient days (including private room days and swing-bed days, excluding newborn) 1.00 2, 986 1.00 Inpatient days (including private room days, excluding swing-bed and newborn days) 2.00 2.00 2,986 3.00 Private room days (excluding swing-bed and observation bed days). If you have only private room days, 3.00 Ω do not complete this line. 4.00 2, 371 Semi-private room days (excluding swing-bed and observation bed days) 4.00 5.00 Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost 5.00 0 reporting period Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost 6.00 0 6.00 reporting period (if calendar year, enter 0 on this line) 7.00 Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost 0 7.00 reporting period Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost 8.00 0 8.00 reporting period (if calendar year, enter 0 on this line) 9.00 Total inpatient days including private room days applicable to the Program (excluding swing-bed and 549 9.00 newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) 10.00 10.00 0 through December 31 of the cost reporting period (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line) Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 11.00 0 11.00 12.00 0 12.00 through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) 13.00 0 13.00 after December 31 of the cost reporting period (if calendar year, enter 0 on this line) Medically necessary private room days applicable to the Program (excluding swing-bed days) 14.00 14.00 0 Total nursery days (title V or XIX only) 15.00 15.00 0 16.00 Nursery days (title V or XIX only) 0 16.00 SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost 0.00 17.00 17.00 reporting period 18.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost 0.00 18.00 reporting period 19.00 Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost 0.00 19.00 reporting period 0.00 20.00 20 00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period 21.00 Total general inpatient routine service cost (see instructions) 6, 520, 423 21.00 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 22.00 0 22.00 5 x line 17) 23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 0 23.00 x line 18) 24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 0 24.00 7 x line 19) 25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 0 25.00 x line 20) 26.00 26.00 Total swing-bed cost (see instructions) 0 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26) 6, 520, 423 27.00 27.00 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges) 0 28.00 29 00 Private room charges (excluding swing-bed charges) 29 00 0 30.00 Semi-private room charges (excluding swing-bed charges) 0 30.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28) 0.000000 31.00 31.00 Average private room per diem charge (line 29 ÷ line 3) 0.00 32.00 32.00 Average semi-private room per diem charge (line 30 ÷ line 4) 0 00 33 00 33 00 34.00 Average per diem private room charge differential (line 32 minus line 33) (see instructions) 0.00 34.00 Average per diem private room cost differential (line 34 x line 31) 0.00 35.00 35.00 36.00 Private room cost differential adjustment (line 3 x line 35) 36.00 Ο General inpatient routine service cost net of swing-bed cost and private room cost differential (line 6, 520, 423 37.00 37.00 27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 2.183.66 38.00 39.00 Program general inpatient routine service cost (line 9 x line 38) 1, 198, 829 39.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 40.00 0 40.00 1, 198, 829 41.00

41.00 Total Program general inpatient routine service cost (line 39 + line 40)

	Financial Systems A TATION OF INPATIENT OPERATING COST		Provider C	CN: 15-0181	Peri od:	u of Form CMS- Worksheet D-1	
					From 07/01/2019 To 06/30/2020		epared:
			Title	XVIII	Hospi tal	PPS	<u>.</u>
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient CostIr	ipatrent bays		÷	(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.0	0 0	0	42.00
43.00	Intensive Care Type Inpatient Hospital Units	0	0	0. (	0 0	0	43.00
43.00	CORONARY CARE UNIT	0	0	0.0			
45.00	BURN INTENSIVE CARE UNIT	0	0	0.0		0	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.0	0 0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3,	line 200)			1, 629, 913	48.00
49.00	Total Program inpatient costs (sum of lines			ns)		2, 828, 742	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inp	atient routine se	ervices (from	Wkst. D, sum	of Parts I and	298, 305	50.00
51.00	Pass through costs applicable to Program inp	atient ancillarv	services (fr	om Wkst. D. s	um of Parts II	193, 396	51.00
	and IV)	5					
52.00	Total Program excludable cost (sum of lines					491, 701	
53.00	Total Program inpatient operating cost exclu medical education costs (line 49 minus line		ated, non-phy	sıcıan anesth	etist, and	2, 337, 041	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION	52)				L	
54.00	Program di scharges					0	54.00
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)			· · · · · · · · · · · · · · · · · · ·	1.5	0	
57.00 58.00	Difference between adjusted inpatient operat Bonus payment (see instructions)	ing cost and tare	get amount (i	ine 56 minus	Tine 53)	0	
59.00	Lesser of lines 53/54 or 55 from the cost re	portina period er	ndina 1996, u	pdated and co	mpounded by the		
	market basket	5 10 10	5		provide a specific de la companya de	0.00	
60.00							
61.00	If line 53/54 is less than the lower of line which operating costs (line 53) are less tha					0	61.00
	amount (line 56), otherwise enter zero (see		(TTHES 54 X	00), 01 1% 01	the target		
62.00	2.00 Relief payment (see instructions)						
63.00							
64.00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Docom	or 21 of the	cost roporti	na portiod (Soo	0	64.00
04.00	instructions) (title XVIII only)	ts through becen		cost reporti	ng period (see	0	04.00
65.00	Medicare swing-bed SNF inpatient routine cos	ts after December	- 31 of the c	ost reporting	period (See	0	65.00
	instructions)(title XVIII only)			=> /			
66.00	Total Medicare swing-bed SNF inpatient routi CAH (see instructions)	ne costs (line 64	a plus line 6	5)(title XVII	I ONLY). FOR	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routin	e costs through [	December 31 c	f the cost re	porting period	0	67.00
	(line 12 x line 19)	Ū.					
68.00	Title V or XIX swing-bed NF inpatient routin	e costs after Dec	cember 31 of	the cost repo	orting period	0	68.00
69.00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (li	ne 67 + line	68)		o	69.00
07.00	PART III - SKILLED NURSING FACILITY, OTHER N					0	, 07.00
70.00	Skilled nursing facility/other nursing facil	ity/ICF/IID routi	ne service c	ost (line 37)			70.00
71.00	Adjusted general inpatient routine service c		ne 70 ÷ line	2)			71.00
72.00 73.00	Program routine service cost (line 9 x line Medically necessary private room cost applic		(lino 14 v li	po 25)			72.00
74.00	Total Program general inpatient routine serv			ne 33)			74.00
75.00	Capital -related cost allocated to inpatient	•		orksheet B, F	Part II, column		75.00
	26, line 45)						
76.00	Per diem capital related costs (line 75 ÷ li						76.00
77.00 78.00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minu	,					77.00
79.00	Aggregate charges to beneficiaries for exces	,	ovider record	s)			79.00
80.00	Total Program routine service costs for comp	arison to the cos			us line 79)		80.00
81.00	Inpatient routine service cost per diem limi						81.00
82.00 83.00	Inpatient routine service cost limitation (I Reasonable inpatient routine service costs (	· · · · · · · · · · · · · · · · · · ·	,				82. 00 83. 00
83.00	Program inpatient ancillary services (see in		,				83.00
85.00	Utilization review - physician compensation		5)				85.00
86.00	Total Program inpatient operating costs (sum	of lines 83 thro					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PAS						07.07
07 00							
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per		ine 2)			615 2, 183. 66	

Health Financial Systems A	SCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 07/01/2019	Worksheet D-1	
				To 06/30/2020	Date/Time Pre 11/18/2020 7:	pared: 51 am
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH (	COST		-			
90.00 Capital-related cost	1, 622, 475	6, 520, 423	0. 248830	1, 342, 951	334, 166	90.00
91.00 Nursing School cost		6, 520, 423	0.00000	1, 342, 951	0	91.00
92.00 Allied health cost		6, 520, 423	0.00000	1, 342, 951	0	92.00
93.00 All other Medical Education	(	6, 520, 423	0.00000	1, 342, 951	0	93.00

Heal th	Fi nanci a	al Syst	ems		
COMPUT	ATION OF	INPAT	FNT	<b>OPERATING</b>	

ASCENSION ST.	VI NCE	ENT	FI SHEF	RS		
		Dre	a dan	CON	1.5	01

Heal th	Financial Systems ASCENSION ST. VIN	ICENT FI SHERS	In Lie	u of Form CMS-2	2552-1
COMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0181	Period: From 07/01/2019	Worksheet D-1	
			To 06/30/2020	Date/Time Pre 11/18/2020 7:	pared: 51 am
		Title XIX	Hospi tal	Cost	
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
1 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed da	ve oveluding newborn)		2 094	   1. C
1.00 2.00	Inpatient days (including private room days and swing-bed da Inpatient days (including private room days, excluding swing			2, 986 2, 986	
3.00	Private room days (excluding swing-bed and observation bed d		rivate room days,	0	3.0
4 00	do not complete this line.			0.071	
4.00 5.00	Semi-private room days (excluding swing-bed and observation Total swing-bed SNF type inpatient days (including private r		er 31 of the cost	2, 371 0	4.0 5.0
	reporting period		04 6 11 1		
5.00	Total swing-bed SNF type inpatient days (including private r reporting period (if calendar year, enter 0 on this line)	oom days) after December	31 of the cost	0	6.0
7.00	Total swing-bed NF type inpatient days (including private ro	om days) through Decembe	r 31 of the cost	0	7. C
	reporting period		01 -6	0	
8.00	Total swing-bed NF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	om days) arter December	31 of the cost	0	8.0
9.00	Total inpatient days including private room days applicable	to the Program (excluding	g swing-bed and	41	9.0
10.00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII	oply (including private	room davc)	0	10.0
10.00	through December 31 of the cost reporting period (see instru		room uays)	0	10.0
11.00	Swing-bed SNF type inpatient days applicable to title XVIII	only (including private	room days) after	0	11. C
12.00	December 31 of the cost reporting period (if calendar year, Swing-bed NF type inpatient days applicable to titles V or X		to room dave)	0	12. C
12.00	through December 31 of the cost reporting period	in only (including priva		0	12.0
13.00	Swing-bed NF type inpatient days applicable to titles V or X			0	13.0
14.00	after December 31 of the cost reporting period (if calendar Medically necessary private room days applicable to the Prog			0	14. (
	Total nursery days (title V or XIX only)	ram (excruding swing-bed	uays)	1,090	
16.00	Nursery days (title V or XIX only)			45	16. C
17 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servi	ces through December 31	of the cost	0.00	17. C
17.00	reporting period	ces through becember 51	of the cost	0.00	17.0
18.00	Medicare rate for swing-bed SNF services applicable to servi reporting period	ces after December 31 of	the cost	0.00	18. C
19. 00	Medicaid rate for swing-bed NF services applicable to servic	es through December 31 o	f the cost	0.00	19.0
20. 00	reporting period Medicaid rate for swing-bed NF services applicable to servic	es after December 31 of	the cost	0.00	20.0
	reporting period				
21.00 22.00	Total general inpatient routine service cost (see instructio Swing-bed cost applicable to SNF type services through Decem		ting period (line	6, 520, 423 0	21.0
22.00	5 x line 17)	bei 51 01 the cost repor	ting period (inte	0	22.0
23.00	Swing-bed cost applicable to SNF type services after Decembe x line 18)	r 31 of the cost reporti	ng period (line 6	0	23.0
24.00	Swing-bed cost applicable to NF type services through Decemb	er 31 of the cost report	ing period (line	0	24.0
25 00	7 x line 19)				
25.00	Swing-bed cost applicable to NF type services after December x line 20)	31 OF the cost reporting	g period (inne s	0	25.0
26.00	Total swing-bed cost (see instructions)			0	26.0
27.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		6, 520, 423	27. C
28. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-b	ed and observation bed c	harges)	0	28.0
29.00	Private room charges (excluding swing-bed charges)			0	29.0
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.0
31.00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.000000	
2.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
3.00	Average semi-private room per diem charge (line 30 ÷ line 4)	inus line 22) (and instant	ations)	0.00	
4.00	Average per diem private room charge differential (line 32 m Average per diem private room cost differential (line 34 x l	, ,		0.00	
35.00 36.00	Private room cost differential adjustment (line 3 x line 35)	116 31/		0.00	35.0
36.00 37.00	General inpatient routine service cost net of swing-bed cost	and private room cost d	ifferential (line	6, 520, 423	30.
	27 minus line 36)		•		1
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.	JUSTMENTS			+
38. 00	Adjusted general inpatient routine service cost per diem (se			2, 183. 66	38. (
39.00	Program general inpatient routine service cost (line 9 x lin	-		89, 530	
40. 00	Medically necessary private room cost applicable to the Prog	ram (line 14 x line 35)		0	40.0
11 00	Total Program general inpatient routine service cost (line 3	9 + line 40)		89, 530	41.0

	ATION OF INPATIENT OPERATING COST		Provider C		Period:	Worksheet D-1	1
					rom 07/01/2019 o 06/30/2020		
			Titl	e XIX	Hospi tal	Cost	. 01 0
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	+
. 00	NURSERY (title V & XIX only)	909, 017	1, 090				3 42.
	Intensive Care Type Inpatient Hospital Units	1			1		
00	INTENSIVE CARE UNIT	0	-				43
00 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0.00 0.00			
	SURGI CAL I NTENSI VE CARE UNI T	0	0	0.00			
00	OTHER SPECIAL CARE (SPECIFY)						47
	Cost Center Description						
00	Program inpatient ancillary service cost (Wks	at D 2 col 2	Line 200)			1.00 1,606,807	7 48
00	Total Program inpatient costs (sum of lines 4			ns)		1, 733, 865	
00	PASS THROUGH COST ADJUSTMENTS					1,700,000	
00	Pass through costs applicable to Program inpa	atient routine	services (from	Wkst. D, sum	of Parts I and	C	50
00	) Dear through costs could able to December inc.				E Davata II		
00	Pass through costs applicable to Program inpa and IV)	attent and than	y services (II	UNI WKSI. D, SU	III OF PARTS IT	C	51
00	Total Program excludable cost (sum of lines !	50 and 51)				C	52
. 00	Total Program inpatient operating cost exclude		lated, non-phy	sician anesthe	etist, and	C	53
	medical education costs (line 49 minus line 5	52)					
00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					С с	54
	Target amount per discharge					0.00	
00	Target amount (line 54 x line 55)					C	
00	Difference between adjusted inpatient operati	ing cost and ta	irget amount (I	ine 56 minus l	ine 53)	C	
00	Bonus payment (see instructions)	anting pariod	anding 1004	ndated and con	nounded by the	0	
00	Lesser of lines 53/54 or 55 from the cost rep market basket	sorting period	ending 1996, u	puated and com	ipounded by the	0.00	1 59
00	Lesser of lines 53/54 or 55 from prior year of	cost report, up	dated by the m	arket basket		0.00	0 60
. 00	If line 53/54 is less than the lower of lines					C	61
	which operating costs (line 53) are less than		s (lines 54 x	60), or 1% of	the target		
. 00	amount (line 56), otherwise enter zero (see i Relief payment (see instructions)	instructions)				C	62
							63
	PROGRAM INPATIENT ROUTINE SWING BED COST						
00	Medicare swing-bed SNF inpatient routine cost instructions)(title XVIII only)	ts through Dece	ember 31 of the	cost reportir	ig period (See	C	64
. 00	Medicare swing-bed SNF inpatient routine cost	ts after Decemb	er 31 of the c	ost reportina	period (See	c	65
	instructions) (title XVIII only)					_	
. 00	Total Medicare swing-bed SNF inpatient routin	ne costs (line	64 plus line 6	5)(title XVIII	only). For	C	) 66
. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routine	a costs through	December 21 c	f the cost ror	orting pariod	0	67
. 00	(line 12 x line 19)	e costs through	December 31 C	i the cost rep	or tring period		1 07
. 00	Title V or XIX swing-bed NF inpatient routine	e costs after D	ecember 31 of	the cost repor	ting period	C	68  0
~~	(line 13 x line 20)			(0)			
. 00	Total title V or XIX swing-bed NF inpatient PART III - SKILLED NURSING FACILITY, OTHER NU					<u> </u>	) 69
. 00	Skilled nursing facility/other nursing facili		•				70
00	Adjusted general inpatient routine service co	ost per diem (l					71
	Program routine service cost (line 9 x line )			25)			72
00 00	Medically necessary private room cost applica Total Program general inpatient routine servi			ne 35)			73
00	Capital-related cost allocated to inpatient i	•		orksheet B. Pa	rt II. column		75
- 0	26, line 45)						
00	Per diem capital-related costs (line 75 ÷ lin						76
00 00	Program capital -related costs (line 9 x line						77
00	Inpatient routine service cost (line 74 minus Aggregate charges to beneficiaries for excess		rovi der record	s)			79
00	Total Program routine service costs for compa	• •			ıs line 79)		80
00	Inpatient routine service cost per diem limit	tati on			-		81
00	Inpatient routine service cost limitation (li		· .				82
00	Reasonable inpatient routine service costs (s		is)				83
00 00	Program inpatient ancillary services (see ins Utilization review - physician compensation		uns)				84
	Total Program inpatient operating costs (sum						86
,	PART IV - COMPUTATION OF OBSERVATION BED PASS						
	Total observation bed days (see instructions)	)				615	
. 00 . 00	Adjusted general inpatient routine cost per o					2, 183. 66	

Health Financial Systems A	SCENSION ST. V	INCENT FISHERS		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 07/01/2019	Worksheet D-1	
				To 06/30/2020	Date/Time Pre 11/18/2020 7:	
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	1, 622, 475	6, 520, 423	0. 24883	0 1, 342, 951	334, 166	90.00
91.00 Nursing School cost	C	6, 520, 423	0.00000	0 1, 342, 951	0	91.00
92.00 Allied health cost	( C	6, 520, 423	0.00000	0 1, 342, 951	0	92.00
93.00 All other Medical Education	C	6, 520, 423	0.00000	0 1, 342, 951	0	93.00

leal th Financial Systems         ASCENSION ST. VINCENT           NPATIENT ANCILLARY SERVICE COST APPORTIONMENT         Pro		N. 15 ∩101	Peri od:	u of Form CMS-2552- Worksheet D-3	
NFATIENT ANGLEART SERVICE COST AFFORTIONMENT	Provider CCN: 15-018		From 07/01/2019	WULKSHEEL D-3	)
			To 06/30/2020	Date/Time Pre 11/18/2020 7:	
	Title	XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos	t Inpatient	Inpatient	
		To Charges		Program Costs	
			Charges	(col. 1 x col.	
			Ŭ	2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
0. 00 03000 ADULTS & PEDIATRICS			1, 531, 298		30.0
1.00 03100 INTENSIVE CARE UNIT			0		31.0
2.00 03200 CORONARY CARE UNI T			0		32.0
3.00 03300 BURN INTENSIVE CARE UNIT			0		33.0
4.00 03400 SURGICAL INTENSIVE CARE UNIT			0		34.0
3. 00 04300 NURSERY					43.0
ANCI LLARY SERVI CE COST CENTERS		-			
0.00 05000 OPERATING ROOM		0. 1272	17 3, 880, 921	493, 719	50.0
1.00 05100 RECOVERY ROOM		0.0000	00 0	0	51.0
2.00 05200 DELIVERY ROOM & LABOR ROOM		0. 4634	95 0	0	52.0
3. 00 05300 ANESTHESI OLOGY		0.0000	00 0	0	53.
4. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 2333	56 154, 845	36, 134	54.
4. 01 03630 ULTRA SOUND		0. 1420	52 0	0	54.
6. 00 05600 RADI 0I SOTOPE		0.0000	00 0	0	56.
6. 01 05601 ONCOLOGY		0. 3272	01 0	0	56.
7. 00 05700 CT SCAN		0. 1894	71 156, 400	29, 633	57.0
8.00 05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 2534	82 17, 100	4, 335	58.
9. 00 05900 CARDI AC CATHETERI ZATI ON		0.0000	00 0	0	59.
0. 00 06000 LABORATORY		0. 1585	60 953, 242	151, 146	60.
2.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0.0000	00 0	0	62.
3. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0.0000	00 0	0	63.
4. 00 06400 I NTRAVENOUS THERAPY		0.0000	00 0	0	64.
5. 00 06500 RESPI RATORY THERAPY		0. 4205	09 101, 248	42, 576	65.
6. 00 06600 PHYSI CAL THERAPY		0. 5115	33 125, 378	64, 135	66.
7. 00 06700 OCCUPATI ONAL THERAPY		0. 3586	86 35, 253	12, 645	67.
8.00 06800 SPEECH PATHOLOGY		0. 3854	79 1, 956	754	68.
9. 00 06900 ELECTROCARDI OLOGY		0. 1399	29 164, 677	23, 043	69.
0. 00 07000 ELECTROENCEPHALOGRAPHY		0.0000	00 0	0	70.
1.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS		0. 1447	73 408, 711	59, 170	71.
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 3550	77 988, 632	351, 040	72.
3.00 07300 DRUGS CHARGED TO PATIENTS		0. 3420	83 585, 510	200, 293	73.
4. 00 07400 RENAL DIALYSIS		0.0000	00 0	0	74.
5. 00 07500 ASC (NON-DI STINCT PART)		0.0000	00 0	0	75.
OUTPATIENT SERVICE COST CENTERS		-			
1.00 09100 EMERGENCY		0. 1205	68 796, 158	95, 991	91.
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 5494	81 118, 837	65, 299	92.
00.00 Total (sum of lines 50 through 94 and 96 through 98)			8, 488, 868	1, 629, 913	200.
01.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0		201.
02.00 Net charges (line 200 minus line 201)			8, 488, 868		202. (

Heal th Financial Systems ASCENSION ST. VINC				u of Form CMS-	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0181	Peri od:	Worksheet D-3	3
			From 07/01/2019 To 06/30/2020		
	Ti tl	e XIX	Hospi tal	Cost	
Cost Center Description		Ratio of Cos	t Inpatient	I npati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS			7.4.007		
30. 00 03000 ADULTS & PEDIATRICS			741, 037		30.00
31.00 03100 I NTENSI VE CARE UNI T			0		31.00
32. 00 03200 CORONARY CARE UNIT			0		32.00
33. 00 03300 BURN INTENSIVE CARE UNIT			0		33.00
34.00 03400 SURGI CAL I NTENSI VE CARE UNI T			0		34.00
43. 00 04300 NURSERY			225, 570		43.00
ANCI LLARY SERVICE COST CENTERS		0 1070	17 (20.711	01 202	
50. 00 05000 OPERATI NG ROOM		0. 1272		81, 382	
51.00 O5100 RECOVERY ROOM		0.0000		1 200 000	
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0.4634		1, 209, 809	
		0.0000		0	
54.00 O5400 RADI OLOGY-DI AGNOSTI C		0. 2326		4,814	
54. 01 03630 ULTRA SOUND		0.1420		1, 774	
56. 00 05600 RADI 0I SOTOPE 56. 01 05601 0NCOLOGY		0.0000		0 709	
56. 01  05601 0NC0LOGY 57. 00  05700 CT_SCAN		0. 32490			
58.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 1894		6, 438 531	
59. 00 05900 CARDIAC CATHETERIZATION		0. 2534		0	
60. 00 06000 LABORATORY		0. 1585		82, 962	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 0000		02, 702	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0.0000		0	
64. 00 06400 INTRAVENOUS THERAPY		0.0000		0	
65. 00 06500 RESPIRATORY THERAPY		0. 42050		17, 536	
66. 00 06600 PHYSICAL THERAPY		0. 5115		6, 726	
67.00 06700 OCCUPATI ONAL THERAPY		0.3586		2, 215	
68. 00 06800 SPEECH PATHOLOGY		0. 3854		659	
69. 00 06900 ELECTROCARDI OLOGY		0. 1399		3, 391	
70. 00 07000 ELECTROENCEPHALOGRAPHY		0.0000		0,071	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 1447		30, 403	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 3550		8, 771	
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 3420		123, 557	
74. 00 07400 RENAL DI ALYSI S		0.0000		120,007	
75.00 07500 ASC (NON-DI STINCT PART)		0.0000		0	
OUTPATI ENT SERVICE COST CENTERS					1
91. 00 09100 EMERGENCY		0. 1205	68 208, 432	25, 130	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 5494		0	1
200.00 Total (sum of lines 50 through 94 and 96 through 98)			4, 735, 857	1, 606, 807	
201.00 Less PBP Clinic Laboratory Services-Program only charges	s (line 61)		0		201.00
202.00 Net charges (line 200 minus line 201)	. ,		4, 735, 857		202.00

	Financial Systems ASCENSION ST. VIN ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0181	Peri od: From 07/01/2019 To 06/30/2020	Date/Time Pre	pared:
		Title XVIII	Hospi tal	11/18/2020 7: PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				1.0
. 00 . 01	5			0 501, 309	
. 02	DRG amounts other than outlier payments for discharges occur instructions)	ring on or after October	1 (see	1, 539, 913	1.0
. 03	DRG for federal specific operating payment for Model 4 BPCI 1 (see instructions)	for discharges occurring	prior to October	0	1.0
. 04	DRG for federal specific operating payment for Model 4 BPCI October 1 (see instructions)	for discharges occurring	on or after	0	
2.00 2.01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount			0	2.0
2. 02	Outlier payment for discharges for Model 4 BPCI (see instruc	tions)		0	
2. 03	Outlier payments for discharges occurring prior to October 1	-		2, 453	2.0
2.04					2.0
3.00 4.00	Managed Care Simulated Payments Bed days available divided by number of days in the cost rep	orting period (see instru	uctions)	0 44. 32	
r. 00	Indirect Medical Education Adjustment	is this period (see this th		44. 52	0
5.00	FTE count for allopathic and osteopathic programs for the mo or before 12/31/1996. (see instructions)	st recent cost reporting	period ending on	0.00	5.0
o. 00	FTE count for allopathic and osteopathic programs that meet new programs in accordance with 42 CFR 413.79(e)			0.00	6.0
7.00 7.01	MMA Section 422 reduction amount to the IME cap as specified ACA $\S$ 5503 reduction amount to the IME cap as specified unde			0.00 0.00	
8. 00	affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12,			0. 00	8. 0
8. 01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8. 0
8. 02	The amount of increase if the hospital was awarded FTE cap s under § 5506 of ACA. (see instructions)	lots from a closed teach	ng hospital	0.00	8.0
9. 00	instructions)			0.00	9.0
0. 00 1. 00				0.00 0.00	
2.00	5			0.00	
3.00 4.00	Total allowable FTE count for the prior year.	war and an ar after So	tombor 20 1007	0.00 0.00	
4.00	Total allowable FTE count for the penultimate year if that y otherwise enter zero.	ear ended on or arter se	Jtember 30, 1997,	0.00	14.0
5.00	Sum of lines 12 through 14 divided by 3.			0.00	15.0
	5 1 5			0.00	1
	00 Adjustment for residents displaced by program or hospital closure				17.0
					18. 0 19. 0
	Enter the lesser of lines 19 or 20 (see instructions)			0.000000 0.000000	
	IME payment adjustment (see instructions)			0	
2. 01	IME payment adjustment - Managed Care (see instructions)			0	22.0
3. 00	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA           00         Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105			0.00	23.
4.00	(f)(1)(iv)(C). IME FTE Resident Count Over Cap (see instructions)			0.00	24. (
				0.00	
6. 00	Resident to bed ratio (divide line 25 by line 4)			0. 000000	26. (
	IME payments adjustment factor. (see instructions)			0.00000	27.0
	0 IME add-on adjustment amount (see instructions)			0	
3. 01	IME add-on adjustment amount - Managed Care (see instruction	is)		0	
9.00 9.01	Total IME payment ( sum of lines 22 and 28) Total IME payment - Managed Care (sum of lines 22.01 and 28.	01)		0	
D. 00	Disproportionate Share Adjustment Percentage of SSI recipient patient days to Medicare Part A	patient days (see instru	ctions)	1. 54	30.
1.00	Percentage of Medicaid patient days (see instructions)			16. 28	
2.00	Sum of lines 30 and 31			17.82	
	Allowable disproportionate share percentage (see instruction	is)			33. (
	Disproportionate share adjustment (see instructions)			22, 097	34

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0181	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Pre 11/18/2020 7:	
		Title XVIII	Hospi tal	PPS	<u>o. a</u>
			Prior to 10/1		
			1.00	2.00	
	Uncompensated Care Adjustment				
5.00	Total uncompensated care amount (see instructions)		8, 272, 872, 447	8, 350, 599, 096	35.
5. 01	Factor 3 (see instructions)		0. 000066841	0.000112180	35.
5. 02	Hospital uncompensated care payment (If line 34 is zero, er	nter zero on this line) (se	ee 552, 970	936, 767	35.
	instructions)				
5. 03	Pro rata share of the hospital uncompensated care payment a	amount (see instructions)	139, 379	701, 296	35.
	Total uncompensated care (sum of columns 1 and 2 on line 35		840, 675		36.
	Additional payment for high percentage of ESRD beneficiary		<u> </u>		
. 00	Total Medicare discharges on Worksheet S-3, Part I excludir	ng discharges for MS-DRGs	0		40.
	652, 682, 683, 684 and 685 (see instructions)				
			Before 1/1	On/After 1/1	
0.0		(00 (04 (05 (	1.00	1.01	1.4
. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682,	, 683, 684 an 685. (see	0	0	41.
01	instructions)		4		4.1
. 01	Total ESRD Medicare covered and paid discharges excluding M	NS-UKUS 052, 682, 683, 684	4 0	0	41
. 00	an 685. (see instructions) Divide line 41 by line 40 (if less than 10%, you do not qua	alify for adjustment)	0.00		42
-	Total Medicare ESRD inpatient days excluding MS-DRGs 652,	<b>j</b>			42
. 00	instructions)	002, 003, 004 all 003. (Set	5 0		43
. 00	Ratio of average length of stay to one week (line 43 divide	ed by line 41 divided by 7	0.000000		44
. 00	days)	ca by the 4t arriad by t	0.000000		
. 00	Average weekly cost for dialysis treatments (see instruction	ons)	0.00	0.00	45
	Total additional payment (line 45 times line 44 times line		0		46
	Subtotal (see instructions)		2, 906, 447		47
	Hospital specific payments (to be completed by SCH and MDH,	small rural hospitals	0		48
	only. (see instructions)				
				Amount	
				1.00	
. 00	0 Total payment for inpatient operating costs (see instructions)			2, 906, 447	49
	Payment for inpatient program capital (from Wkst. L, Pt. I		)	164, 937	50
	Exception payment for inpatient program capital (Wkst. L, F			0	51
. 00	Direct graduate medical education payment (from Wkst. E-4,	line 49 see instructions)		0	52
1	Nursing and Allied Health Managed Care payment			0	53
1	00 Special add-on payments for new technologies			0	54
				0	54
	5 1			0	55
	5 1 1 1			0	56
	00 Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57
	5 1 5			0	58
. 00				3, 071, 384	
	51515			0	60
				3, 071, 384	
	1 5			261, 404	
	1 5			0	1 00
				29, 085	
	J ,			18, 905	
	<b>U</b>			8, 203	
				2, 828, 885	
	Credits received from manufacturers for replaced devices for			0	68
1	Outlier payments reconciliation (sum of lines 93, 95 and 96	ь).(For SCH see instruction	ns)	0	69
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		1	0	70
	Rural Community Hospital Demonstration Project (§410A Demor		Instructions)	0	
	Demonstration payment adjustment amount before sequestration			0	
	SCH or MDH volume decrease adjustment (contractor use only)			0	70
-	Pioneer ACO demonstration payment adjustment amount (see in	-			70
-	HSP bonus payment HVBP adjustment amount (see instructions)	)		0	
. 91	HSP bonus payment HRR adjustment amount (see instructions)			0	70
00	Bundled Model 1 discount amount (see instructions)			0	70
				13, 830	70
). 93	HVBP payment adjustment amount (see instructions)				
. 93	HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions)			-4, 960	

	ATION OF REIMBURSEMENT SETTLEMENT	Provider C		Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Pre 11/18/2020 7:	pared 51 am
		Title	XVIII	Hospi tal	PPS	
			FFY	<u>(уууу)</u> 0	Amount 1.00	
0. 96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column O		0	0	70.9
	the corresponding federal year for the period prior to 10/1)					
0. 97	Low volume adjustment for federal fiscal year (yyyy) (Enter i			0	0	70.9
0. 98	the corresponding federal year for the period ending on or af Low Volume Payment-3	ter 10/1)			0	70.9
0.99	HAC adjustment amount (see instructions)				0	70.
1. 00	Amount due provider (line 67 minus lines 68 plus/minus lines	69 & 70)			2, 837, 755	71. (
1.01	Sequestration adjustment (see instructions)				47, 391	
1.02	Demonstration payment adjustment amount after sequestration				0	71.0
1. 03 2. 00	Sequestration adjustment-PARHM pass-throughs Interim payments				2, 790, 733	71.0
2.01	Interim payments-PARHM				2,770,700	72.
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 73)	2, 72, and			-369	74.0
4. 01	Balance due provider/program-PARHM (see instructions)					74.0
5.00	Protested amounts (nonallowable cost report items) in accorda	nce with			63, 362	
	CMS Pub. 15-2, chapter 1, §115.2					
0.00	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)	- 5 0 0 0	-		0	00
0. 00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum plus 2.04 (see instructions)	DT 2.03			0	90.
1.00	Capital outlier from Wkst. L, Pt. I, line 2				0	91.
2.00	Operating outlier reconciliation adjustment amount (see instr	uctions)			0	92.
3.00	Capital outlier reconciliation adjustment amount (see instruc	,			0	93.
	The rate used to calculate the time value of money (see instructions)	uctions)			0.00	
5.00 6.00	Time value of money for operating expenses (see instructions) Time value of money for capital related expenses (see instruc	tions)			0	95. 96.
01.00			1	Prior to 10/1	-	7011
				1.00	2.00	
					2:00	
	HSP Bonus Payment Amount					100
00.00	HSP bonus amount (see instructions)			0		100.
00.00						
00. 00 01. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment	s)		0	0.000000000	101.
00.00 01.00 02.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment	s)		0.000000000	0.000000000 0	101. 102.
00.00 01.00 02.00 03.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions)			0.0000000000000000000000000000000000000	0. 0000000000 0. 0000000000 0 0. 0000	101. 102. 103.
00.00 01.00 02.00 03.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions	)	istment	0.000000000	0. 0000000000 0. 0000000000 0 0. 0000	101. 102. 103.
00.00 01.00 02.00 03.00 04.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions)	) ration) Adju		0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0.0000 0	101. 102. 103. 104.
00.00 01.00 02.00 03.00 04.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction 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 Demonstr Is this the first year of the current 5-year demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no.	) ration) Adju		0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0.0000 0	101. 102. 103. 104.
00.00 01.00 02.00 03.00 04.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction 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 Demonstr 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	) ration) Adju riod under t		0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0.0000 0	101. 102. 103. 104. 200.
00.00 01.00 02.00 03.00 04.00 00.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction 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 Demonstr 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, Iin	) ration) Adju riod under t		0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0 0.0000 0	101. 102. 103. 104. 200. 201.
<ul> <li>00. 00</li> <li>01. 00</li> <li>02. 00</li> <li>03. 00</li> <li>04. 00</li> <li>00. 00</li> <li>00. 00</li> <li>01. 00</li> <li>02. 00</li> </ul>	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction 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 Demonstr 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	) ration) Adju riod under t		0.0000000000000000000000000000000000000	0.000000000 0 0.0000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202.
<ul> <li>00. 00</li> <li>01. 00</li> <li>02. 00</li> <li>03. 00</li> <li>04. 00</li> <li>00. 00</li> <li>00. 00</li> <li>01. 00</li> <li>02. 00</li> </ul>	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction 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) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 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, Iin Medicare discharges (see instructions)	) ration) Adju riod under t e 49)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.000000000 0 0.0000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202.
<ol> <li>00. 00</li> <li>01. 00</li> <li>02. 00</li> <li>03. 00</li> <li>04. 00</li> <li>00. 00</li> <li>00. 00</li> <li>01. 00</li> <li>02. 00</li> <li>03. 00</li> </ol>	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction 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 Demonstr 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)	) ration) Adju riod under t e 49)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.000000000 0 0.0000 0 0 0 0	101. 102. 103. 104. 200. 201. 202. 203.
<ul> <li>&gt;</li></ul>	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction 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 Demonstr 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	) ration) Adju riod under t e 49)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.0000000000 0 0.0000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204.
00.00         01.00         02.00         03.00         04.00         00.00         01.00         02.00         03.00         04.00         03.00         04.00         05.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstr 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, Iin Medicare discharges (see instructions) Camputation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	) ration) Adju riod under t e 49)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.0000000000 0 0.0000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205.
00.00         01.00         02.00         03.00         04.00         00.00         01.00         02.00         03.00         04.00         03.00         04.00         05.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction 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 Demonstr 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	) ration) Adju riod under t e 49)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.0000000000 0 0.0000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204.
0. 00 1. 00 2. 00 3. 00 4. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) 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 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, Iin 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	) ration) Adju riod under t e 49) first year ructions)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.0000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207.
0. 00 1. 00 2. 00 3. 00 4. 00 0. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) 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) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A 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, Iin 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,	) ration) Adju riod under t e 49) first year ructions)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.000000000000000000000000000000000000	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 206. 207. 208.
00.00 11.00 12.00 13.00 14.00 10.00 11.00 12.00 13.00 11.00 12.00 13.00 14.00 15.00 16.00 16.00 17.00 18.00 19.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction 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 Demonstr 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, Iin 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)	) ration) Adju riod under t e 49) first year ructions)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.0000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209.
0.00 1.00 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	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HR 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 Demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use	) ration) Adju riod under t e 49) first year ructions)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.000000000000000000000000000000000000	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210.
0.00 1.00 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	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) 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 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, Iin 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)	) ration) Adju riod under t e 49) first year ructions)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.000000000000000000000000000000000000	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 206. 207. 208.
0. 00 11. 00 12. 00 13. 00 14. 00 14. 00 15. 00 15. 00 16. 00 17. 00 18. 00 19. 00 0. 00 0. 00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HR 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 Demonstration pe Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use	) ration) Adju riod under t e 49) first year ructions) line 59)	he 21st	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.0000000000 0 0.0000 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210.
00.00 11.00 12.00 13.00 14.00 14.00 11.00 12.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 0.00 1.00 2.00 3.00	HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) 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) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A 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, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	) ration) Adju riod under t e 49) first year ructions) line 59)	of the currer	0. 0000000000 0 0. 0000000000 0 0. 0000 0	0.0000000000 0 0.0000 0 0	101. 102. 103. 104. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211.

	Financial Systems LUME CALCULATION EXHIBIT 4	^	SCENSION ST. VI	Provi der CC		Period:	u of Form CMS-2 Worksheet E	
						From 07/01/2019 To 06/30/2020		pared
				Title	XVIII	Hospi tal	11/18/2020 7: PPS	<u>51 an</u>
			Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line 0	E, Part A)	Entitlement	to 10/01	0n/After 10/01		
0	DRG amounts other than outlier	1.00	1.00	2.00	3.00	4.00	5.00	1.
1	payments DRG amounts other than outlier	1. 01	501, 309	0		-	501, 309	
2	payments for discharges occurring prior to October 1 DRG amounts other than outlier	1. 02	1, 539, 913	0		1, 539, 913	1, 539, 913	1.
2	payments for discharges occurring on or after October	1. 02	1, 337, 713	0		1, 337, 713	1, 337, 713	'.
3	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to	1. 03	0	0	(	0	0	1
4	October 1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1.04	0	0		0	0	1
0	October 1 Outlier payments for	2.00						2
1	discharges (see instructions) Outlier payments for	2. 02	0	0	(	0	0	2
2	discharges for Model 4 BPCI Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	2, 453	0	2, 453	3	2, 453	2
3	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0	2
0	Operating outlier reconciliation	2.01	0	0	(	o o	0	3
0	Managed care simulated payments Indirect Medical Education Adju	3.00	0	0	(	0 0	0	4
0	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 000000	0.000000	0.00000	0.00000		5
0	IME payment adjustment (see instructions)	22.00	0	0	(	0 0	0	6
1	IME payment adjustment for managed care (see instructions)	22.01	0	0		0 0	0	6
~	Indirect Medical Education Adju					0. 000000		_
0	(see instructions)	27.00	0. 000000	0. 000000	0.00000	0.00000		7
0	IME adjustment (see instructions)	28.00	0	0		0 0		
1	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	(	0 0	0	8
0	Total IME payment (sum of lines 6 and 8)	29.00	0	0	(	0 0	0	
1	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	(	0 0	0	9
00	Disproportionate Share Adjustme Allowable disproportionate share percentage (see instructions)	33.00	0. 0433	0. 0433	0. 0433	3 0. 0433		10
00	Di sproporti onate share adjustment (see instructions)	34.00	22, 097	0	5, 42	7 16, 670	22, 097	11
01	Uncompensated care payments	36.00	840, 675	0	139, 379	701, 296	840, 675	11
00	Additional payment for high per Total ESRD additional payment (see instructions)	46.00	0 Deneticiary	di scharges 0	(	0 0	0	12
00 00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47.00 48.00	2, 906, 447 0	0 0	648, 568 (	3 2, 257, 879 0 0	2, 906, 447 0	13 14
00	(see instructions) Total payment for inpatient operating costs (see instructions)	49.00	2, 906, 447	0	648, 568	3 2, 257, 879	2, 906, 447	15
00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	164, 937	0	42, 785	5 122, 152	164, 937	16

Health Financial Systems	А	SCENSION ST. VI	NCENT FISHERS		In Lie	eu of Form CMS-:	2552-10
LOW VOLUME CALCULATION EXHIBIT 4			Provider CO		Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Exhibi	t 4 pared:
			Title	XVIII	Hospi tal	PPS	
	W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
	line	E, Part A)	Entitlement	to 10/01	0n/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	0	0		0 0	0	17.00
17.01 Net organ aquisition cost							17.01
17.02 Credits received from manufacturers for replaced devices for applicable MS-DF	68. 00 GS	Ο	0		0 0	0	17. 02
<ul> <li>18.00 Capital outlier reconciliati adjustment amount (see instructions)</li> </ul>		0	0		o o	0	18.00
19. 00 SUBTOTAL			0	691, 35	2, 380, 031	3, 071, 384	19 00
	W/S L, line	(Amounts from L)		0,1,00	2,000,001	0,0,1,001	17100
	0	1.00	2.00	3.00	4.00	5.00	
20.00 Capital DRG other than outli	er 1.00	162, 940	0	40, 78	8 122, 152	162, 940	20.00
20.01 Model 4 BPCI Capital DRG oth than outlier	er 1.01	0	0		0 0	0	20. 01
21.00 Capital DRG outlier payments	2.00	1, 997	0	1, 99	7 0	1, 997	21.00
21.01 Model 4 BPCI Capital DRG outlier payments	2. 01	0	0		0 0	0	21.01
22.00 Indirect medical education percentage (see instructions	5.00	0. 0000	0.0000	0.000	0.0000		22.00
23.00 Indirect medical education adjustment (see instructions	6.00	0	0		0 0	0	23.00
24.00 Allowable disproportionate share percentage (see instructions)	10.00	0. 0000	0.0000	0.000	0.0000		24.00
25.00 Disproportionate share adjustment (see instructions	)	0	0		0 0	0	25.00
26.00 Total prospective capital payments (see instructions)	12.00	164, 937	0	42, 78	5 122, 152	164, 937	26.00
	line	(Amounts to E, Part A)					
	0	1.00	2.00	3.00	4.00	5.00	
27.00 Low volume adjustment factor 28.00 Low volume adjustment	70. 96			0.00000	0. 000000 0	0	27.00 28.00
(transfer amount to Wkst. E, Pt. A, line) 29.00 Low volume adjustment	70. 97				0	0	29.00
(transfer amount to Wkst. E, Pt. A, line)	10.71						27.00
100.00 Transfer Low volume adjustments to Wkst. E, Pt.	A.	Y					100. 00

	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	IION EXHIBIT 5	Provider CC	FI		Date/Time Prep 11/18/2020 7:	pared:
				XVIII	Hospi tal	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	
. 00	DRG amounts other than outlier payments	1.00					1.00
. 01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	501, 309	501, 309		501, 309	1. 01
. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	1, 539, 913		1, 539, 913	1, 539, 913	1. 02
. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		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 prior to October 1 (see instructions)	2.03	2, 453	2, 453		2, 453	2. 02
. 03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	2. 03
. 00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
. 00	Managed care simulated payments	3.00	0	0	0	0	4.00
. 00	Indirect Medical Education Adjustment Amount from Worksheet E, Part A, line 21	21.00	0. 000000	0. 000000	0. 000000		5.00
. 00	(see instructions)	21.00	0.000000	0.000000	0.00000		5.00
. 00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
. 01	IME payment adjustment for managed care (see	22.01	0	0	0	0	6.01
	instructions)						
	Indirect Medical Education Adjustment for the						
00	IME payment adjustment factor (see	27.00	0. 000000	0.00000	0.000000		7.00
00	instructions)	20.00		0	0	0	0.00
. 00 . 01	IME adjustment (see instructions) IME payment adjustment add on for managed	28.00 28.01	0	0	0	0	8. 00 8. 01
. 01	care (see instructions)	20.01	0	0	0	0	0.01
. 00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
. 01	Total IME payment for managed care (sum of	29.01	0	0	0	0	9.01
	lines 6.01 and 8.01)		_	-			
	Disproportionate Share Adjustment						
0.00	Allowable disproportionate share percentage	33.00	0. 0433	0. 0433	0. 0433		10.00
4 00	(see instructions)	04.00	00.007	F 407	44 470	00.007	11 00
1.00	Disproportionate share adjustment (see instructions)	34.00	22, 097	5, 427	16, 670	22, 097	11.00
1. 01	Uncompensated care payments	36.00	840, 675	139, 379	701, 296	840, 675	11.01
1.01	Additional payment for high percentage of ESR			137, 377	701,270	040, 073	11.01
2.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
3.00	Subtotal (see instructions)	47.00	2, 906, 447	648, 568	2, 257, 879	2, 906, 447	13.00
4.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	48.00	0	0	0	0	14.00
5. 00	instructions) Total payment for inpatient operating costs	49.00	2, 906, 447	648, 568	2, 257, 879	2, 906, 447	15.00
6. 00	(see instructions) Payment for inpatient program capital (from	50.00	164, 937	42, 785	122, 152	164, 937	16.00
7.00 7.01	Wkst. L, Pt. I, if applicable) Special add-on payments for new technologies Net organ acquisition cost	54.00	0	0	0	0	17. OC 17. 01
1.01	Credits received from manufacturers for	68.00	0	0	0	0	
	replaced devices for applicable MS_DRCs						
7. 02 8. 00	replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00

ASCENSION ST. VINCENT FISHERS

Health Financial Systems

In Lieu of Form CMS-2552-10

Heal th	Financial Systems A	SCENSION ST. VI	NCENT FISHERS		In Lie	eu of Form CMS-:	2552-10
HOSPI T	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CO		Period: From 07/01/2019 To 06/30/2020		pared:
			Title	XVIII	Hospi tal	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	162, 940	40, 7	38 122, 152	162, 940	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0		0 0	0	1
21.00	Capital DRG outlier payments	2.00	1, 997	1, 9	97 C	1, 997	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0		0 0	0	•
22.00	Indirect medical education percentage (see	5.00	0.0000	0.00	0.000		22.00
	instructions)						
23.00	Indirect medical education adjustment (see instructions)	6.00	0		0 0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.00	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0		0 0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	164, 937	42, 7	85 122, 152	164, 937	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		C	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	13, 830	-2, 8	02 16, 632	13, 830	30.00
30. 01	HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0		0 C		•
31.00	HRR adjustment (see instructions)	70, 94	-4, 960	-8	-4, 158	-4, 960	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0 0	0	
						(Amt. to Wkst.	
						E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
	HAC Reduction Program adjustment (see instructions)	70. 99			0 C	0	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100. 00

	Financial Systems ASCENSION ST. VINCEN ATION OF REIMBURSEMENT SETTLEMENT F	IT FISHERS Provider CCN: 15-0181	In Lie Period:	u of Form CMS-2 Worksheet E	2552-10
0.12002			From 07/01/2019 To 06/30/2020	Part B Date/Time Pre	pared:
		Title XVIII	Hospi tal	11/18/2020 7: PPS	51 am
			<b>·</b> · · · ·	1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			198	
2.00 3.00	Medical and other services reimbursed under OPPS (see instruction OPPS payments	ons)		4, 579, 766 3, 410, 387	
3.00 4.00	Outlier payment (see instructions)			63, 748	
4.01	Outlier reconciliation amount (see instructions)			0	
5.00	Enter the hospital specific payment to cost ratio (see instruction of the second secon	i ons)		0.000	
6.00 7.00	Line 2 times line 5 Sum of lines 3, 4, and 4.01, divided by line 6			0 0.00	
8.00	Transitional corridor payment (see instructions)			0	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV,	, col. 13, line 200		0	
10. 00 11. 00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0 198	10.00
	COMPUTATION OF LESSER OF COST OR CHARGES			170	
	Reasonabl e charges			500	1 4 9 9 9
12.00 13.00	Ancillary service charges Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line	e 69)		580	12.00 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			580	1
	Customary charges				
15.00 16.00	Aggregate amount actually collected from patients liable for pay Amounts that would have been realized from patients liable for			0	
10.00	had such payment been made in accordance with 42 CFR §413.13(e)	payment for services (	in a chargebasi s	0	10.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	1
18.00 19.00	Total customary charges (see instructions) Excess of customary charges over reasonable cost (complete only	if line 10 exceeds li	no 11) (coo	580 382	1
19.00	instructions)	IT THE TO EXCEEDS IT	116 11) (See	302	19.00
20.00	Excess of reasonable cost over customary charges (complete only	ifline 11 exceeds li	ne 18) (see	0	20.00
21.00	instructions) Lesser of cost or charges (see instructions)			198	21.00
22.00	Interns and residents (see instructions)			0	
23.00	Cost of physicians' services in a teaching hospital (see instru	ctions)		0	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			3, 474, 135	24.00
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line :	-		668, 255	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) pluinstructions)	us the sum of lines 22	and 23] (see	2, 806, 078	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line	e 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	
30. 00 31. 00	Subtotal (sum of lines 27 through 29) Primary payer payments			2, 806, 078 0	
32.00	Subtotal (line 30 minus line 31)			2, 806, 078	
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES	S)			
	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions)			0 84, 180	
35.00	Adjusted reimbursable bad debts (see instructions)			54, 717	
36.00	Allowable bad debts for dual eligible beneficiaries (see instru	ctions)		37, 409	
37.00 38.00	Subtotal (see instructions) MSP-LCC reconciliation amount from PS&R			2, 860, 795 0	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
39. 97 39. 98	Demonstration payment adjustment amount before sequestration Partial or full credits received from manufacturers for replaced	d dovicos (soo instru	tions)	0	
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	
40.00	Subtotal (see instructions)			2, 860, 795	
40. 01 40. 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			47, 775 0	
40.02	Sequestration adjustment-PARHM pass-throughs			0	40.02
41.00	Interim payments			2, 758, 694	41.00
41.01	Interim payments-PARHM			0	41.01
42. 00 42. 01	Tentative settlement (for contractors use only) Tentative settlement-PARHM (for contractor use only)			0	42.00 42.01
43.00	Balance due provider/program (see instructions)			54, 326	43.00
43.01	Balance due provider/program-PARHM (see instructions)	a with CMS Dub 15 a	chaptor 1	0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance §115.2	e with two rud. 15-2,	chapter I,	0	44.00
	TO BE COMPLETED BY CONTRACTOR				
90.00 91.00	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)			0	
91.00 92.00	The rate used to calculate the Time Value of Money			-	91.00
	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

<sup>11/18/2020 7:51</sup> am D: \Shared drives\Finance\_Net Revenue\_IN - Acute\Reimbursement\Cost Reports\FY2020\Fishers\SVF2020.mcrx

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	N: 15-0181	Period: From 07/01/2019 To 06/30/2020		pared: 51 am
		Title	XVIII	Hospi tal	PPS	
		I npati ent	t Part A	Pai	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2, 790, 7	33	2, 758, 694	1.00
2.00	Interim payments payable on individual bills, either			0	0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					0.00
3.00	List separately each retroactive lump sum adjustment					3.00
	amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider	11				
3.01	ADJUSTMENTS TO PROVIDER			0	0	3. 01
3. 02				0	0	3. 02
3.03				0	0	3.03
3.04				0	0	3.04
3.05				0	0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM			0	0	3.50
3.51				0	0	3. 51
3.52				0	0	3.52
3.53				0	0	3.53
3.54 3.99	Subtatal (sum of lines 2 01 2 40 minus sum of lines			0	0	3.54 3.99
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		2, 790, 7	33	2, 758, 694	4. OC
1.00	(transfer to Wkst. E or Wkst. E-3, line and column as		2,170,1		2,700,071	1. 00
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	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)					
- 01	Program to Provider	1 1		0		F 04
5.01	TENTATI VE TO PROVIDER			0	0	5.01
5.02 5.03				0	0	5.02 5.03
5.05	Provider to Program			0	0	5.03
5.50	TENTATI VE TO PROGRAM			0	0	5.50
5.51				0	0	5. 51
5.52				0	0	5. 52
5.99	Subtotal (sum of lines 5.01–5.49 minus sum of lines			0	0	5.99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6.00
	the cost report. (1)					
6.01	SETTLEMENT TO PROVIDER			0	54, 326	6.01
6.02	SETTLEMENT TO PROGRAM			69	0	6.02
7.00	Total Medicare program liability (see instructions)		2, 790, 3		2, 813, 020	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
	Name of Contractor			1.00	2.00	8.00

Heal th	Financial Systems ASCENSION ST. VINC	ENT FISHERS	In Lie	u of Form CMS-	2552-10	
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0181	Peri od:	Worksheet E-1		
			From 07/01/2019 To 06/30/2020		narod	
			10 00/30/2020	Date/Time Pre 11/18/2020 7:		
		Title XVIII	Hospi tal	PPS		
				1.00		
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS					
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				1.00	
	1.00 Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14					
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8	-12			2.00	
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00	
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8	-12			4.00	
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00	
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 I	ine 20			6.00	
7.00	CAH only - The reasonable cost incurred for the purchase of c	ertified HIT technology	Wkst. S-2, Pt. I		7.00	
	line 168					
8.00	Calculation of the HIT incentive payment (see instructions)				8.00	
9.00	Sequestration adjustment amount (see instructions)				9.00	
10.00	Calculation of the HIT incentive payment after sequestration	(see instructions)			10.00	
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00	
31.00	Other Adjustment (specify)				31.00	
32.00	Balance due provider (line 8 (or line 10) minus line 30 and l	ine 31) (see instruction	is)		32.00	

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0181	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Pre	
				11/18/2020 7:	51 am
		Title XIX	Hospi tal	Cost	
			Inpatient 1.00	Outpatient 2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV	LCES FOR TITLES V OR X		2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				1
1.00	Inpatient hospital/SNF/NF services		1, 733, 865		1.00
2.00	Medical and other services			3, 385, 874	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1, 733, 865	3, 385, 874	
5.00	Inpatient primary payer payments		0	0	5.00
6.00	Outpatient primary payer payments		1 722 0/5	0	
7.00	Subtotal (line 4 less sum of lines 5 and 6) COMPUTATION OF LESSER OF COST OR CHARGES		1, 733, 865	3, 385, 874	7.00
	Reasonable Charges				-
8.00	Routi ne servi ce charges		850, 016		8.00
9.00	Ancillary service charges		4, 735, 857	18, 087, 063	•
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		5, 585, 873	18, 087, 063	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for	0	0	13.00	
14 00	basis Amounts that would have been realized from patients liable for	normant for convisor of		0	14 00
14.00	a charge basis had such payment been made in accordance with 42		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	2 611 3413. 13(8)	0. 000000	0.000000	15.00
16.00	Total customary charges (see instructions)		5, 585, 873	18, 087, 063	•
17.00	Excess of customary charges over reasonable cost (complete only	y if line 16 exceeds	3, 852, 008		
	line 4) (see instructions)				
18.00	Excess of reasonable cost over customary charges (complete only	y if line 4 exceeds lin	e 0	0	18.00
10 00	16) (see instructions)			0	10.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00 21.00	Cost of physicians' services in a teaching hospital (see instru		1, 733, 865	0 3, 385, 874	
21.00	Cost of covered services (enter the lesser of line 4 or line 16 PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be c			5, 303, 074	21.00
22.00	Other than outlier payments	compreted for fris provi	0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1, 733, 865	3, 385, 874	29.00
30. 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Excess of reasonable cost (from line 18)		0	0	30.00
30.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1, 733, 865	3, 385, 874	•
32.00	Deductibles		1, 733, 805	3, 303, 874	1
	Coi nsurance		0	0	•
34.00	Allowable bad debts (see instructions)		0	0	
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)			3, 385, 874	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	37.00
38.00				3, 385, 874	
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0 005 05	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1, 733, 865		
41.00	Interim payments Release due provider (program (Line 40 minus Line 41)		1, 733, 865		
42.00 43.00	Balance due provider/program (line 40 minus line 41) Protested amounts (nonallowable cost report items) in accordance	co with CMS Dub 15 0	0	0	
		SC WITTI OWS FUD IS-Z,	0	0	1 40.00

Burger AsSETS         General Fund Purpose Fund 1.00         Specific 2.00         Specific 3.00         Specific 2.00         Specific 3.00         Specific 2.00         Specific 3.00         Specific 3.00 <thspecific 3.00         <thspecific 3.00</thspecific </thspecific 	rksheet G te/Time Prep /18/2020 7:5	repai
DURRENT ASSETS	ant Fund	
00         Cash on hand in banks         1,990         0         0           01         Temporary investments         0	4.00	+
00         Temporary investments         0         0         0         0           00         Notes receivable         19, 299, 451         0         0           00         Other receivable         19, 299, 451         0         0           00         Inventory         2         9, 534, 977         0         0           00         Inventory         2         171, 755         0         0         0           01         Inventory         2         171, 755         0         0         0           01         Other current assists         2         171, 755         0         0         0           100         Total current assists (sum of lines 1-10)         13, 198, 320         0         0           100         Iand         0.877, 0         0         0         0         0           100         Iand iated depreciation         -9, 73         0         0         0         0           100         Caudiated depreciation         -10, 743, 388         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	0	0
100         Accounts receivable         19,299,451         0         0           00         Other receivable         -9,534,977         0         0           00         Inventory         0 </td <td>0</td> <td></td>	0	
00         Other receivable         0         0         0           00         Allowness for uncellectible notes and accounts receivable         0, 534, 977         0           00         Inventory         0         0         0           00         Drepsid expenses         0         0         0         0           00         Due from other funds         0         0         0         0           10         Dastits         2,171,755         0         0         0           10         Dastits         2,172         0         0         0           10         Dastits         2,173         0         0         0           10         Land improvements         2,173         0         0         0           10         Atomatistic         2,173         0         0         0         0           10         Atomatistic         2,173         0         0         0         0         0           10         Atomatistic         2,173         0         0         0         0         0           10         Atomatistic         3,431,163         0         0         0         0         0         0	0	0
00         All owances for uncellectible notes and accounts receivable         -9.534,977         0         0           01         Inventory         0	0	
00         Inventory         1, 260, 703         0         0           00         Prepaid expenses         2, 171, 755         0         0           00         Due from other funds         0         0         0           100         Total current assets (sum of lines 1-10)         13, 198, 228         0         0           100         Land         10, 871, 320         0         0           100         Land Improvements         22, 176         0         0           100         Laccumul ated depreciation         43, 522, 518         0         0           100         Accumul ated depreciation         -853, 803         0         0           100         Accumul ated depreciation         -2, 283, 271         0         0           100         Accumul ated depreciation         -2, 283, 271         0         0           100         Automobiles and frucks         0         0         0         0           100         Automobiles and frucks         0         0         0         0           100         Automobiles and frucks         0         0         0         0           100         Accumul ated depreciation         -15, 632, 345         0 <t< td=""><td>0</td><td></td></t<>	0	
00         Prepaid expenses         0	0	
00         Other current assets         2, 171, 755         0         0           00         Due from other funds         0         0         0           100         Land         10, 871, 320         0         0           100         Land improvements         22, 176         0         0           100         Land improvements         22, 176         0         0           100         Buildings         43, 632, 614         0         0           100         Laxeximulated depreciation         -10, 743, 388         0         0           100         Leasehold improvements         853, 803         0         0         0           101         Leasehold is particles and trucks         0 <td< td=""><td>0</td><td></td></td<>	0	
0.00         Due from other funds         0         0         0           Total current assets (sum of lines 1-10)         13,198,328         0         0           FibeD ASSETS         0 <td>Ő</td> <td></td>	Ő	
FixeD ASSETS         0         0           100 Land improvements         22, 176         0         0         0           00 Accumal lead depreciation         -9, 973         0	0	
1:00         Land         10, 871, 320         0         0           00         Land improvements         22, 776         0         0           00         Accumulated depreciation         -9, 973         0         0           00         Accumulated depreciation         -10, 743, 388         0         0           00         Accumulated depreciation         -853, 803         0         0           00         Accumulated depreciation         -853, 803         0         0           00         Accumulated depreciation         -853, 803         0         0           00         Accumulated depreciation         -2, 283, 217         0         0           00         Accumulated depreciation         -2, 283, 217         0         0           00         Accumulated depreciation         -15, 632, 345         0         0           00         Accumulated depreciation         -15, 632, 345         0         0         0           00         Accumulated depreciation         -0         0         0         0         0         0         0           00         More equipment tomodepreciable         0         0         0         0         0         0         0	0	0 1
0.00         Land improvements         22, 776         0         0           00         Accumulated depreciation         -9, 973         0         0           00         Dail idings         43, 632, 614         0         0           00         Dail idings         43, 632, 614         0         0           00         Leasehol di improvements         853, 803         0         0           00         Accumulated depreciation         -2, 283, 217         0         0           00         Accumulated depreciation         -2, 283, 217         0         0           00         Accumulated depreciation         -2, 283, 217         0         0           01         Accumulated depreciation         -2, 283, 217         0         0           02         Accumulated depreciation         -15, 532, 345         0         0           03         Maror equipment depreciation         0         0         0         0           04         Maror equipment-nondepreciation         0         0         0         0           04         Maror equipment-nondepreciation         0         0         0         0           05         Accumulated depreciation         0         0		
00         Accumulated depreciation         -9,973         0           01         Accumulated depreciation         -10,743,388         0           02         Accumulated depreciation         -853,803         0           03         Accumulated depreciation         -853,803         0           04         Accumulated depreciation         -22,382,217         0           05         Accumulated depreciation         -22,382,271         0           06         Accumulated depreciation         -22,385,291         0           07         Accumulated depreciation         -15,632,345         0         0           08         Accumulated depreciation         0         0         0         0         0           08         Accumulated depreciation         0         0         0         0         0           04         Accumulated depreciation         0         0         0         0         0           04         Accumulated depreciation         0         0         0         0         0           04         Accumulated depreciation         0         0         0         0         0           05         Accumulated depreciation         0         0         0 </td <td>0</td> <td>0 1</td>	0	0 1
00         Bail dings         43, 632, 614         0           01         Accumitated depreciation         -10, 743, 388         0         0           01         Leasehol di improvements         853, 803         0         0           01         Leasehol di improvements         953, 803         0         0           01         Fixed equipment         3, 431, 163         0         0           02         Accumitated depreciation         -2, 233, 217         0         0           02         Accumitated depreciation         -2, 233, 217         0         0           03         Accumitated depreciation         -15, 632, 345         0         0         0           04         Accumitated depreciation         -15, 632, 345         0	0	
100         Accumulated depreciation         -10,743,388         0         0           0         Accumulated depreciation         -653,803         0         0           0         Accumulated depreciation         -653,803         0         0           0         Accumulated depreciation         -2,283,217         0         0           0         Accumulated depreciation         -2,283,217         0         0           0         Accumulated depreciation         -2,285,291         0         0         0           0         Accumulated depreciation         -15,632,345         0         0         0         0           0         Accumulated depreciation         -10,743,388         0 <td< td=""><td>0</td><td></td></td<>	0	
00         Leasehol di improvements         853,803         0         0           01         Accumulated depreciation         -853,803         0         0           01         Fixed equipment         3,431,163         0         0           02         Accumulated depreciation         -2,283,217         0         0           03         Accumulated depreciation         22,355,291         0         0           04         Accumulated depreciation         -15,632,345         0         0           04         Accumulated depreciation         0         0         0         0         0           05         Accumulated depreciation         0 <td>0</td> <td></td>	0	
00         Accumulated depreciation        853,803         0         0           01         Fixed quipment         3,431,163         0         0         0           02         Accumulated depreciation        2,283,217         0         <	0	
00         Fixed equipment         3, 431, 163         0         0           00         Accumulated depreciation         -2, 283, 217         0         0           00         Accumulated depreciation         0         0         0           00         Major movable equipment         22, 355, 291         0         0           00         Major movable equipment depreciable         0         0         0           00         Major movable equipment depreciable         0         0         0         0           01         Accumulated depreciation         0	o	
00         Accumulated depreciation         -2,283,217         0         0           01         Accumulated depreciation         0         0         0           00         Accumulated depreciation         22,355,291         0         0           01         Accumulated depreciation         -15,632,345         0         0           01         Mainor equipment depreciation         0         0         0         0           02         Accumulated depreciation         0 </td <td>ol</td> <td></td>	ol	
00         Attomobiles and trucks         0         0         0           00         Accumulated depreciation         22,355,291         0         0           00         Major movable equipment depreciable         22,355,291         0         0           00         Major movable equipment depreciable         0         0         0         0           01         Accumulated depreciation         0         0         0         0         0           01         HIT designated Assets         0	õ	
00       Major movable equipment       22.355.291       0       0         00       Accumulated depreciation       -15.632.345       0       0         00       Accumulated depreciation       0       0       0         01       Total fixed assets (sum of lines 12-29)       51.643.641       0       0         01       Investments       5.825       0       0       0         02       Deposits on leases       5.825       0       0       0         03       Total other assets (sum of lines 31-34)       11.690.468       0       0       0         04       Total assets (sum of lines 31-34)       11.690.2893       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	0	
00       Accumulated depreciation       -15,632,345       0       0         00       Minor equipment depreciation       0       0       0         00       Hir designated Assets       0       0       0         00       Minor equipment-nondepreciation       0       0       0         01       Hir designated Assets       0       0       0         02       Minor equipment-nondepreciation       0       0       0         03       Total fixed assets (sum of lines 12-29)       51,643,641       0       0         04       Investments       5,825       0       0       0         05       Deposits on leases       0       0       0       0       0         06       Otter assets (sum of lines 31-34)       11,690,468       0       0       0       0         07       Total assets (sum of lines 31-34)       11,690,468       0       0       0       0       0       0         00       Total assets (sum of lines 31-34)       11,690,468       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td>0</td> <td>0 2</td>	0	0 2
00         Minor equipment depreciation         0         0         0           00         Accumulated depreciation         0         0         0         0           01         Accumulated depreciation         0         0         0         0           01         Accumulated depreciation         0         0         0         0           01         Minor equipment-nondepreciable         0         0         0         0           01         Total fixed assets (sum of lines 12-29)         51,643,641         0         0           01         Three RASETS         0         0         0         0           01         Due from owners/officers         0         0         0         0           01         Total other assets (sum of lines 31-34)         11,690,468         0         0           01         Total assets (sum of lines 31-34)         11,692,493         0         0           01         Total assets (sum of lines 31-34)         11,022,893         0         0           02         Accounts payable         1,022,893         0         0         0           02         Deferred income         0         0         0         0         0 <t< td=""><td>0</td><td>0 2</td></t<>	0	0 2
00         Accumulated depreciation         0         0         0           00         HIT designated Assets         0         0         0         0           00         Minor equipment-nondepreciable         0         0         0         0           01         Total fixed assets (sum of lines 12-29)         51,643,641         0         0         0           01         Investments         5,825         0         0         0         0           0         Deposits on leases         0         0         0         0         0           0         Det from owners/officers         0         0         0         0         0           0         Total assets (sum of lines 31-34)         11,690,468         0         0         0           0         Total assets (sum of lines 11, 30, and 35)         76,538,262         0         0         0           0         Total assets (sum of lines 31-34)         11,690,468         0         0         0           0         Salaries, wages, and fees payable         1,220,893         0         0         0           0         Deferred income         0         0         0         0         0           0	0	
00       HIT designated Assets       0       0       0         00       Accumulated depreciation       0       0       0       0         00       Total fixed assets (sum of lines 12-29)       51,643,641       0       0       0         01       Total fixed assets (sum of lines 12-29)       51,643,641       0       0       0         01       Total fixed assets (sum of lines 12-29)       51,643,641       0       0       0         01       Total fixed assets (sum of lines 31-34)       11,690,468       0       0       0         01       Total assets (sum of lines 31-34)       11,690,468       0       0       0         01       Total assets (sum of lines 31-34)       11,690,468       0       0       0         02       Total assets (sum of lines 31-34)       11,690,468       0       0       0         03       Total assets (sum of lines 31-34)       10,22,893       0       0       0         03       Accounts payable       1,250,693       0       0       0       0         04       Accounts payable (short term)       0       0       0       0       0       0       0       0       0       0       0       0	0	
CO         Accumulated depreciation         0         0         0         0           CM         Minor equipment-nondepreciable         0         0         0           OTTAL         Fixed assets (sum of lines 12-29)         51,643,641         0         0           OTTAGE         SETS         0         0         0         0           OTTAGE         SETS         0         0         0         0         0           OD         Due from owners/officers         0         0         0         0         0           OTTAL         Tassets (sum of lines 31-34)         11,690,468         0         0         0           OTTAGE         Total other assets (sum of fices 1,30, and 35)         76,538,262         0         0         0           OTAGE         Accounts payable         1,250,693         0         0         0         0           ON         Statries, wages, and fees payable         1,22,893         0         0         0         0           OD         Deterred income         0         0         0         0         0         0           OD         Det other funds         0         0         0         0         0         0         <	0	
00         linor equipment-nondepreciable         0         0         0           00         Total fixed assets (sum of lines 12-29)         51,643,641         0         0           00         Investments         5,825         0         0         0           00         Investments         5,825         0	0	
100         Total fixed assets (sum of lines 12-29)         51,643,641         0         0           001         Investments         5,825         0         0         0           000         Deposits on leases         0	0	
OTHER ASSETS       0       0       0         1nvestments       5,825       0       0         00       Deposits on leases       0       0       0         00       Other assets       0       0       0       0         00       Other assets       11,690,468       0       0         00       Total other assets (sum of lines 31-34)       11,690,293       0       0         01       Total assets (sum of lines 11, 30, and 35)       76,538,262       0       0         01       Total assets (sum of lines 11, 30, and 35)       76,538,262       0       0         02       Outrestructurestruct	0	
1nvestments         5,825         0         0           00         Deposits on leases         0         0         0         0           00         Due from owners/officers         0         0         0         0           00         Other assets         11,690,468         0         0         0           00         Total other assets (sum of lines 31-34)         11,690,293         0         0         0           01         Total assets (sum of lines 11, 30, and 35)         76,538,262         0         0         0           01         Total assets (sum of lines 11, 30, and 35)         76,538,262         0         0         0           02         Total assets (sum of lines 11, 30, and 35)         76,538,262         0         0         0           00         Salaries, wages, and fees payable         1,250,693         0         0         0           00         Salaries, wages, and fees payable         1,022,893         0         0         0           00         Notes and loans payable (short term)         0         0         0         0           01         Det o other funds         0         0         0         0         0           02         Det o other f		Ť
00         Due from owners/officers         0         0         0           00         Other assets         11,690,468         0         0           01         Total other assets (sum of lines 31-34)         11,696,293         0         0           01         Total assets (sum of lines 11, 30, and 35)         76,538,262         0         0           01         Accounts payable         1,250,693         0         0         0           02         Salaries, wages, and fees payable         1,022,893         0         0         0           00         Notes and loans payable (short term)         0         0         0         0         0           00         Deferred income         0         0         0         0         0         0           00         Det ot other funds         0         0         0         0         0           00         Det ot other funds         0         0         0         0         0           01         Ottal current liabilities         19,837,723         0         0         0           01         Ottal current liabilities         11,855,675         0         0         0           01         Total liabilities (sum o	0	0 3
00         Other assets         11, 690, 468         0         0           00         Total other assets (sum of lines 31-34)         11, 696, 293         0         0           00         Total assets (sum of lines 11, 30, and 35)         76, 538, 262         0         0           00         Accounts payable         1, 250, 693         0         0         0           00         Accounts payable         1, 022, 893         0         0         0         0           00         Reserved transport         0 </td <td>0</td> <td>0 3</td>	0	0 3
100         Total other assets (sum of lines 31-34)         11,696,293         0         0           100         Total assets (sum of lines 11, 30, and 35)         76,538,262         0         0           CURRENT LIABILITIES	0	0 3
100         Total assets (sum of lines 11, 30, and 35)         76, 538, 262         0         0           000         Accounts payable         1, 250, 693         0         0           000         Salaries, wages, and fees payable         1, 022, 893         0         0           000         Payroll taxes payable         0         0         0         0           000         Payroll taxes payable (short term)         0         0         0         0           000         Deferred income         0         0         0         0         0           000         Deferred income         0         0         0         0         0         0           000         Due to other funds         0 <td>0</td> <td></td>	0	
CURRENT LIABILITIES00Accounts payable1, 250, 6930000Sal aries, wages, and fees payable1, 022, 8930000Payroll taxes payable (short term)00000Deferred income00000Deferred income00000Deferred income00000Deferred income00000Det to other funds00000Other current liabilities19, 837, 7230000Total current liabilities (sum of lines 37 thru 44)22, 111, 3090000Total current liabilities000000Notes payable000000Unsecured loans000000Unsecured loans000001Total long term liabilities (sum of lines 46 thru 49)11, 855, 6750001Total long term liabilities (sum of lines 45 and 50)33, 966, 9840001CAPITAL ACCOUNTS000002Specific purpose fund42, 571, 2780003Oponor created - endowment fund balance - unrestricted00004Donor created - endowment fund balance00005Oponor fund balance - invested in plant00004Plant fund balance - invest	0	
00Accounts payable1, 250, 6930000Salaries, wages, and fees payable1, 022, 8930000Payroll taxes payable (short term)00000Notes and loans payable (short term)00000Deferred income00000Accelerated payments00000Other current liabilities00000Other current liabilities19, 837, 7230000Total current liabilities (sum of lines 37 thru 44)22, 111, 3090000Mortgage payable000000Unsecured loans000000Unsecured loans000000Total long term liabilities (sum of lines 46 thru 49)11, 855, 6750000Total long term liabilities (sum of lines 45 and 50)33, 966, 9840000Concreated - endowment fund balance - restricted00000Bonor created - endowment fund balance - unrestricted00000Plant fund balance - invested in plant00000Plant fund balance - invested in plant000	0	0 3
00Salaries, wages, and fees payable1, 022, 8930000Payrol I taxes payable00000Notes and Ioans payable (short term)00000Deferred income00000Accelerated payments00000Other current Iiabilities19, 837, 7230000Total current Iiabilities (sum of lines 37 thru 44)22, 111, 3090001Total current Iiabilities00002Mortgage payable00003Notes payable00004Notes payable00005Other long term Iiabilities11, 855, 6750006Total long term Iiabilities (sum of lines 46 thru 49)11, 855, 6750007Total long term Iiabilities (sum of lines 46 thru 49)11, 855, 6750008Total long term Iiabilities (sum of lines 46 thru 49)33, 966, 9840009Total long term Iiabilities42, 571, 2780000CAPITAL ACCOUNTS000000Donor created - endowment fund balance - unrestricted00000Roor created - endowment fund balance00001Plant fund balance - invested in plant00002Plant fund balance - reserve for plant improvement, replacement, and expansion00	0	
00Payrol I taxes payable00000Notes and I cans payable (short term)00000Deferred i ncome00000Accelerated payments00000Due to other funds00000Other current liabilities19,837,7230000Total current liabilities (sum of lines 37 thru 44)22,111,3090000Total current liabilities000000Notes payable000000Notes payable000000Unsecured I cans000000Other I long term liabilities11,855,6750000Other I long term liabilities11,855,6750000Total long term liabilities11,855,6750000Total liabilities33,966,9840000Donor created - endowment fund balance - restricted0000Donor created - endowment fund balance - unrestricted0000Governing body created - endowment fund balance0000Plant fund balance - invested in plant0001Plant fund balance - invested in plant0002Plant fund balance - reserve for plant improvement, replacement, and expansion0	0	
00Notes and Loans payable (short term)00000Deferred income00000Accelerated payments00000Due to other funds00001Due to other funds00002Total current liabilities (sum of lines 37 thru 44)22, 111, 3090001Total current liabilities (sum of lines 37 thru 44)22, 111, 3090002Mortgage payable000003Notes payable000004Unsecured Loans000005Total long term liabilities (sum of lines 46 thru 49)11, 855, 6750004Total long term liabilities (sum of lines 46 thru 49)13, 856, 98400005CAPITAL ACCOUNTS0000006Donor created - endowment fund balance - restricted000007Donor created - endowment fund balance - unrestricted000008Governing body created - endowment fund balance0000009Plant fund balance - invested in plant000000Plant fund balance - invested in plant000000Plant fund balance - reserve for plant improvement, replacement, and expansion000	0	
00Deferred income00000Accel erated payments00000Due to other funds00000Other current liabilities19, 837, 7230001Total current liabilities (sum of lines 37 thru 44)22, 111, 3090002Total current liabilities000000Notes payable000000Notes payable000000Unsecured loans000000Other long term liabilities11, 855, 6750001Total long term liabilities (sum of lines 46 thru 49)11, 855, 6750001Total liabilities (sum of lines 45 and 50)33, 966, 98400002CAPI TAL ACCOUNTS0000002Donor created - endowment fund balance - restricted000003Donor created - endowment fund balance000004Plant fund balance - invested in plant000005Plant fund balance - reserve for plant improvement, replacement, and expansion000	Ő	
00Due to other funds00000Other current liabilities19,837,7230001Total current liabilities (sum of lines 37 thru 44)22,111,3090001LONG TERM LIABILITIES00000Mortgage payable00000Notes payable00000Unsecured loans00000Unsecured loans00000Other long term liabilities11,855,6750000Total long term liabilities (sum of lines 46 thru 49)11,855,6750000Total liabilities (sum of lines 45 and 50)33,966,9840000General fund balance42,571,2780000Donor created - endowment fund balance - restricted00000Governing body created - endowment fund balance00000Plant fund balance - invested in plant00000Plant fund balance - reserve for plant improvement, replacement, and expansion00	0	
00Other current liabilities19,837,7230001Total current liabilities(sum of lines 37 thru 44)22,111,3090002Mortgage payable000000Notes payable000000Unsecured I cans000000Other I ong term liabilities11,855,67500000Other I ong term liabilities11,855,67500000Total liabilities (sum of lines 46 thru 49)11,855,67500000Total liabilities (sum of lines 45 and 50)33,966,98400000General fund balance42,571,27800000Donor created - endowment fund balance - restricted000000Donor created - endowment fund balance000000Plant fund balance - invested in plant000000Plant fund balance - reserve for plant improvement, replacement, and expansion000		4
100Total current liabilities (sum of lines 37 thru 44)22, 111, 30900LONG TERM LIABILITIES00Mortgage payable00000Notes payable00000Unsecured I oans00000Unsecured I oans00000Other I ong term Ii abilities11, 855, 6750000Otal I ong term Ii abilities (sum of lines 46 thru 49)11, 855, 6750001Total I ong term Ii abilities (sum of lines 45 and 50)33, 966, 9840002CAPI TAL ACCOUNTS00003Specific purpose fund00000Donor created - endowment fund balance - restricted0000Coverning body created - endowment fund balance0000Plant fund balance - invested in plant0000Plant fund balance - reserve for plant improvement, replacement, and expansion0	0	0 4
LONG TERM LIABILITIES.00Mortgage payable000.00Notes payable000.00Unsecured I oans000.00Other I ong term I i abilities11, 855, 67500.00Other I ong term I i abilities11, 855, 67500.00Total I ong term I i abilities11, 855, 67500.00Total I i abilities33, 966, 98400.00CAPI TAL ACCOUNTS	0	
00Mortgage payable00000Notes payable000000Unsecured I oans000000Other I ong term I i abilities11,855,67500000Total I ong term I i abilities (sum of I i nes 46 thru 49)11,855,67500000Total I i abilities (sum of I i nes 45 and 50)33,966,98400000CAPI TAL ACCOUNTS000000Donor created - endowment fund balance - restricted00000Donor created - endowment fund balance - unrestricted00000Plant fund balance - invested in plant00000Plant fund balance - reserve for plant improvement, replacement, and expansion000	0	0 4
.00Notes payable000.00Unsecured Loans000.00Other Long term Liabilities11,855,67500.00Total Long term Liabilities (sum of Lines 46 thru 49)11,855,67500.00Total Liabilities (sum of Lines 45 and 50)33,966,98400.00CAPITAL ACCOUNTS		
00Unsecured Loans00000Other Long term Liabilities11,855,6750000Total Long term Liabilities (sum of Lines 46 thru 49)11,855,6750000Total Liabilities (sum of Lines 45 and 50)33,966,98400000CAPITAL ACCOUNTS	0	
00Other long term liabilities11,855,6750000Total long term liabilities (sum of lines 46 thru 49)11,855,6750000Total liabilities (sum of lines 45 and 50)33,966,9840000CAPITAL ACCOUNTS42,571,278000Specific purpose fund0000Donor created - endowment fund balance - restricted0000Governing body created - endowment fund balance0000Plant fund balance - invested in plant0000Plant fund balance - reserve for plant improvement, replacement, and expansion0	0	
100Total long term liabilities (sum of lines 46 thru 49)11,855,67500100Total liabilities (sum of lines 45 and 50)33,966,984000CAPITAL ACCOUNTS642,571,27800000Specific purpose fund000000Donor created - endowment fund balance - restricted00000Donor created - endowment fund balance - unrestricted00000Governing body created - endowment fund balance00000Plant fund balance - invested in plant00000Plant fund balance - reserve for plant improvement, replacement, and expansion00	0	
.00Total liabilities (sum of lines 45 and 50)33,966,98400CAPITAL ACCOUNTS.00General fund balance.00Specific purpose fund.00Donor created - endowment fund balance - restricted.00Donor created - endowment fund balance - unrestricted.00.00Coverning body created - endowment fund balance.00Plant fund balance - invested in plant.00.00Plant fund balance - reserve for plant improvement, replacement, and expansion	Ő	
00General fund balance42,571,27800Specific purpose fund000Donor created - endowment fund balance - restricted000Donor created - endowment fund balance - unrestricted000Governing body created - endowment fund balance000Plant fund balance - invested in plant000Plant fund balance - reserve for plant improvement, replacement, and expansion0	0	
00Specific purpose fund000Donor created - endowment fund balance - restricted000Donor created - endowment fund balance - unrestricted000Governing body created - endowment fund balance000Plant fund balance - invested in plant000Plant fund balance - reserve for plant improvement, replacement, and expansion0		
00Donor created - endowment fund balance - restricted000Donor created - endowment fund balance - unrestricted000Governing body created - endowment fund balance000Plant fund balance - invested in plant000Plant fund balance - reserve for plant improvement, replacement, and expansion0		5
00Donor created - endowment fund balance - unrestricted000Governing body created - endowment fund balance000Plant fund balance - invested in plant000Plant fund balance - reserve for plant improvement, replacement, and expansion1		5
00Governing body created - endowment fund balance000Plant fund balance - invested in plant000Plant fund balance - reserve for plant improvement, replacement, and expansion0		5
.00       Plant fund balance - invested in plant         .00       Plant fund balance - reserve for plant improvement,         replacement, and expansion		5
.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	-	5
replacement, and expansion	0	
	0	0 5
.00 Total fund balances (sum of lines 52 thru 58) 42,571,278 0 0	0	0 5
.00 Total liabilities and fund balances (sum of lines 51 and 76,538,262 0 0		

CTATEN	Financial Systems A IENT OF CHANGES IN FUND BALANCES	SCENSION ST. VIN	Provider CC	N. 15 0101	Period:	u of Form CMS-2 Worksheet G-1	2552-10
	IENT OF CHANGES IN FUND BALANCES				From 07/01/2019 To 06/30/2020	Date/Time Prep 11/18/2020 7:	
		General	Fund	Speci al I	Purpose Fund	Endowment Fund	
					1.00	5.00	
1.00	Fund balances at beginning of period	1.00	2.00 57,230,296	3.00	4.00	5.00	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		57, 230, 296 9, 762, 872		0		2.00
3.00	Total (sum of line 1 and line 2)		66, 993, 168		0		3.00
4.00	Additions (credit adjustments) (specify)	0	00, 773, 100		0	0	4.00
5.00		0			0	0	5.00
6.00		0			0	0	6.00
7.00		0			0	0	7. OC
8.00		0			0	0	8.00
9.00		0			0	0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		66, 993, 168		0		11.00
12.00	ADJUSTMENTS	24, 421, 890			0	0	12.00
13.00		0			0	0	13.00
14.00		0			0	0	14.00
15.00		0			0	0	15.00
16.00		0			0	0	16.00
17.00		0	04 404 000		0	0	17.00
18.00 19.00	Total deductions (sum of lines 12-17)		24, 421, 890		0		18.00 19.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		42, 571, 278		0		19.00
		Endowment Fund	PI ant	Fund			
			7.00				
				0 00			
1.00	Fund balances at beginning of period	6.00	7.00	8.00	0		1.00
1.00 2.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29)		7.00	8.00	0		1.00 2.00
	Net income (loss) (from Wkst. G-3, line 29)		7.00	8.00	0		
2.00		0	7.00	8.00			2.00 3.00
2.00 3.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)	0		8.00			2.00 3.00 4.00
2.00 3.00 4.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)	0		8.00			2.00 3.00 4.00 5.00
2.00 3.00 4.00 5.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)	0		8.00			2.00 3.00 4.00 5.00 6.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00	Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2)	0		8.00			2.00 3.00 4.00 5.00 6.00 7.00 8.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0		8.00	0		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\end{array}$	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9)	0		8.00	0		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00 \end{array}$	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	0		8.00	0		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ \end{array}$	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9)	0		8.00	0		2. 00 3. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00 \end{array}$	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	0		8.00	0		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ \end{array}$	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	0		8.00	0		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 11.00 12.00 13.00 14.00
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00 \end{array}$	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	0		8.00	0		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
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	0		8.00	0		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
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ \end{array}$	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) ADJUSTMENTS	0 0 0 0		8.00	0		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
$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$	Net income (loss) (From WKst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	0		8.00	0		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

		INCENT FISHERS			u of Form CMS-2	
STATEN	MENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider C	CN: 15-0181	Peri od: From 07/01/2019 To 06/30/2020	Worksheet G-2 Parts I & II Date/Time Pre 11/18/2020 7:	pared:
	Cost Center Description		Inpati ent	Outpati ent	Total	
		-	1.00	2.00	3.00	
	PART I - PATIENT REVENUES					-
1 00	General Inpatient Routine Services		10.005.0	27	10 005 007	1 1 00
1.00	Hospi tal		12, 035, 2	77	12, 035, 297	
2.00	SUBPROVIDER - IPF					2.00
3.00 4.00	SUBPROVI DER – I RF SUBPROVI DER					3.00 4.00
4.00 5.00	Swing bed - SNF			0	0	•
6.00	Swing bed - NF			0	0	6.00
7.00	SKILLED NURSING FACILITY			0	0	7.00
8.00	NURSING FACILITY					8.00
9.00	OTHER LONG TERM CARE					9.00
10.00	Total general inpatient care services (sum of lines 1-9)		12, 035, 2	97	12, 035, 297	
101.00	Intensi ve Care Type Inpatient Hospital Services		12/000/2		12/000/2//	1
11.00	INTENSIVE CARE UNIT			0	0	1 11.00
12.00	CORONARY CARE UNIT			0	0	
13.00	BURN INTENSIVE CARE UNIT			0	0	
14.00	SURGI CAL I NTENSI VE CARE UNI T			0	0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)					15.00
16.00	Total intensive care type inpatient hospital services (sum	oflines		0	0	16.00
	11-15)					
17.00	Total inpatient routine care services (sum of lines 10 and	16)	12, 035, 2	97	12, 035, 297	17.00
18.00	Ancillary services		39, 464, 5	44 106, 090, 122	145, 554, 666	18.00
19.00	Outpatient services		2, 896, 5	32 34, 474, 729	37, 371, 311	19.00
20.00	RURAL HEALTH CLINIC			0 0	0	
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0	21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULANCE SERVICES					23.00
24.00	СМНС			0	0	
25.00	AMBULATORY SURGICAL CENTER (D. P. )					25.00
26.00	HOSPI CE			_	_	26.00
27.00	OTHER (SPECIFY)		<b>- - - - - - - - - -</b>	0 0	0	
28.00	Total patient revenues (sum of lines 17-27)(transfer column	n 3 to Wkst.	54, 396, 4	23 140, 564, 851	194, 961, 274	28.00
	G-3, line 1)					-
20.00	PART II - OPERATING EXPENSES			(2.052.221		1 20 00
29.00 30.00	Operating expenses (per Wkst. A, column 3, line 200) ADD (SPECIFY)			63, 953, 321		29.00
30.00	ADD (SPECIFY)			0		30.00
31.00				0		31.00
32.00				0		33.00
33.00				0		34.00
35.00				0		35.00
36.00	Total additions (sum of lines 30-35)			0		36.00
37.00	DEDUCT (SPECIFY)			0		37.00
37.00				0		38.00
39.00				0		39.00
40.00				0		40.00
41.00				0		41.00
	Total deductions (sum of lines 37-41)			0		42.00
42 00						
42.00 43.00	Total operating expenses (sum of lines 29 and 36 minus line	42)(transfer		63, 953, 321		43.00

Heal th	Financial Systems ASCENSION ST. VI	NCENT FISHERS	In Lie	u of Form CMS-2	2552-10
STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0181	Peri od:	Worksheet G-3	
			From 07/01/2019 To 06/30/2020	Date/Time Pre 11/18/2020 7:	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			194, 961, 274	1.00
2.00	Less contractual allowances and discounts on patients' accounts			123, 577, 960	2.00
3.00	Net patient revenues (line 1 minus line 2)			71, 383, 314	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	e 43)		63, 953, 321	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7, 429, 993	5.00		
	OTHER I NCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments				7.00
8.00	Revenues from telephone and other miscellaneous communication	0	8.00		
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from Laundry and Linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			103, 292	
15.00	Revenue from rental of living quarters			0	
16.00	Revenue from sale of medical and surgical supplies to other	than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients			0	17.00
18.00	Revenue from sale of medical records and abstracts			0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
21.00	Rental of vending machines			0	21.00
22.00	Rental of hospital space			743, 093	22.00
23.00	Governmental appropriations			0	23.00
24.00	FOUNDATION REVENUE			3, 811	24.00
24.01	OTHER MISCELLANEOUS INCOME			1, 750	24.01
24.02	EHR/HIT INCENTIVE REVENUE			0	24.02
24.03	ADMI NI STRATI VE FEES			300	24.03
24.04	MEDICAL STAFF DUES REVENUE			0	24.04
24.05	UNCLAIMED PROPERTY EXEMPTIONS			1, 477	24.05
24.06	LATE PENALTY FEES			2, 412	24.06
24.07	OTHER (SPECIFY)			0	24.07
24.08	PATIENT INTEREST INCOME			-472	24.08
24.09	NA RELEASED FROM RESTRICTED			6, 605	24.09
24.50	COVI D-19 PHE Fundi ng			1, 471, 611	24.50
25.00	Total other income (sum of lines 6-24)			2, 333, 879	25.00
26.00	Total (line 5 plus line 25)			9, 763, 872	26.00
27.00	DONATIONS			1, 000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)			1, 000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			9, 762, 872	29.00
	· · · · · · · · ·		'		

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0181	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Pre 11/18/2020 7:			
		Title XVIII	Hospi tal	PPS			
				1 00			
	PART I - FULLY PROSPECTIVE METHOD			1.00			
	CAPITAL FEDERAL AMOUNT						
	Capital DRG other than outlier				1 1.		
	Model 4 BPCI Capital DRG other than outlier				1.		
	Capital DRG outlier payments			1, 997	2		
	Model 4 BPCI Capital DRG outlier payments				2		
	Total inpatient days divided by number of days in the cost reporting period (see instructions)				3		
	Number of interns & residents (see instructions)				4		
00	Indirect medical education percentage (see instructions)				5		
00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)						
00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)						
	Percentage of Medicaid patient days to total days (see instructions)				8		
					9		
	0 Allowable disproportionate share percentage (see instructions)				10		
	Disproportionate share adjustment (see instructions)			0			
. 00	Total prospective capital payments (see instructions)			164, 937	12		
				1, 00	-		
	PART II – PAYMENT UNDER REASONABLE COST						
00	Program inpatient routine capital cost (see instructions)			0	1		
00	Program inpatient ancillary capital cost (see instructions)			0	2		
00	Total inpatient program capital cost (line 1 plus line 2)			0	3		
00	Capital cost payment factor (see instructions)			0	4		
00	Total inpatient program capital cost (line 3 x line 4)			0	5		
				1.00			
	PART III - COMPUTATION OF EXCEPTION PAYMENTS				Ι.		
	Program inpatient capital costs (see instructions)			0			
	Program inpatient capital costs for extraordinary circumsta	nces (see instructions)		0			
-	Net program inpatient capital costs (line 1 minus line 2)			0.00			
00 00	Applicable exception percentage (see instructions)			0.00			
	Capital cost for comparison to payments (line 3 x line 4)	instructions)		0.00			
00	Percentage adjustment for extraordinary circumstances (see Adjustment to capital minimum payment level for extraordina		(lino 6)	0.00			
	Capital minimum payment level (line 5 plus line 7)	Ty circuiistances (Trie 2 )	k i i i ie o)	0			
	Current year capital payments (from Part I, line 12, as app	licable)		0			
	Current year comparison of capital minimum payment level to		less line 9)	0			
	Carryover of accumulated capital minimum payment level over Worksheet L, Part III, line 14)			0			
. 00	Net comparison of capital minimum payment level to capital	payments (line 10 plus lir	ne 11)	0	12		
	Current year exception payment (if line 12 is positive, ent			0	1		
. 00	Carryover of accumulated capital minimum payment level over			0			
			3 1 1 1 2		1		
	(if line 12 is negative, enter the amount on this line)		1				
1.00	(if line 12 is negative, enter the amount on this line) Current year allowable operating and capital payment (see i	nstructions)		0	15		
. 00 . 00 . 00				0 0 0	16		