IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10 Health Financial Systems This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interF@RM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPI RES 03-31-2022 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION PANDI der CCN: 15-0173 Peri od: Worksheet S From 01/01/2020 Parts I-III SETTLEMENT SUMMARY 12/31/2020 Date/Time Prepared: 7/13/2021 4: 26 pm PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 7/13/2021 Time: 4:26 pm use only ] Manually prepared cost report ] If this is an amended report enter the number of times the provider resubmitted this cost report ] Medicare Utilization. Enter "F" for full or "L" for low. 6. Date Received: 7. Contractor No. 10. NPR Date: Contractor ]Cost Report Status 11. Contractor's Vendor Code: (1) As Submitted use only (2) Settled without Audit 8. [ N ] Initial Report for this Provider CCN12. [ O ] If line 5, column 1 is 4: Enter (3) Settled with Audit 9. [ N ] Final Report for this Provider CCN | number of times reopened = 0-9.

PART II - CERTIFICATION

(3) Settled with Audit

(4) Reopened (5) Amended

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVI PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE A FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL (15-0173) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

> (Si gned) TODD WILLIAMS

Officer or Administrator of Provider(s)

number of times reopened = 0-9.

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Date

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1. 00	2.00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	640, 402	-374, 109	0	0	1.00
2.00	Subprovi der - IPF	0	0	0		0	2.00
3.00	Subprovi der - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200 00	Total	l o	640 402	-374 109	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 dis a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to com and review the information collection is estimated 673 hours per response, including the time to review instructions, search exis 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 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 R 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.

Health Financial Systems LU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 15-0173 Peri od: Worksheet S-2 From 01/01/2020 Part I Date/Time Prepared: 12/31/2020 7/13/2021 4:26 pm 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 6165 MCCARTY LANE 1.00 PO Box: 1.00 Zi p Code: 47905 County: TI PPECANOE 2.00 City: LAFAYETTE State: IN 2.00 Component Name CCN CBSA Provi der Date Payment System (P. T, 0, or N) Certi fi ed Number Number Type V XVIII XIX 1.00 2.00 3.00 4.00 5.00 6. 00 7. 00 8. 00 Hospital and Hospital-Based Component Identification: 3.00 Hospi tal IU HEALTH ARNETT 150173 29200 11/10/2008 N 3.00 HOSPI TAL 4.00 Subprovider - IPF 4.00 Subprovi der – IRF 5.00 5.00 6 00 Subprovider - (Other) 6 00 Swing Beds - SNF Swing Beds - NF 7.00 7.00 8.00 8.00 9.00 Hospi tal -Based SNF 9.00 10.00 Hospital -Based NF 10.00 11.00 Hospi tal -Based OLTC 11.00 12.00 Hospi tal -Based HHA 12.00 13.00 Separately Certified ASC 13 00 14.00 Hospi tal -Based Hospi ce 14.00 15.00 Hospital-Based Health Clinic - RHC 15.00 16.00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospital -Based (CMHC) I 17.00 18.00 Renal Dialysis 18.00 19.00 Other 19.00 From To: 1 00 2.00 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2020 12/31/2020 20.00 21.00 Type of Control (see instructions) 21.00 3. 00 1. 00 2. 00 Inpatient PPS Information 22.00 Does this facility qualify and is it currently receiving payments for N 22 00 disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no. 22.01 Did this hospital receive interim uncompensated care payments for this cost 22.01 reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 22.02 Is this a newly merged hospital that requires final uncompensated care 22.02 Ν Ν payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1. 22.03 Did this hospital receive a geographic reclassification from urban to rural N Ν 22.03 Ν as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no. 23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? 23 00 Ν In column 1, enter 1 if date of admission, 2 if census days, or 3 if da**t**e of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no. In-State In-State Out-of Out-of Medi cai d Other Medi cai d Medi cai d Medi cai d State State HMO days paid days Medi cai d Medi cai d eligible days unpaid days paid days el i gi bl e npaid day 1.00 2.00 3.00 4.00 5. 00 6.00 24.00 If this provider is an IPPS hospital, enter the 24 00 1,630 605 7.389 30 in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.

	Financial Systems L AND HOSPITAL HEAL	TH CARE COMPLEX		_TH_ARNETT DATA	Provi der Co	CN: 15-0173	Peri od:		of Form ( Worksheet	
							From 01/0 To 12/3	31/2020	Part I Date/Time 7/13/2021	
				In-State	In-State	Out-of	Out-of	Medi cai	d Othe	r
				Medicaid paid days	Medicaid eligible	State Medi cai d	State Medi cai d	HMO day	s Medic day	
				paru days	9	spaid days	eligible		uay	5
							ınpai'd days			
00 1	6 this many data to	IDEt.	and the state Mark	1.00	2.00	3. 00	4. 00	5. 00	6.0	
	f this provider is paid days in column				0	0	0		0	25
	inpaid days in colum	•	9							
С	olumn 3, out-of-sta	te Medicaid elig	gible unpaid day	ysin						
	column 4, Medicaid H	MO paid and eliα	gible but unpaid	d						
<u> </u> a	lays in column 5.						Irhan/R	ural Sth	ate of Ge	ogra
								00	2.00	ogi a
	inter your standard				us at the	begi nni ng c	of the cost	1		26
	eporting period. En						l.			07
	nter your standard eporting period. En							1		27
	he effective date o					аррі і сарі е	e, enter			
	f this is a sole co					SCH status	in effect	o		35
i	n the cost reportin	g period.								
							Begi n	ni ng: 00	Endi ng: 2. 00	
00 F	nter applicable beg	inning and endir	ng dates of SCH	status Su	bscript Li	ne 36 for n		00	2.00	36
	eriods in excess of	9	9							
	f this is a Medicar			ter the num	ber of per	iods MDH st	atusisin	0		37
	effect in the cost r			+bo MDU +r	onci ti onci	novmont in	.			27
	s this hospital a f ccordance with FY 2									37
	fline 37 is 1, ent									38
t	han 1, subscript th	is line for the	number of perio	ods in exce	ss of one	and enter s	ubsequent			
d	lates.							/NI	\/ /NI	
								/N 00	Y/N 2. 00	
00 D	oes this facility q	ualify for the i	npati ent hospi	tal payment	adjustmen	t for low v		V .	N	39
h	ospitals in accorda	nce with 42 CFR	§412. 101(b)(2)	(i), (ii),	or (iii)?	Enter in co	olumin 1 "Y"			
	or yes or "N" for n									
	FR 412. 101(b)(2)(i) nstructions)	, (II), or (III)	? Enter in colu	umn 2 "Y" f	or yes or	"N" for no.	(see			
	s this hospital sub	ect to the HAC	program reducti	ion adiustm	ent? Enter	"Y" for ve	s or "N" I	v I	N	40
	or no in column 1,									
С	olumn 2, for discha	rges on or after	<sup>-</sup> October 1. (se	ee instruct	i ons)				1,00	
								1. 00		(1 X . 00
Р	rospective Payment	System (PPS)-Car	oi tal					1.00	2.00   3	. 00
	oes this facility q			ment for di	sproporti o	nate share	in accorda	nce wNith	Υ	N 45
	2 CFR Section §412.									
	s this facility eli								N	N 46
	o 42 CFR §412.348(f s this a new hospit								N	N 47
	s the facility elec							N N	N	N 48
	eaching Hospitals	•			•					
	s this a hospital i								Υ	56
	for no in column 1. payment reduction?					r subsequen	it CR), MA	GME		
	fline 56 is yes, i					resi dents	in approve	d GMEN		57
	rograms trained at									
	lid residents start									
	N" for no in column /kst. D, Parts III &				et E-4. If	column 2 i	s "N", com	plete		
- "	fline 56 is yes, d				for physic	cians' serv	ices as de	fihedNin		58
w	MS Pub. 15-1, chapt				. o. pyo.	0. 40	. 000 40 40			
00 I		line 100 of Wor	ksheet A? If	yes, comple	te Wkst. D			N		59
00   W	re costs claimed on					NAHE 413.			Pass-Thro	~
00   W	re costs claimed on					Y/N	LIII		Dual i fi ca <sup>.</sup> ri teri on	
00   W	re costs claimed on									
00   W	re costs claimed on									
00 I C 00 A						1. 00	2.	00	3. 00	
00 I C OO A	re you claiming nur					ny Y	2.		3. 00	60
000 A	ure you claiming nur programs that meet t	he criteria unde	er 42 CFR 413.85	5? (see in	structi ons	ny Y	2.		3. 00	60
. 00   A   P   E	ure you claiming nur programs that meet t inter "Y" for yes or	he criteria unde "N" for no in d	er 42 CFR 413.85 column 1. If co	5? (see in olumn 1 is	structions "Y", are y	ny Y ) ou	2.		3. 00	60
. 00   A   P   E   i	ure you claiming nur programs that meet t	he criteria unde "N" for no in c (or subsequent	er 42 CFR 413.85 column 1. If co CR) NAHE MA pay	5? (see in olumn 1 is	structions "Y", are y	ny Y	2.		3. 00	60
00 I C C OO A P E i "	ure you claiming nur programs that meet t inter "Y" for yes or mpacted by CR 11642	he criteria unde "N" for no in c (or subsequent or no in column	er 42 CFR 413.85 column 1. If co CR) NAHE MA pay 2.	5? (see ir olumn 1 is yment adjus	structions "Y", are y tement? E	ny Y ) ou	2.		3.00	60

Health Financial Systems IU HEALT	TH ARNE	TT HOSPITAL		In Lieu	of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION I	DATA	Provi der Co	CN: 15-0173 Pe	eriod: com 01/01/2020	Worksheet S-2 Part I	<u>)</u>
			To		Date/Time Pre 7/13/2021 4:2	
	Y/N	IME	Direct GME	I ME	Direct GME	D DIII
	1.00	2.00	3. 00	4. 00	5. 00	
61.00 Did your hospital receive FTE slots under ACA secti				0. 00		61.00
5503? Enter "Y" for yes or "N" for no in column 1. instructions)	(see					
61.01 Enter the average number of unweighted primary care						61. 01
FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see						
instructions)						(1.00
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs,	e and					61. 02
primary care FTEs added under section 5503 of ACA).						
(see instructions) 61.03 Enter the base line FTE count for primary care and/	pr					61. 03
general surgery residents, which is used for						
determining compliance with the 75% test. (see instructions)						
61.04 Enter the number of unweighted primary care/or surg						61. 04
allopathic and/or osteopathic FTEs in the current of reporting period. (see instructions).	ps t					
61.05 Enter the difference between the baseline primary						61. 05
and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (lin	₽					
61.04 minus line 61.03). (see instructions)	المما					(1.0)
61.06 Enter the amount of ACA §5503 award that is being up for cap relief and/or FTEs that are nonprimary care						61. 06
general surgery. (see instructions)	Dro	ogram Name	Program Codo	Unweighted IME	Unwei ghted	
	PI	ogi alli Mallie	Program code		Direct GME FTE	
		1. 00	2. 00	3. 00	4. 00	
61.10 Of the FTEs in line 61.05, specify each new program		1.00	2.00	0.00		61. 10
specialty, if any, and the number of FTE residents each new program. (see instructions) Enter in colum						
the program name. Enter in column 2, the program co	de.					
Enter in column 3, the IME FTE unweighted count. En in column 4, the direct GME FTE unweighted count.	ter					
61.20 Of the FTEs in line 61.05, specify each expanded				0. 00	0.00	61. 20
program specialty, if any, and the number of FTE residents for each expanded program. (see instruction	ons)					
Enter in column 1, the program name. Enter in colum						
the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME	FTF					
unwei ghted count.						
					1. 00	
ACA Provisions Affecting the Health Resources and S				!! 6!.!!	h	(0.00
62.00 Enter the number of FTE residents that your hospital hospital received HRSA PCRE funding (see instruction		ned in this co	st reporting p	eriod for whic	n your 0.00	62. 00
62.01 Enter the number of FTE residents that rotated from during in this cost reporting period of HRSA THC pro				to your hospit	al 0.00	62. 01
Teaching Hospitals that Claim Residents in Nonprovi	der Se	ttings				
63.00 Has your facility trained residents in nonprovider for yes or "N" for no in column 1. If yes, complete					r "Y" Y	63. 00
profit yes of the rot florth container. It yes, comprete	111103	04 till odgil 07	Unwei ghted	Unwei ghted	Ratio (col. 1/	
			FTEs Nonprovider	FTEs in Hospital	(col. 1 + col. 2))	
			Si te	·		
Section 5504 of the ACA Base Year FTE Residents in	Nonpro	vider Settings	1.00 sThis base ye	2.00 ar is your cos	3. 00 st	
reporting period that begins on or after July 1, 20	09 and	before June 3	0, 2010.			,,
64.00 Enter in column 1, if line 63 is yes, or your facilithe base year period, the number of unweighted non-				0. 00	0. 000000	64.00
FTEs attributable to rotations occurring in all non	provi de	er settings.	Enter			
in column 2 the number of unweighted non-primary can trained in your hospital. Enter in column 3 the rati						
by (column 1 + column 2)). (see instructions)						

In Lieu of Form CMS-2552-10 Health Financial Systems IU HEALTH ARNETT HOSPITAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 15-0173 Peri od: Worksheet S-2 From 01/01/2020 Part I 12/31/2020 Date/Time Prepared: 7/13/2021 4:26 pm Program Name Program Code Unwei ghted Unwei ghted Ratio (col. (col. 3 + colFTEs FTEs in Nonprovi der Hospi tal 4)) Si te 1.00 2.00 3.00 4.00 5.00 65.00 Enter in column 1, if line 63 is yes, or your facility trained 0.000000 0.00 0.00 65.00 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 residert 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 Unwei ghted Ratio (col. 1/ FTEs in (col. 1 + col **FTEs** Nonprovi der 2)) Hospi tal Si te 1.00 2.00 3.00 Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 66.00 Enter in column 1 the number of unweighted non-primary care resident FT s 0 00 0 00 0.000000 66.00 attributable to rotations occurring in all nonprovider settings. column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided <u>by (column 1 + column 2)). (see instructions)</u> Program Name Program Code Unwei ghted Unwei ghted Ratio (col. 3/ (col. 3 + col FTEs in **FTEs** Nonprovi der Hospi tal 4)) Si te 1.00 2. 00 3. 00 4.00 5.00 67.00 Enter in column 1, the program FAMILY MEDICINE 1350 2.68 9. 27 0. 224268 67. 00 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) 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? N 70.00 Enter "Y" for yes or "N" for no. 71.00 If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the mos 71.00 0 recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching progr<mark>a</mark>m in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column s Y, indicate which program year began during this cost reporting period. (see instructions) Inpatient Rehabilitation Facility PPS 75.00 Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subproved the facility (IRF). 75.00 Enter "Y" for yes and "N" for no. 76.00 If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the mos 0 76.00 ecent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)

alth Financial Systems IU HEALTH ARNETT HOSPITAL  ISPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0173	Peri od:	of Form CMS- Worksheet S-	
	From 01/01/2020 To 12/31/2020	Part     Date/Time Pr   7/13/2021 4:	
			Ī ,
Long Term Care Hospi tal PPS		1. 00	
<ul> <li>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</li> <li>Is this a LTCH co-located within another hospital for part or all of the cost report for yes and "N" for no.</li> </ul>	ing period? Ent	N er "Y" N	80. 0 81. 0
TEFRA Providers  1.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for your opening facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for your opening facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for your opening facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for your opening facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for your opening facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for your opening facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i) TEFRA?			85. 0 86. 0
Enter "Y" for yes and "N" for no.  '.00 Is this hospital an extended neoplastic disease care hospital classified under secti	on 1886(d)(1)(E	)(vi)?N	87. 0
Enter "Y" for yes or "N" for no.	V	XIX	
	1. 00	2. 00	1
Title V and XIX Services  1.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for	or yes orN	Y	90.0
"N" for no in the applicable column.  .00 Is this hospital reimbursed for title V and/or XIX through the cost report either in		N	91. 0
in part? Enter "Y" for yes or "N" for no in the applicable column. 2.00 Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see		N	92.0
instructions) Enter "Y" for yes or "N" for no in the applicable column.  3.00 Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter	er "Y" N	N	93.0
for yes or "N" for no in the applicable column.  Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the application of the process of the column.	pplicableN	N	94. (
6.00 If line 94 is "Y", enter the reduction percentage in the applicable column. 6.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the ap	0.00 pplicableN	0. 00 N	95. 0 96. 0
7.00 If line 96 is "Y", enter the reduction percentage in the applicable column. 8.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in for title V, and in column 2 for title XIX.		0. 00 Y	97. ( 98. (
B.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wk Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for XIX.		Y	98. (
B.O2 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for		Υ	98. (
V, and in column 2 for title XIX.  3.03 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 c		N	98.
title V, and in column 2 for title XIX.  3.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpasservices cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 1.		N	98.
title XIX.  3.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in co		Υ	98.
for title XIX.  3.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 title XIX.		Y	98.
Rural Providers 55.00 Does this hospital qualify as a CAH?	l N		105.
16.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of paymoutpatient services? (see instructions)			106. (
17.00 Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&F 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 app medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" or "N" for no in column 2. (see instructions)	proved		107.
18.00 s this a rural hospital qualifying for an exception to the CRNA fee schedule? See Section §412.113(c). Enter "Y" for yes or "N" for no.		D	108. (
Physical Occupational 1.00 2.00	Speech 3.00	Respi ratory 4.00	-
9.00 f this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for			109. C

Health Financial Systems IU HEALTH ARNETT HOSPITAL		In Lieu	of Form CMS.	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider		Period: From 01/01/2020	Worksheet S- Part I	-2
		To 12/31/2020	Date/Time Pr 7/13/2021 4:	repared: 26 pm
			1. 00	
110.00Did this hospital participate in the Rural Community Hospital Demonstration) for the current cost reporting period? Enter "Y" for yes Worksheet E, Part A, Lines 200 through 218, and Worksheet E-2, Lines 2	or "N" for no	. If yes, compl	N ete	110.00
		1. 00	2. 00	
111.00 of this facility qualifies as a CAH, did it participate in the Frontie Integration Project (FCHIP) demonstration for this cost reporting perior "N" for no in column 1. If the response to column 1 is Y, enter the the FCHIP demo in which this CAH is participating in column 2. Enter a Ambulance services; "B" for additional beds; and/or "C" for tele-healt	od? Enter "Y" integration p II that apply:	alth N for yes rong of	2.00	111.00
	1.00	2. 00	3. 00	
112.00Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? E "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in c 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	o umn			112.00
115.00 s this an all-inclusive rate provider? Enter "Y" for yes or "N" for n column 1. If column 1 is yes, enter the method used (A, B, or E only) column 2. If column 2 is "E", enter in column 3 either "93" percent fo short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based of definition in CMS Pub.15-1, chapter 22, §2208.1.	ih r n the			0115.00
116.00 s this facility classified as a referral center? Enter "Y" for yes or for no.				116. 00
117.00 s this facility legally-required to carry malpractice insurance? Ente for yes or "N" for no.	r "Y" N			117. 00
118.00 s the malpractice insurance a claims-made or occurrence policy? Enter the policy is claim-made. Enter 2 if the policy is occurrence.	1 if	1		118. 00
The portey is drain made. Enter 2 in the portey is decarrence.	Premi ums	Losses	Insurance	
119 Ollist amounts of mal practice promiums and paid Losses	1.00	2.00	3. 00	0119 01
118.01 List amounts of malpractice premiums and paid losses:	1.00	2 0		0118. 01
118.01 List amounts of mal practice premiums and paid losses:  118.02 Are mal practice premiums and paid losses reported in a cost center oth	934, 98			0118. 01
118.02Are mal practice premiums and paid losses reported in a cost center oth Administrative and General? If yes, submit supporting schedule listin	934, 98 er than the	2 0 1.00 N		
<ul> <li>118. 02Are mal practice premiums and paid losses reported in a cost center oth Administrative and General? If yes, submit supporting schedule listin amounts contained therein.</li> <li>119. 00D0 NOT USE THIS LINE</li> <li>120. 00Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless and applicable amendments? (see instructions) Enter in column 1, "Y" for Is this a rural hospital with &lt; 100 beds that qualifies for the Outpat provision in ACA §3121 and applicable amendments? (see instructions) Enter</li> </ul>	934, 98 er than the g cost centers provision in A or yes or "N" ient Hold Harm	1.00 N and CA §3121N for no.		
<ul> <li>118.02Are mal practice premiums and paid losses reported in a cost center oth Administrative and General? If yes, submit supporting schedule listin amounts contained therein.</li> <li>119.00D0 NOT USE THIS LINE</li> <li>120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless and applicable amendments? (see instructions) Enter in column 1, "Y" f Is this a rural hospital with &lt; 100 beds that qualifies for the Outpat provision in ACA §3121 and applicable amendments? (see instructions) E for yes or "N" for no.</li> <li>121.00Did this facility incur and report costs for high cost implantable dev</li> </ul>	934,98 er than the g cost centers provision in A or yes or "N" ient Hold Harm nter in column	2 0 1.00 N and CA §3121N for no. I ess 2, "Y"	2.00	118. 02
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118.02Are mal practice premiums and paid losses reported in a cost center oth Administrative and General? If yes, submit supporting schedule listin amounts contained therein.  119.00D0 NOT USE THIS LINE  120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless and applicable amendments? (see instructions) Enter in column 1, "Y" for statistical	934, 98 er than the g cost centers  provision in A or yes or "N" ient Hold Harm nter in column ices charged t 903(w)(3) of t nter in column "N" for no. If	2 0  1.00  N  and  CA §3121N  for no. 1 ess 2, "Y"  O Y  the Y 2 the	2. 00 N	118. 02 119. 00 120. 00
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	TELITITION DATA	Trovider o	514. 15 0175	From C	1/01/2020	Part I	
				To 1	2/31/2020	Date/Time Pr 7/13/2021 4:	
		•					
					1. 00	2. 00	
All Providers  0.00 Are there any related organization	or home office costs as	s defined in C	MS Dub 1F	5_1 khan	tarV	15H059	140.
10? Enter "Y" for yes or "N" for no						1311037	140.
enter in column 2 the home office c							
1.00	2. 00	0			3. 00		
If this facility is part of a chain					and addr	ess	
of the home office and enter the ho OOName: INDIANA UNIVERSITY HEALTH	Contractor's Name: WP:				umber:081	n1	141.
2. OOStreet: 340 WEST 10TH STREET	PO Box:	3	Contra	actor 3 N	ulliber . 00 f	01	142.
B. OOCI ty: INDIANAPOLIS	State: IN		Zip Co	ode:	462	02	143.
• -							
e ode						1. 00	111
.00 Are provider based physicians' cost	s included in Worksheet	t A?				Y	144.
					1. 00	2. 00	-
5.00 f costs for renal services are cla	imed on Wkst. A, line 7	74, are the co	sts for ir	npati ent	Y	2.00	145.
services only? Enter "Y" for yes or	"N" for no in column 1	1. If column 1	is no, do	es the			
dialysis facility include Medicare	utilization for this co	ost reporting	peri od? E	Enter "Y"			
for yes or "N" for no in column 2.					U > 418.1		
o. OOHas the cost allocation methodology for yes or "N" for no in column 1.							146
approval date (mm/dd/yyyy) in colum		apter 40, 3402	o) ii yes,	enter t			
	. = .			<u> </u>			
						1. 00	
.00Was there a change in the statistic	al basis? Enter "Y" for	r yes or "N" f	or no.			N	147
.OOWas there a change in the order of .OOWas there a change to the simplifie	allocation? Enter Y I	For yes or N	TOP NO.	l" for no		N N	148 149
. oquas there a change to the shipirire	d cost irriding method:	Part A	Part		itle V	Title XIX	177
		1. 00	2. 00		3. 00	4.00	
Does this facility contain a provid lower of costs or charges? Enter "Y (See 42 CFR §413.13)						В.	
5. 00Hospi tal		N	N		N	T N	<b>–</b> 155.
. 00Subprovi der – TPF		Ň	N	İ	N	N	156
.00Subprovider - IRF	ļ	N	N	İ	N	N	157
3. OOSUBPROVI DER							158
P.OC SNF D.OC HOME HEALTH AGENCY		N N	N N	ŀ	N N	N N	159. 160.
. OOCMHC		I IN	N N	ŀ	N	N N	161
. Oquano			I IV	<u> </u>		14	101
						1. 00	
Multicampus		one or more ca	mnuede in	di fferen	t CBSAs?	Enter N	165
5.00 <mark>ls this hospital part of a Multicam</mark>	ipus hospital that has c	one or more ca	iiipuses i ii			1	1
	· · · · · · · · · · · · · · · · · · ·			7in Code	CRSA	FTF/Campus	
.00 s this hospital part of a Multicam	Name 0	County 1.00		Zi p Code 3.00	CBSA 4. 00	FTE/Campus 5.00	
.00 s this hospital part of a Multicam "Y" for yes or "N" for no.	Name 0	County	State			5. 00	0166
.00 s this hospital part of a Multicam "Y" for yes or "N" for no.  .00 If line 165 is yes, for each campus enter the name in column 0, county	Name 0	County	State			5. 00	0166
.00 s this hospital part of a Multicam "Y" for yes or "N" for no.  .00 f line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip	Name 0	County	State			5. 00	0166
.00 Is this hospital part of a Multicam "Y" for yes or "N" for no.  .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,	Name 0	County	State			5. 00	0166
.00 Is this hospital part of a Multicam "Y" for yes or "N" for no.  .00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip	Name 0	County	State			5. 00	00166
.00 Is this hospital part of a Multicam "Y" for yes or "N" for no.  .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	Name 0	County	State			5. 00 0. 0	0166
.00 Is this hospital part of a Multicam "Y" for yes or "N" for no.  .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)	Name O	County 1.00	State 2.00	3.00	4.00	5. 00	00166
.00 s this hospital part of a Multicam "Y" for yes or "N" for no.  .00 f 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 FTE/Campus in column 5 (see instructions)  Health Information Technology (HIT)	Name 0	County 1.00	State 2.00	3.00	4.00	5. 00 0. 0	
.00 s this hospital part of a Multicam "Y" for yes or "N" for no.  .00 f 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)  Health Information Technology (HIT) .00 s this provider a meaningful user	Name 0 incentive in the Ameriunder §1886(n)? Enter	County 1.00  i can Recovery "Y" for yes o	State 2.00 and Reinver "N" for	3.00	4.00	5. 00 0. 0	167.
.00 Is this hospital part of a Multicam "Y" for yes or "N" for no.  .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)  Health Information Technology (HIT).	Name 0 incentive in the Ameriunder \$1886(n)? Enter is "Y") and is a meani	County 1.00  i can Recovery "Y" for yes o	State 2.00 and Reinver "N" for	3.00	4.00	5. 00 0. 0	167.
.00 Is this hospital part of a Multicam "Y" for yes or "N" for no.  .00 If line 165 is yes, for each camous 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) .00 Is this provider a meaningful user column this provider is a CAH (line 105 reasonable cost incurred for the HI coll of this provider is a CAH and is no	Name  0  incentive in the Ameriunder §1886(n)? Enters is "Y") and is a meani T assets (see instruction a meaningful user, do	i can Recovery "Y" for yes o	and Reinver "N" for ine 167 is	as we stiment A no.	4.00	5. 00 0. 0	167
B. 00 Is this hospital part of a Multicam "Y" for yes or "N" for no.  D. 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)  Health Information Technology (HIT)  D. 00 Is this provider a meaningful user 3.00 If this provider is a CAH (line 105 reasonable cost incurred for the HI 3.01 If this provider is a CAH and is no under §413.70(a)(6)(ii)? Enter "Y"	Name  0  incentive in the Ameriunder §1886(n)? Enterisis "Y") and is a meanitation to a meaningful user, dofor yes or "N" for no.	i can Recovery "Y" for yes o ingful user (I ions) oes this provi (see instruct	and Reinver "N" for ine 167 is der qualifions)	estment A no. s "Y"), e	ct nter the	5.00 0.0	167. 168.
Health Information Technology (HIT)  OOIs this hospital part of a Multicam "Y" for yes or "N" for no.  OOIf line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)  Health Information Technology (HIT) OOIs this provider a meaningful user OoIf this provider is a CAH (line 105 reasonable cost incurred for the HI OIIf this provider is a CAH and is no under §413.70(a)(6)(ii)? Enter "Y"	Name  0  incentive in the Ameriunder §1886(n)? Entersis "Y") and is a meani T assets (see instruction ta meaningful user, dofor yes or "N" for no. ser (line 167 is "Y") ar	i can Recovery "Y" for yes o ingful user (I ions) oes this provi (see instruct	and Reinver "N" for ine 167 is der qualifions)	estment A no. s "Y"), e	ct nter the	5.00 0.0	167. 168.
5.00 s this hospital part of a Multicam "Y" for yes or "N" for no.  5.00 lf line 165 is yes, for each camous 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)  7.00 ls this provider a meaningful user 3.00 lf this provider is a CAH (line 105 reasonable cost incurred for the HI 3.01 lf this provider is a CAH and is no	Name  0  incentive in the Ameriunder §1886(n)? Entersis "Y") and is a meani T assets (see instruction ta meaningful user, dofor yes or "N" for no. ser (line 167 is "Y") ar	i can Recovery "Y" for yes o ingful user (I ions) oes this provi (see instruct	and Reinver "N" for ine 167 is der qualifions)	estment A no. s "Y"), e fy for a N"	at 4.00	5.00 0.0 1.00 Y exception the 9.9	167. 168. 168.
3.00 Is this hospital part of a Multicam "Y" for yes or "N" for no.  3.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)  4.10 If this provider a meaningful user 3.00 If this provider is a CAH (line 105 reasonable cost incurred for the HI 3.01 If this provider is a CAH and is no under §413.70(a)(6)(ii)? Enter "Y"	Name  0  incentive in the Ameriunder §1886(n)? Entersis "Y") and is a meani T assets (see instruction ta meaningful user, dofor yes or "N" for no. ser (line 167 is "Y") ar	i can Recovery "Y" for yes o ingful user (I ions) oes this provi (see instruct	and Reinver "N" for ine 167 is der qualifions)	estment A no. s "Y"), e fy for a N"	ct nter the	5.00 0.0	167. 168.

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lieu	of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	IDENTIFICATION DATA	Provi der CCN: 15-0173	From 01/01/2020		
			To 12/31/2020	Date/Time Pre 7/13/2021 4:2	
			1. 00	2. 00	
171.00 If line 167 is "Y", does this provid	ler have any days for ind	lividuals enrolled in se	ction Y	1, 939	171. 00
1876 Medicare cost plans reported on	r yes and				
"N" for no in column 1. If column 1	re days				
in column 2. (see instructions)					

	Financial Systems  AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE			Period: From 01/01/2020	Worksheet S- Part II Date/Time Pro 7/13/2021 4:	2 epared:
				1. 00	2. 00	
	General Instruction: Enter Y for all YES responses. Enter the mm/dd/yyyy format.  COMPLETED BY ALL HOSPITALS	N for all NO	responses. E	nter all dates	in 	
. 00	<u>Provider Organization and Operation</u> Has the provider changed ownership immediately prior to the period? If yes, enter the date of the change in column 2.			eporti ngN		1.00
	perrous in yes, enter the date of the change in corumn 2.	(See Thisti de	Y/N	Date	V/I	
. 00	Has the provider terminated participation in the Medicare	Drogram2 Lf	1.00 ves. N	2. 00	3. 00	2.00
	enter in column 2 the date of termination and in column 3, or "I" for involuntary.	"V" for vol	untary			
. 00	Is the provider involved in business transactions, includicontracts, with individuals or entities (e.g., chain home medical supply companies) that are related to the provider medical staff, management personnel, or members of the box	offices, dru or its offi	g or cers,			3.00
	through ownership, control, or family and other similar reinstructions)	el ati onshi ps?	(see			
	· · · ·		Y/N	Type	Date	
	Financial Data and Reports		1.00	2. 00	3. 00	
	Column 1: Were the financial statements prepared by a Cer Accountant? Column 2: If yes, enter "A" for Audited, "C" "R" for Reviewed. Submit complete copy or enter date avail (see instructions) If no, see instructions.	for Compiled	, or	A		4.00
. 00	Are the cost report total expenses and total revenues diff on the filed financial statements? If yes, submit reconcil		hose N			5. 00
				Y/N 1.00	Legal Oper. 2.00	
00	Approved Educational Activities  Column 1: Are costs claimed for nursing school? Column 2:	If you is	the provider	s the N		6.00
	legal operator of the program?	-	the provider	S the N		0.00
00	Are costs claimed for Allied Health Programs? If "Y" see i Were nursing school and/or allied health programs approved reporting period? If yes, see instructions.		wed during th	e cost N		7. 00 8. 00
00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction Was an approved Intern and Resident GME program initiated	ons.				9. 00
	reporting period? If yes, see instructions.  Are GME cost directly assigned to cost centers other than					11. 00
	Program on Worksheet A? If yes, see instructions.				Y/N	
	Bad Debts				1. 00	
. 00	Is the provider seeking reimbursement for bad debts? If yell fline 12 is yes, did the provider's bad debt collection	es, see instr policy chang	uctions. e during this	cost reporting	Y peri od¶	12. 00 13. 00
. 00	If yes, submit copy.  If line 12 is yes, were patient deductibles and/or co-paym Bed Complement	ments waived?	If yes, see	instructions.	N	14. 00
. 00	Did total beds available change from the prior cost report		If yes, see i		N t B	15. 00
	<u> </u>	Y/N	Date	Y/N	Date	
		1. 00	2. 00	3. 00	4. 00	
	PS&R Data Was the cost report prepared using the PS&R Report only? I either column 1 or 3 is yes, enter the paid-through date			N		16. 00
. 00	the PS&R Report used in columns 2 and 4 (see instructions was the cost report prepared using the PS&R Report for to and the provider's records for allocation? If either columns 3 is yes, enter the paid-through date in columns 2 and	s) tals Y nn 1	04/02/2021	Y	04/02/2021	17. 00
. 00	(see instructions)  If line 16 or 17 is yes, were adjustments made to PS&R Report and to provide the second of the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to provide	not		N		18. 00
	yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Repart information? If yes, see instructions.	oort N		N		19. 00

BORNITAL AND HOSPITAL HEALTH CARE REINBURSEMENT QUESTIONNAIRE   Provider CDL:15-0173   Period:1/07/2020   Rocksheet S-2   From (07/07/2020)   Rocksheet S-2   Period:1/07/2020   Rocksheet S-2   Rocksheet S	Heal th	Financial Systems IU HEALTH ARNET	T HOSPITAL		In Lieu	of Form CMS	S-2552-10	
Description   Y/N   Y/N   Date   O   1.00   3.00	HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der (	CCN: 15-0173	From 01/01/2020	Part II Date/Time F	Prepared:	
1.00   If   line 16 or 17   Is yes, were adjustments made to PS&R Report   N			Descr	i pti on				
data for Other? Describe the other adjustments:    Y/N   Date   Y/N   Date				0				
21.00 Was the cost report prepared only using the provider's N N 2.00 4.00 2.00 3.00 4.00 1 records? If yes, see instructions.  21.00 Was the cost report prepared only using the provider's N N 2.00 1.00 1 records? If yes, see instructions.  22.00 N N 2.00 1 Reversal ReliBBURSED AND TERRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)  23.00 Have changes occurred in the Medicare purposes? If yes, see instructions  24.00 Were new leases and/or amendments to exist ing leases entered into during this cost reporting period? If yes, see instructions  25.00 Nere new leases and/or amendments to exist ing leases entered into during this cost reporting period? If yes, see instructions  25.00 Nere assets but ect to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see N 25.00 Instructions.  26.00 Were new leases and/or amendments to exist ing leases entered into during this cost reporting period? If yes, see N 25.00 Instructions.  27.00 Of Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see N 26.00 Instructions.  28.00 Were new leases and yet a period of DEFRA acquired during the cost reporting period? If yes, submit period? If yes, see Instructions.  29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated yes, see instructions.  29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated yes, see instructions.  30.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.  30.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.  30.00 If I in 34 is yes, were the requirements of Sec. 2135 2 applied pertaining to competitive bidding? If no.N 2 conditions are provider. Beased Physicians  30.00 If I in 34 is yes, were there new agreements or amended existing agreements with the provider-based N 20.00 Prime home office costs claimed on the cost report? If y	20.00		ort		N	N	20.00	
21.00 Was the cost report prepared only using the provider's N N 21.00    COMPLETED BY COST DETIRBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		data for other: bescribe the other adjustments.	Y/N	Date	Y/N	Date		
records? If yes, see instructions.   1.00								
COMPLETED BY COST BELIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)  Capital Related Cost  2.0.0 Have assets been relifed for Medicare purposes? If yes, see instructions  1.0.0 Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.  2.0.0 Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see Instructions.  2.0.0 Were new leases subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see November of the cost responsible of the cost	21. 00		N		N		21. 00	
COMPLETED BY COST BELIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)  Capital Related Cost  2.0.0 Have assets been relifed for Medicare purposes? If yes, see instructions  1.0.0 Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.  2.0.0 Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see Instructions.  2.0.0 Were new leases subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see November of the cost responsible of the cost					•	1. 00		
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23.00 Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.  24.00 Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.  25.00 Have there been new capitalized leases entered into during the cost reporting period? If yes, see N 25.00 instructions.  26.00 Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see N 26.00 instructions.  27.00 Mere new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, submit period. Interest Expense.  28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.  29.00 If the provider have of funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated.  29.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions. N 30.00 Has debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions. N 30.00 Has debt been replaced prior to its scheduled maturity without issuance of new debt? If yes, see instructions.  20.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.  30.00 If I ine 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no.N 33.00 if I ine 34 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no.N 35.00 if I ine 34 is yes, were there new agreements or amended existing agreements with the provider-based N 35.00 if I ine 34 is yes, were there new agreements or amended existing agreements with the provider-based N 35.00 if I ine 34 is yes, were there new agreements or amended existing agreements with the provider-based N 35.00 if I ine 34 is yes, were there new agreements or the home office of If Y 37.00 if I ine 36 is yes,		Capital Related Cost						
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26.00 Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see N 26.00 instructions.  27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit topy. N 27.00 interest Expense.  28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, yes, see instructions.  29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions as a funded depreciation account? If yes, see instructions. N 30.00 Has debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions. N 31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions. N 32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  32.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no.N 32.00 is instructions.  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If Y yes, see instructions.  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based N 35.00 physicians during the cost reporting period? If yes, see instructions.  36.00 Were home office Costs  37.00 Were home office costs claimed on the cost report?  38.00 If line 36 is yes, has a home office cost statement been prepared by the home office? If Y yes, see instructions.  38.00 If line 36 is yes, as a home office cost statement been prepared by the home office? If yes, see Y instructions.  38.00 If line 36 is yes, as a home office cost statement been prepared by the home office.  38.00 If line 36 is yes, did the provider render service	25. 00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see N						
Interest Expense   28.00   28.00   28.00   28.00   28.00   29.00   28.00   29.00   2	26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during the	he cost repo	rting period <sup>o</sup>	? If yes, see	N	26. 00	
yes, see instructions.  29.00  30.00  30.00  30.00  30.00  30.00  30.00  30.00  30.00  40.00		Interest Expense	•				27. 00	
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31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions. N Purchased Services  32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  33.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no,N see instructions.  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If Y yes, see instructions.  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based N 35.00 physicians during the cost reporting period? If yes, see instructions.  36.00 Were home office Costs  37.00 If line 36 is yes, has a home office cost statement been prepared by the home office? If Y yes, see instructions.  38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the N provider? If yes, enter in column 2 the fiscal year end of the home office.  38.00 If line 36 is yes, did the provider render services to other chain components? If yes, see Y instructions.  39.00 If line 36 is yes, did the provider render services to the home office? If yes, see Y instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N 40.00 Provider Preparer Contact Information  41.00 Enter the first name, last name and the title/position here.  41.00 Enter the employer/company name of the cost report prepare by HEALTH 42.00 Putter Relulhealth. Additionally and the provider and the little provider. HEALTH 42.00 Additionally address of the cost 317-962-1093 RUTTER@IUHEALTH.ORG 43.00								
32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.  33.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no.N  33.00 See instructions.  Provider-Based Physicians  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If Y yes, see instructions.  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based N  35.00 Physicians during the cost reporting period? If yes, see instructions.  36.00 Were home office costs  36.00 Were home office costs claimed on the cost report?  37.00 If line 36 is yes, has a home office cost statement been prepared by the home office? If Y yes, see instructions.  38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the N provider? If yes, enter in column 2 the fiscal year end of the home office.  39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see Y instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N yes, constructions.  41.00 Enter the first name, last name and the title/position heRHONDA by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report preparet HEALTH yes, cost 317-962-1093 RUTTER UHEALTH. ORG 43.00		00 <u>Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions. N</u>						
33.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no,N see instructions.  Provider-Based Physicians  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If Y yes, see instructions.  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based N 35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based N 36.00 Were home office costs claimed on the cost report?  37.00 If line 36 is yes, has a home office cost statement been prepared by the home office? If Y yes, see instructions.  38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the N provider-lased Physicians? If yes, see Y instructions.  40.00 If line 36 is yes, did the provider render services to other chain components? If yes, see Y instructions.  40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N yes, see Instructions.  41.00 Enter the first name, last name and the title/position heRMONDA by the cost report preparer in columns 1, 2, and 3, respectively.  42.00 Enter the employer/company name of the cost report prepare#t.HEALTH 43.00 Enter the telephone number and email address of the cost 317-962-1093  RUTTER@IUHEALTH.ORG	32. 00	Have changes or new agreements occurred in patient care se		shed through	contractual	N	32. 00	
Provider-Based Physicians  34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If Y yes, see instructions.  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based N 35.00 physicians during the cost reporting period? If yes, see instructions.	33. 00	If line 32 is yes, were the requirements of Sec. 2135.2 app		ning to comp	etitive bidding?	If no,N	33. 00	
yes, see instructions.  35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based N  35.00 physicians during the cost reporting period? If yes, see instructions.    Y/N   Date   1.00   2.00		Provi der-Based Physi ci ans						
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Home Office Costs  36.00 37.00 37.00 37.00 38.00 38.00 38.00 38.00 39.00	35. 00	If line 34 is yes, were there new agreements or amended ex		ments with t	ne provi der-base	d N	35. 00	
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43.00 Enter the telephone number and email address of the cost 317-962-1093 RUTTER@IUHEALTH.ORG 43.00	42.00		け、HEALTH				42 00	
	43.00	Enter the telephone number and email address of the cost 3			RUTTER@I UHEALT	H. ORG	100	

Heal th	Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lieu	of Form CMS-2	2552-10
HOSPI TA	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT	QUESTI ONNAI RE	Provi der		Peri od: From 01/01/2020		
					To 12/31/2020	Date/Time Pre 7/13/2021 4:2	∍pared: 26 pm
		-	:	3. 00	_		
	Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the t	itle/position heD	BIRECTOR, GO	VT PROGRAMS			41. 00
	by the cost report preparer in columns 1,	2, and 3,					
	respecti vel y.						
	Enter the employer/company name of the co		er.				42.00
	Enter the telephone number and email addr						43.00
	report preparer in columns 1 and 2, respe	cti vel y.					

Health Financial Systems IU HEALTH HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provi der CCN: 15-0173 Period: Worksheet S-3 From 01/01/2020 Part I To 12/31/2020 Date/Time Prepared:

				To	12/31/2020	Date/Time Pre 7/13/2021 4:2	
						// 13/2021 4.2 1/P Days / 0/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
	35p3.113.112	Line Number	5000	Avai I abl e	0,111 11041 0		
		1. 00	2.00	3.00	4. 00	5. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 an		154		0.00	0	1. 00
	exclude Swing Bed, Observation Bed and Hosp						
	days) (see instructions for col. 2 for the						
	portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2. 00
3.00	HMO IPF Subprovider						3. 00
4.00	HMO IRF Subprovider						4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5. 00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6. 00
7.00	Total Adults and Peds. (exclude observation		154	56, 364	0. 00	0	7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT	31. 00	14	5, 124	0. 00	0	8. 00
9.00	CORONARY CARE UNIT	İ					9. 00
10.00	BURN INTENSIVE CARE UNIT	33. 00	0	0	0. 00	0	10. 00
10.01	BURN INTENSIVE CARE UNIT	33. 01	0	0	0. 00	0	10. 01
11.00	SURGICAL INTENSIVE CARE UNIT						11. 00
12.00	NEONATAL INTENSIVE CARE UNIT	35. 00	17	6, 222	0. 00	0	12.00
13.00	NURSERY	43. 00				0	13.00
14.00	Total (see instructions)		185	67, 710	0. 00	0	14. 00
15.00	CAH visits					0	15. 00
16.00	SUBPROVIDER - IPF						16. 00
17.00	SUBPROVIDER - IRF						17. 00
18.00	SUBPROVI DER						18. 00
19.00	SKILLED NURSING FACILITY						19. 00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21. 00
22.00	HOME HEALTH AGENCY						22. 00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24.00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)	30. 00					24. 10
25. 00	CMHC - CMHC						25. 00
	RURAL HEALTH CLINIC						26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00				0	26. 25
	Total (sum of lines 14-26)		185				27. 00
28. 00	Observation Bed Days					0	
	Ambulance Trips						29. 00
	Employee discount days (see instruction)						30.00
	Employee discount days - IRF		_				31.00
32.00			7	2, 562			32.00
32. 01	Total ancillary labor & delivery room						32. 01
00.65	outpatient days (see instructions)						
	LTCH non-covered days						33.00
33. U1	LTCH site neutral days and discharges	l		I I			33. 01

Provi der CCN: 15-0173

Peri od: From 01/01/2020 Part I To 12/31/2020 Date/Time Prepared: 7/13/2021 4:26 pm

Title XVIII						0 12, 01, 2020	7/13/2021 4: 2	26 pm
Note			I/P Days	/ O/P Visits	/ Tri ps	Full Time	Equi val ents	
Note		Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
No.								
exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)  2. 00 HM0 and other (see instructions)  3. 00 HM0 IPF Subprovider  0. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			6. 00	7. 00	8. 00			
days) (see instructions for col. 2 for the portion of LDP room available beds)   2.00   HMD and other (see instructions)   8.120   7,021   3.00   MMD IRF Subprovider   0 0 0   0   4.00   0   0   0   0   0   0   0   0   0	1. 00	Hospital Adults & Peds. (columns 5, 6, 7 an		741	37, 810	)		1. 00
portion of LDP room available beds)		exclude Swing Bed, Observation Bed and Hosp	i ce					
2.00   HMO and other (see instructions)		days)(see instructions for col. 2 for the						
3.00		portion of LDP room available beds)						
4. 00   HMD   IRF Subprovider   0   0   0   0   5.00   6	2.00	HMO and other (see instructions)	8, 120	7, 021				
5.00	3.00		0	0				3.00
6.00 Hospital Adults & Peds. Swing Bed NF 7.00		HMO IRF Subprovider	0	0				
7. 00   Total Adults and Peds. (exclude observation beds) (see instructions)   15, 266   341   37, 810   8. 00   1NTENSIVE CARE UNIT   990   394   2, 799   8. 00   9. 00   CORONARY CARE UNIT   990   394   2, 799   8. 00   10. 00			0	0	C	)		
Deds) (see instructions)   NTENSIVE CARE UNIT   990   394   2,799   8.00				0	C			
8. 00   INTENSIVE CARE UNIT   990   394   2,799   8. 00   CORONARY CARE UNIT   9,000   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7. 00	· ·	15, 266	741	37, 810			7. 00
9. 00   CORONARY CARE UNIT   0   0   0   0   0   10. 00								
10. 00 BURN INTENSIVE CARE UNIT			990	394	2, 799	7		
10. 01   BURN INTENSIVE CARE UNIT   0   0   0   0   10. 01   11. 00   11. 00   12. 00   NEONATAL INTENSIVE CARE UNIT   0   334   2,538   12. 00   12. 00   NEONATAL INTENSIVE CARE UNIT   0   334   2,538   12. 00   12. 00   NEONATAL INTENSIVE CARE UNIT   0   334   2,538   12. 00   12. 00   13. 00   NURSERY   1,195   2,505   11. 95   1,871. 83   14. 00   15. 00   CAH visits   0   0   0   0   0   0   0   0   0								
11. 00   SURGICAL INTENSIVE CARE UNIT   12. 00   NURSERY   1. 195   2. 505   13. 00   NURSERY   1. 195   2. 505   13. 00   NURSERY   1. 195   2. 505   13. 00   NURSERY   1. 195   2. 505   14. 00   Total (see instructions)   16. 256   2. 664   45. 652   11. 95   1. 871. 83   14. 00   16. 00   SUBPROVI DER - I PF   17. 00   SUBPROVI DER - I RF   18. 00   SUBPROVI DER - I RF   17. 00   SUBPROVI DER - I RF   18. 00   SUBPROVI DER - I RF   19. 00   19. 00   SKI LLED NURSI NG FACILI TY   20. 00   NURSI NG FACILI TY   20. 00   OTHER LONG TERM CARE   21. 00   OTHER LONG TERM CARE   22. 00   OUNSI NG FACILI TH AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT THE AGENCY   22. 00   OUNSI NG FACILIT			ı "ı	ŭ	C			
12. 00 NEONATAL INTENSIVE CARE UNIT 13. 00 NURSERY 14. 00 Total (see instructions) 16. 00 CAH visits 0 0 0 0 15. 00 CAH visits 0 0 0 0 16. 00 SUBPROVI DER - I PF 17. 00 SUBPROVI DER - I RF 19. 00 SUBPROVI DER - I RF 19. 00 NURSING FACILITY 20. 00 NURSING FACILITY 20. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D.P.) 24. 10 HOSPI CE 24. 10 HOSPI CE 24. 10 HOSPI CE 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINI C 26. 00 RURAL HEALTH CLINI C 26. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee di scount days (see instructions) 33. 00 LTCH non-covered days 33. 00 LTCH non-covered days 33. 00 LTCH non-covered days 33. 00 LTCH non-covered days 33. 00 LTCH non-covered days 33. 00 LTCH non-covered days 31. 00 SUBPROVI DER 334 2, 538 1, 195 2, 505 1, 195 1, 871. 83 14. 00 11. 95 1, 871. 83 14. 00 15. 00 0 0 0 0 0 0 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0.00 0 0 0 0			0	0	C	)		•
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14.00 Total (see instructions) 15.00 CAH visits 0 CAH vis		•	0		•			•
15. 00 CAH visits 16. 00 SUBPROVIDER - IPF 17. 00 SUBPROVIDER - IRF 18. 00 18. 00 SUBPROVIDER - IRF 18. 00 19. 00 SUBPROVIDER 19. 00 SUBPROVIDER 19. 00 SUBPROVIDER 19. 00 SUBLED NURSING FACILITY 19. 00 OVALURSING FACILITY 20. 00 OVALURSING FACILITY 21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 HOME HEALTH AGENCY 24. 00 HOSPICE 24. 00 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 00  15. 00 16. 00 16. 00 17. 00 18. 00 19. 00 19. 00 19. 00 19. 00 10. 00		•	4, 05,	·			4 074 00	1
16. 00 17. 00 18. 00 19			16, 256	2, 664	45, 652	11. 95	1, 8/1. 83	
17. 00 18. 00 18. 00 19. 00 19. 00 19. 00 19. 00 19. 00 19. 00 10			l 0	O	C	)		
18.00   SUBPROVIDER   18.00   19.00   SKI LLED NURSING FACILITY   19.00   20.00   NURSING FACILITY   20.00   OTHER LONG TERM CARE   21.00   22.00   HOME HEALTH AGENCY   22.00   23.00   AMBULATORY SURGICAL CENTER (D.P.)   23.00   24.00   HOSPICE   (non-distinct part)   24.10   HOSPICE (non-distinct part)   24.10   25.00   CMHC - CMHC   25.00   26.00   RURAL HEALTH CLINIC   26.00   RURAL HEALTH CLINIC   26.00   Total (sum of lines 14-26)   11.95   1,871.83   27.00   28.00   Observation Bed Days   49   4,562   28.00   29.00   Ambulance Trips   0   0   0   0   0   0   0   0   0								•
19.00   SKILLED NURSING FACILITY   19.00   20.00   21.00   21.00   21.00   21.00   21.00   21.00   21.00   22.00   22.00   23.00   24.00   25.00   24.00   25.00   24.00   25.00   25.00   26.25   26.00   26.25   27.00   26.25   27.00   27.00   27.00   28.00   28.00   28.00   29.								
20.00 NURSING FACILITY 21.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 HOSPICE 24.10 HOSPICE (non-distinct part) 25.00 RURAL HEALTH CLINIC 26.00 RURAL HEALTH CLINIC 26.00 RURAL HEALTH CLINIC 26.25 FEDERALLY QUALIFIED HEALTH CENTER 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambul ance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days  20.00 21.00 21.00 22.00 24.10 0.00 0.00 0.00 0.00 0.00 0.00 0.00		•						
21.00 OTHER LONG TERM CARE  22.00 HOME HEALTH AGENCY  23.00 AMBULATORY SURGICAL CENTER (D.P.)  HOSPICE  24.10 HOSPICE (non-distinct part)  25.00 CMHC - CMHC  26.00 RURAL HEALTH CLINIC  26.00 RURAL HEALTH CLINIC  27.00 Total (sum of lines 14-26)  28.00 Observation Bed Days  29.00 Ambul ance Trips  20.00  20.00 Employee discount days (see instruction)  31.00 Employee discount days (see instructions)  21.00								
22.00 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 HOSPICE HOSPICE (non-distinct part) 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINIC 26.00 27.00 Observation Bed Days 29.00 Ambul ance Trips 30.00 Employee discount days (see instruction) 28.00 Employee discount days (see instructions) 30.00 Total ancillary labor & delivery room outpatient days (see instructions) 31.00 LTCH non-covered days  HOME HEALTH AGENCY 22.00 23.00 24.00 24.00 24.10 25.00 26.00 26.00 26.00 26.00 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00								
23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 HOSPICE 24.10 HOSPICE (non-distinct part) 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINIC 26.00 RURAL (sum of lines 14-26) 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 31.00 Interpolation of the company		•				ł		
24.00 HOSPICE 24.10 HOSPICE (non-distinct part) 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINIC 26.25 FEDERALLY QUALIFIED HEALTH CENTER 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 31.00 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days  24.00 24.10 24.10 25.00 26.00 27.00 0 0 0 0.00 0.00 0 0						1		
24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 26 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days  24. 10 25. 00 26. 00 26. 00 27. 00 0 0 0 0 0. 00 0 0.						1		
25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 31. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days  25. 00 26. 00 26. 00 27. 00 28. 00 29. 00 49 4, 562 29. 00 30. 00 31. 00 30. 00 31. 00 30. 00 31. 00 31. 00 32. 00 32. 00 33. 00 349 47 48, 562 38. 00 39. 00 30. 00 30. 00 31. 00 31. 00 32. 00 33. 00 33. 00 349 35. 00 36. 00 37. 00 38. 00 39. 00 30. 00					177	,		
26. 00 RURAL HEALTH CLINIC 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days  26. 00 0 0 0 0 0. 00 0 0. 00 0 26. 25 27. 00 28. 00 29. 00 30. 00 31. 00 30. 00 31. 00 30 716 32. 00 32. 01 33. 00 33. 00 34. 562 35. 662 36. 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					177			
26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0.00 0.00 26. 25 27. 00 Total (sum of lines 14-26) 11. 95 1, 871. 83 27. 00 28. 00 Observation Bed Days 49 4, 562 28. 00 29. 00 Ambul ance Trips 0 Employee discount days (see instruction) 30. 00 Employee discount days - IRF 0 31. 00 Labor & delivery days (see instructions) 32. 00 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 0 0 0 0 0 0 0. 00 26. 25 1, 871. 83 27. 00 28. 00 29. 00 29. 00 29. 00 29. 00 29. 00 30. 00 30. 00 30. 00 30. 00 30. 00 31. 00 32. 00 32. 01 33. 00 LTCH non-covered days 0 33. 00 33. 00								
27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days  11.95 1,871.83 27.00 28.00 29.00 30.00 30.00 31.00 31.00 32.01 32.01 33.00 30 30 31.00 32.01			0	0	_	0.00	0.00	
28.00 Observation Bed Days 29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days  49 4,562 29.00 29.00 30.00 30.00 31.00 31.00 32.00 32.01 33.00			Ŭ	ŏ				
29.00 Ambulance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 31.00 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days  0 29.00 30.00 31.00 31.00 32.00 32.00 33.00 30 716 32.00 32.01				49	4 562		1, 071. 03	
30.00 Employee discount days (see instruction) 31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days  30.00 31.00 31.00 32.00 32.01		1	0	47	4, 302			
31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days  31.00 32.00 30 716 32.00 32.01			Ĭ		(			
32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days  32.00 30 716 0 32.01					Č			
32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days  0 32.01			٥	30	716			
outpati ent days (see i nstructions) 33.00 LTCH non-covered days 0 33.00			l	30	, 10			
33.00 LTCH non-covered days 0 33.00	02.01					1		52.01
	33.00		0			1		33.00
33.01 LTCH site neutral days and discharges 0 33.01			1 -					10

Provi der CCN: 15-0173 Period: Worksheet S-3 From 01/01/2020 Part I To 12/31/2020 Date/Time Prepared:

				To	12/31/2020	Date/Time Pre   7/13/2021 4:2	
		Full Time	_	Di sch	arnes	17/13/2021 4.2	O DIII
		Equi val ents		D1 301	ai gos		
	Component	onpaid Workers	Title V	Title XVIII	Title XIX	Total All	
	omponent :	lonpara norker	11110 1	11 110 70111	TI CIO ALA	Pati ents	
		11. 00	12. 00	13. 00	14. 00	15. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 an		0		247	11, 255	1. 00
	exclude Swing Bed, Observation Bed and Hosp					,	
	days) (see instructions for col. 2 for the						
	portion of LDP room available beds)						
2.00	HMO and other (see instructions)			1, 559	1, 528		2. 00
3.00	HMO IPF Subprovider			·	0		3. 00
4.00	HMO IRF Subprovider				0		4. 00
5.00	Hospital Adults & Peds. Swing Bed SNF						5. 00
6.00	Hospital Adults & Peds. Swing Bed NF						6. 00
7.00	Total Adults and Peds. (exclude observation						7. 00
	beds) (see instructions)						
8.00	INTENSIVE CARE UNIT						8. 00
9.00	CORONARY CARE UNIT						9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
10.01	BURN INTENSIVE CARE UNIT						10. 01
11.00	SURGICAL INTENSIVE CARE UNIT						11. 00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13. 00
14.00	Total (see instructions)	0. 00	0	3, 421	247	11, 255	14. 00
15.00	CAH visits						15. 00
16.00	SUBPROVIDER - IPF						16. 00
17. 00	SUBPROVI DER - I RF						17. 00
18. 00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY						19. 00
20.00	NURSING FACILITY						20. 00
	OTHER LONG TERM CARE						21. 00
22.00	HOME HEALTH AGENCY						22. 00
	AMBULATORY SURGICAL CENTER (D. P. )						23. 00
24.00	HOSPI CE						24. 00
	HOSPICE (non-distinct part)						24. 10
25.00	CMHC - CMHC						25. 00 26. 00
26. 00	RURAL HEALTH CLINIC	0.00					26. 00
	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26. 25
28.00	Total (sum of lines 14-26) Observation Bed Days	0.00					28. 00
	Ambulance Trips						29. 00
	Employee discount days (see instruction)						30.00
	Employee discount days (see Histruction)				1		31.00
	Labor & delivery days (see instructions)				ł		32.00
	Total ancillary labor & delivery room						32. 00
JZ. U I	outpatient days (see instructions)						JZ. U I
33 00	LTCH non-covered days			0	ł		33. 00
	LTCH site neutral days and discharges			o o			33. 01
55.51	1 = 1 = 1 = 1 = 1 = 1 = a = a = a = a =			· "I	I		

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL WAGE INDEX INFORMATION	Provi der CCN: 15-0173	Period: Worksheet S-3 From 01/01/2020 Part II

						o 12/31/2020	Date/Time Pre 7/13/2021 4:2	
		Wkst. A Line <i>A</i> Number		Reclassificati on of Salaries (from Wkst.	Sal ari es (col . 2 ± col .	Related to Salaries in	Average Hourly Wage (col. 4 ÷ col. 5)	,
		1. 00	2. 00	A-6) 3. 00	3) 4. 00	col . 4 5. 00	6. 00	
	PART II - WAGE DATA SALARIES							-
	Total salaries (see	200.00	190, 185, 970	-551, 055	189, 634, 915	3, 893, 396. 89	48. 71	1. 00
	instructions) Non-physician anesthetist Part	-	0	o	0	0. 00	0. 00	2.00
	A		104.055					
3. 00	Non-physician anesthetist Part B		194, 355	0	194, 355	2, 062. 50	94. 23	3. 00
	Physician-Part A - Administrative		2, 293, 579	0	2, 293, 579	12, 555. 99	182. 67	4. 00
4. 01	Physicians - Part A - Teaching	J	315, 469		0.0,.0.			
	Physician and Non Physician-Part B		17, 985, 866	0	17, 985, 866	126, 619. 52	142. 05	5. 00
	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0. 00	0.00	6.00
7. 00	Interns & residents (in an	21. 00	0	0	0	0. 00	0. 00	7. 00
	approved program) Contracted interns and		727, 882	0	727, 882	10, 608. 00	68. 62	7. 01
	residents (in an approved					·		
8. 00	programs) Home office and/or related		0	0	0	0. 00	0. 00	8. 00
	organization personnel SNF	44. 00	0	o	0	0. 00	0. 00	9.00
	Excluded area salaries (see instructions)		94, 025, 652	1, 322, 006	95, 347, 658	1, 403, 654. 66	67. 93	10.00
	OTHER WAGES & RELATED COSTS							
	Contract labor: Direct Patient Care	-	1, 624, 572	0	1, 624, 572	16, 167. 00	100. 49	11. 00
12. 00	Contract Labor: Top Level management and other managemen	nt	0	0	0	0. 00	0.00	12. 00
13.00	and administrative services Contract Labor: Physician-Part	:	1, 784, 264	О	1, 784, 264	12, 948. 43	137. 80	13. 00
	A - Administrative Home office and/or related		0	0	0	0. 00	0.00	14. 00
	organization salaries and		_	_				
	wage-related costs Home office salaries		41, 035, 023	0	41, 035, 023	1, 010, 472. 07	40. 61	14. 01
14. 02	Related organization salaries		0	0	0	0.00	•	14. 02
	Home office: Physician Part A Administrative	-	U	0	U	0. 00	0.00	15. 00
	Home office and Contract Physicians Part A - Teaching		0	0	0	0. 00	0.00	16. 00
16. 01	Home office Physicians Part A	-	0	0	0	0. 00	0. 00	16. 01
	Teaching Home office contract Physician	is	0	0	0	0. 00	0. 00	16. 02
	Part A - Teaching WAGE-RELATED COSTS							
17. 00	Wage-related costs (core) (se	÷	19, 150, 920	0	19, 150, 920			17. 00
	instructions) Wage-related costs (other) (se	ee						18. 00
	instructions)		14 007 501		14 027 501			
	Excluded areas Non-physician anesthetist Part	:	16, 027, 581 0	0	16, 027, 581 0			19. 00 20. 00
21. 00	A Non-physician anesthetist Part	:	25, 826	0	25, 826			21. 00
22. 00	B Physician Part A -		203, 790	0	203, 790			22. 00
	Admi ni strati ve							
	Physician Part A - Teaching Physician Part B		36, 182 1, 839, 385		36, 182 1, 839, 385			22. 01 23. 00
24. 00	Wage-related costs (RHC/FQHC)		0	0	0			24. 00
	Interns & residents (in an approved program)		0	0	0			25. 00
	Home office wage-related (core Related organization	e)	16, 267, 015 0	0	16, 267, 015 0			25. 50 25. 51
	wage-related (core)							ļ
	Home office: Physician Part A Administrative - wage-related (core)	-	0	0	0			25. 52

	Financial Systems		IU HEALTH ARNE		011 45 0470 15		u of Form CMS-2	
HOSPI	TAL WAGE INDEX INFORMATION			Provi der C	CN: 15-01/3	eriod: rom 01/01/2020	Worksheet S-3   Part	3
					ľτ		Date/Time Pre	epared:
							7/13/2021 4: 2	26 pm
			mount Reported				Average Hourly	
		Number		on of Salaries			Wage (col. 4 ÷	
				•	(col.2 ± col.	Salaries in	col . 5)	
				A-6)	3)	col. 4		
	Lu con ou de la constant	1.00	2. 00	3. 00	4. 00	5. 00	6. 00	
25. 53	Home office: Physicians Part	P .	0	0	0			25. 53
	- Teaching - wage-related							
	(core)	1.50						ļ
26. 00	OVERHEAD COSTS - DIRECT SALARI	4.00	1, 767, 938	3, 888	1, 771, 826	1. 00	1, 771, 826. 00	24 00
	Employee Benefits Department Administrative & General	5.00		· ·				27.00
	Administrative & General unde		11, 184, 645	· ·	10, 238, 178			
28.00	contract (see inst.)		182, 048	U	182, 048	994.00	183. 13	28.00
20.00	Maintenance & Repairs	6. 00	0	0	0	0. 00	0.00	29. 00
	Operation of Plant	7.00		-84, 843	1, 866, 650			30.00
	Laundry & Linen Service	8.00		-04, 043	1, 800, 030	0.00		31.00
	Housekeepi ng	9. 00		-20, 566	2, 648, 872			32.00
	Housekeeping under contract	7.00	2,007,430	-20, 300 0	2,040,072	0.00		33.00
33.00	(see instructions)		U	U	0	0.00	0.00	33.00
34 00	Di etary	10.00	882, 836	-340, 216	542, 620	36, 824. 82	14 74	34.00
	Dietary under contract (see	10.00	002, 030	340, 210 N	042,020	0.00		35.00
33.00	instructions)		J	O		0.00	0.00	33.00
36 00	Cafeteri a	11. 00	0	335, 491	335, 491	22, 571. 53	14 86	36. 00
	Maintenance of Personnel	12.00		000, 1,71	000, 171	0.00		37. 00
	Nursing Administration	13. 00		-92, 036	3, 435, 924			38. 00
	Central Services and Supply	14. 00						39. 00
	Pharmacy	15. 00		· ·				40.00
	Medical Records & Medical	16. 00		0	0	0.00		41.00
	Records Li brary							
42.00	Soci al Servi ce	17. 00	562, 583	-5, 411	557, 172	19, 551. 50	28. 50	42.00
43.00	Other General Service	18. 00	502, 412		1	32, 990. 50	15. 23	43.00
	•	•		•	•	•	•	•

Heal th	Financial Systems		IU HEALTH ARNI	ETT HOSPITAL		In Lieu	u of Form CMS-2	2552-10
HOSPI	FAL WAGE INDEX INFORMATION			Provi der C	F	eriod: rom 01/01/2020 o 12/31/2020	Worksheet S-3 Part III Date/Time Pre 7/13/2021 4:2	pared:
		Worksheet A /	mount Reported				Average Hourly	
		Line Number		on of Salaries			Wage (col. 4 ÷	
				,	$(col.2 \pm col.$	Salaries in	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 instruction	s)	171, 144, 446	-551, 055	170, 593, 391	3, 752, 422. 64	45. 46	1. 00
2. 00	Excluded area salaries (see instructions)		94, 025, 652	1, 322, 006	95, 347, 658	1, 403, 654. 66	67. 93	2. 00
3. 00	Subtotal salaries (line 1 minuline 2)	us	77, 118, 794	-1, 873, 061	75, 245, 733	2, 348, 767. 98	32. 04	3. 00
4. 00	Subtotal other wages & relate costs (see inst.)	d	44, 443, 859	0	44, 443, 859	1, 039, 587. 50	42. 75	4. 00
5. 00	Subtotal wage-related costs (see inst.)		35, 621, 725	0	35, 621, 725	0. 00	47. 34	5. 00
6.00	Total (sum of lines 3 thru 5)		157, 184, 378	-1, 873, 061	155, 311, 317	3, 388, 355. 48	45. 84	6. 00
7. 00	Total overhead cost (see instructions)		27, 544, 096					7. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provi der CCN: 15-0	Peri od: Worksheet S-3 From 01/01/2020 Part IV To 12/31/2020 Date/Time Prepared: 7/12/3021 4:24 pm

	To 12/31/2020	Date/Time Pre 7/13/2021 4:2	epared:
		Amount	J. Dill
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		1
	RETI REMENT COST		1
1.00	401K Employer Contributions	5, 765, 603	1. 00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2. 00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6. 00
7.00	Employee Managed Care Program Administration Fees	0	7. 00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	
8. 01	Health Insurance (Self Funded without a Third Party Administrator)	0	
8. 02	Health Insurance (Self Funded with a Third Party Administrator)	18, 449, 991	
8. 03	Health Insurance (Purchased)	0	
9.00	Prescription Drug Plan	0	9. 00
	Dental, Hearing and Vision Plan	567, 937	
	Life Insurance (If employee is owner or beneficiary)	92, 264	
	Accident Insurance (If employee is owner or beneficiary)	0	
	Disability Insurance (If employee is owner or beneficiary)	819, 565	
	Long-Term Care Insurance (If employee is owner or beneficiary)	-	
	'Workers' Compensation Insurance	610, 426	
16. 00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106	Non 0	16. 00
	cumulative portion)		1
	TAXES		
	FICA-Employers Portion Only	10, 865, 306	
	Medicare Taxes - Employers Portion Only	0	
	Unempl oyment Insurance	0	
20.00	State or Federal Unemployment Taxes	112, 591	20. 00
04 00	OTHER		
21.00		see 0	21. 00
22 22	instructions))		00.00
	Day Care Cost and Allowances	0	
	Tuition Reimbursement	0	
24.00	Total Wage Related cost (Sum of lines 1 -23)	37, 283, 683	24. 00
25 00	Part B - Other than Core Related Cost OTHER WAGE RELATED COSTS (SPECIFY)		25 00
25.00	JOINER WAGE RELATED COSTS (SPECIFT)		25. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Liou	of Form CMS 3	DEED 10
Health Financial Systems HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provi der CCN: 15-0173	Peri od:	of Form CMS-2 Worksheet S-3	
		From 01/01/2020		
		To 12/31/2020	Date/Time Pre 7/13/2021 4:2	
Cost Center Description		Contract Labor		O piii
· ·		1.00	2. 00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Iden	ti fi cati on:			
1.00 Total facility's contract labor and benefi	t cost	1, 624, 572	37, 283, 683	1. 00
2.00 Hospital		1, 624, 572	19, 150, 920	2. 00
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	7. 00
8.00 Hospital-Based SNF		1		8. 00
9.00 Hospital-Based NF				9. 00
10.00 Hospital-Based OLTC				10. 00
11.00 Hospital-Based HHA				11. 00
12.00 Separately Certified ASC				12. 00
13.00 Hospi tal -Based Hospi ce				13. 00
14.00 Hospital-Based Health Clinic RHC				14.00
15.00 Hospital-Based Health Clinic FQHC				15. 00
16.00 Hospi tal -Based-CMHC				16. 00
17.00 Renal Dialysis		0	0	17. 00
18.00 Other		0	18, 132, 763	18. 00

Heal th	Financial Systems IU HEALTH ARNETT H	HOSPI TAL		In Lieu	of Form CMS-2	2552-10
		Provi der CO	CN: 15-0173	Peri od:	Worksheet S-1	
				From 01/01/2020 To 12/31/2020		epared.
				12, 01, 2020	7/13/2021 4:2	
					1. 00	
	Uncompensated and indigent care cost computation					
1. 00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 d	ivided by	line 202 col	umn 8)	0. 201463	1.00
2. 00	Medicaid (see instructions for each line) Net revenue from Medicaid				23, 916, 379	2.00
3. 00	Did you receive DSH or supplemental payments from Medicaid?				23, 910, 379 N	3.00
4. 00	If line 3 is yes, does line 2 include all DSH and/or suppleme	ntal payme	nts from Medi	cai d?	.,	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments				0	5. 00
6.00	Medicaid charges				190, 572, 390	
7. 00	Medicaid cost (line 1 times line 6)	<i>(</i> 1.1. ¬			38, 393, 285	
8. 00	Difference between net revenue and costs for Medicaid program zero then enter zero)	i (line / m	II NUS SUM OT	Thes 2 and 5;	f <14, 476, 906	8. 00
	Children's Health Insurance Program (CHIP) (see instructions	for each L	ine)			
9.00	Net revenue from stand-alone CHIP				0	9. 00
10.00	Stand-al one CHIP charges				0	10. 00
	Stand-alone CHIP cost (line 1 times line 10)				0	
12. 00	Difference between net revenue and costs for stand-alone CHIP	' (line 11	minus line 9	if < zero the	n enter 0	12. 00
	zero) Other state or local government indigent care program (see in	etructi one	for each liv	20)		
13 00	Net revenue from state or local indigent care program (Not in				23, 963	13 00
	Charges for patients covered under state or local indigent ca					
	State or local indigent care program cost (line 1 times line		`		68, 137	
16.00	Difference between net revenue and costs for state or local i	ndi gent ca	re program (	ine 15 minus I	ne 13; 44,174	16. 00
	if < zero then enter zero)	III Daniel at	-+-/  -			
	Grants, donations and total unreimbursed cost for Medicaid, C programs (see instructions for each line)	HIP and St	ate/rocar ind	digent care		
17. 00	Private grants, donations, or endowment income restricted to	fundi na ch	ari tv care		0	17. 00
	Government grants, appropriations or transfers for support of				0	
19.00	Total unreimbursed cost for Medicaid , CHIP and state and loc	al indigen	it care progra	ams (sum of lin	es 814,1 <b>5</b> 21,080	19. 00
	and 16)		Uni nsured	Insured	Total (col. 1	
			pati ents	patients	+ col . 2)	
			1.00	2.00	3. 00	
	Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire f	acility (s	see 24, 042, 08	1 535, 972	24, 578, 053	20. 00
21 00	instructions) Cost of patients approved for charity care and uninsured disc	ounts (soc	4, 843, 59	0 535, 972	E 270 E42	21 00
21.00	instructions)	Junts (See	4, 043, 39	535, 972	5, 379, 562	21.00
22. 00	Payments received from patients for amounts previously writte	n off as		0	0	22. 00
	charity care					
23.00	Cost of charity care (line 21 minus line 22)		4, 843, 59	0 535, 972	5, 379, 562	23. 00
					1 00	
24 00	Does the amount on line 20 column 2, include charges for pati	ent days h	evond a Leng	th of stay limi	1.00 t N	24. 00
24.00	imposed on patients covered by Medicaid or other indigent car			th or stay rriiii	. 14	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond			am's length of	stay 0	25. 00
	limit			Ţ.		1
	Total bad debt expense for the entire hospital complex (see i				21, 941, 499	1
	Medicare reimbursable bad debts for the entire hospital complex	•	,		165, 973 255, 343	
	Medicare allowable bad debts for the entire hospital complex Non-Medicare bad debt expense (see instructions)	(266 1112[[	ucti 0115)		255, 343 21, 686, 156	•
	Cost of non-Medicare and non-reimbursable Medicare bad debt e	xpense (se	e instructio	ns)	4, 458, 328	1
	Cost of uncompensated care (line 23 column 3 plus line 29)	,			9, 837, 890	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus	line 30)			24, 358, 970	31.00

	IU HEALTH ARNE				of Form CMS-2	<u> 2552-10</u>
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provi der CC		eriod: rom 01/01/2020 o 12/31/2020	Worksheet A Date/Time Pre	epared:
Cost Center Description	Sal ari es	Other		Reclassifications (See A-6)	Trial Balance (col. 3 +-	26 pm
	1. 00	2.00	3. 00	4. 00	col . 4) 5.00	
GENERAL SERVI CE COST CENTERS	T			4 004 000	1 00/ 000	1 00
1. 00   00100   CAP REL COSTS-BLDG & FLXT 1. 01   00101   CAP REL COSTS-BLDG & FLXT - NONHOSP		0	0	4, 936, 229 2, 595, 682	4, 936, 229 2, 595, 682	1. 00 1. 01
1.02 00102 CAP REL COSTS INTEREST EXPENSE		Ö	0	0	0	1. 02
2. 00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	4, 969, 099	4, 969, 099	2.00
2. 01   00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 3. 00   00300 OTHER CAP REL COSTS		0	0	4, 119, 400	4, 119, 400 0	2. 01 3. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT	1, 767, 938	866, 539	2, 634, 477	25, 049, 966	27, 684, 443	4. 00
5. 01 00570 ADMI TTI NG	3, 077, 511	1, 690, 877	4, 768, 388	-1, 069, 063	3, 699, 325	5. 01
5. 06 O0590 OTHER ADMINISTRATIVE & GENERAL 7. 00 O0700 OPERATION OF PLANT	8, 107, 134 1, 633, 878	63, 344, 750 14, 296, 529	71, 451, 884 15, 930, 407	26, 233, 276 -5, 705, 875	97, 685, 160 10, 224, 532	5. 06 7. 00
7. 01 00701 OPERATION OF PLANT - NONHOSPITAL	317, 615	6, 584, 637	6, 902, 252	-2, 946, 676	3, 955, 576	
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	4, 782	4, 782	
9. 00   00900  HOUSEKEEPI NG 10. 00   01000  DI ETARY	2, 669, 438 882, 836	2, 436, 172 1, 809, 456	5, 105, 610 2, 692, 292	-984, 134 -948, 567	4, 121, 476 1, 743, 725	
11. 00 01100 CAFETERI A	002, 030	1, 007, 430	2,072,272	539, 642	539, 642	
13.00 01300 NURSING ADMINISTRATION	3, 527, 960	1, 775, 707	5, 303, 667	-1, 066, 356	4, 237, 311	
14. 00   01400   CENTRAL SERVI CES & SUPPLY 15. 00   01500   PHARMACY	358, 458 3, 954, 285	1, 109, 929	1, 468, 387	9, 515, 202 -8, 179, 914	10, 983, 589	
16. 00   01600   MEDI CAL RECORDS & LI BRARY	3, 954, 265	8, 236, 941 0	12, 191, 226 0	-0, 179, 914	4, 011, 312 0	16. 00
17.00 01700 SOCIAL SERVICE	562, 583	152, 569	715, 152	-106, 162	608, 990	*
18.00   O1850   PATLENT TRANSPORT SERVICES 21.00   O2100   L&R SERVICES-SALARY & FRINGES APPRVD	502, 412	251, 434	753, 846	-82, 288	671, 558	
22. 00   02200   1&R SERVICES-SALARY & FRINGES APPRVD	362, 807	888, 736	1, 251, 543	727, 882 -334, 862	727, 882 916, 681	
23.00 02300 PARAMED ED PRGM - PHARMACY	90, 202	13, 308	103, 510	138, 418	241, 928	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS  30. 00 03000 ADULTS & PEDI ATRI CS	24 504 500	10 270 044	24 057 524	4 224 452	20 521 074	20.00
31. 00   03000  ADULTS & PEDIATRICS 31. 00   03100  INTENSIVE CARE UNIT	26, 586, 580 2, 518, 188	10, 270, 946 2, 252, 583	36, 857, 526 4, 770, 771	-6, 336, 452 -1, 051, 920	30, 521, 074 3, 718, 851	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 01
35. 00   02060   NEONATAL   INTENSIVE CARE UNIT 43. 00   04300   NURSERY	3, 057, 130 0	1, 025, 612 0	4, 082, 742 0	-764, 024 702, 596	3, 318, 718 702, 596	
ANCILLARY SERVICE COST CENTERS	- 1					
50. 00   05000   0PERATI NG ROOM	4, 463, 504	12, 010, 144	16, 473, 648	-11, 429, 465	5, 044, 183	
51.00   05100 RECOVERY ROOM 52.00   05200 DELIVERY ROOM & LABOR ROOM	580, 304 2, 322, 563	232, 931 1, 017, 699	813, 235 3, 340, 262	-178, 198 -819, 150	635, 037 2, 521, 112	
53. 00   05300   ANESTHESI OLOGY	9, 328, 710	4, 235, 297	13, 564, 007	-2, 405, 165	11, 158, 842	
53. 01 05301 ASC ANESTHESI OLOGY	0	78, 628	78, 628	-78, 310	318	
54. 00   05400 RADI OLOGY-DI AGNOSTI C 55. 00   05500 RADI OLOGY-THERAPEUTI C	3, 698, 386	5, 787, 486 0	9, 485, 872 0	-5, 278, 509 0	4, 207, 363	54. 00 55. 00
56. 00 05600 RADI OI SOTOPE	232, 116	681, 901	914, 017	-648, 019	265, 998	
59. 00 05900 CARDI AC CATHETERI ZATI ON	1, 274, 898	3, 732, 538	5, 007, 436	-3, 347, 501	1, 659, 935	
60.00   06000   LABORATORY 63.00   06300   BLOOD   STORING,   PROCESSING & TRANS.	0	9, 336, 051 717, 685	9, 336, 051 717, 685	-64, 371 -3, 665	9, 271, 680 714, 020	
65. 00 06500 RESPI RATORY THERAPY	1, 736, 217	1, 292, 345	3, 028, 562	-1, 141, 557	1, 887, 005	
66. 00 06600 PHYSI CAL THERAPY	619, 213	148, 083	767, 296	-101, 582	665, 714	
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	356, 231 264, 281	142, 071 81, 046	498, 302 345, 327	-74, 366 -47, 140	423, 936 298, 187	
69. 00 06900 ELECTROCARDI OLOGY	1, 161, 377	959, 430	2, 120, 807	-705, 779	1, 415, 028	
70.00 07000 ELECTROENCEPHALOGRAPHY	77, 392	20, 384	97, 776	-15, 119	82, 657	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6, 917, 383 9, 038, 474	6, 917, 383 9, 038, 474	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	39, 085, 581	39, 085, 581	
74.00 07400 RENAL DIALYSIS	O	703, 935	703, 935	-17, 697	686, 238	74. 00
75. 00   07500   ASC (NON-DISTINCT PART) 75. 01   07501   ASC (NON-DISTINCT PART)	2 150 522	5 143 030	0 221 552	0	3 060 073	
75. 01   07501   ASC (NON-DI STI NCT PART) 76. 00   03950   CARDI AC CATHERI ZATI ON	3, 158, 532 0	5, 163, 020 0	8, 321, 552 0	-4, 361, 479 0	3, 960, 073 0	
76.01 03951 OUTPATIENT WOUND CARE CENTER	98, 752	349, 857	448, 609	-190, 464	258, 145	76. 01
76. 97 O7697 CARDI AC REHABI LI TATI ON	303, 535	250, 170	553, 705	-111, 459	442, 246	76. 97
OUTPATIENT SERVICE COST CENTERS  90. 00 09000 CLINIC	O	ol	0	Ol	0	90.00
90. 01 04950 SLEEP CLINIC	369, 944	193, 643	563, 587	-130, 877	432, 710	90. 01
90. 02 09001 ANTI COAGULATI ON CLI NI C	471, 100	302, 623	773, 723	-74, 713	699, 010	
90. 03   09002 ARNETT CANCER CARE CENTER 90. 04   09003 OUTPATLENT LINFUSION CENTER	925, 998 10, 053	26, 049, 756 7, 799	26, 975, 754 17, 852	-25, 627, 994 -2, 173	1, 347, 760 15, 679	90. 03 90. 04
91. 00   09100   EMERGENCY	4, 820, 459	4, 762, 661	9, 583, 120	-2, 199, 706	7, 383, 414	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92. 01   09201   OBSERVATION BEDS (DISTINCT PART) 93. 00   04951   OTHER OUTPATIENT SERVICES	0	0	0	0	0	*
SPECIAL PURPOSE COST CENTERS	<u> </u>	-1		-1	-	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	96, 250, 520	195, 263, 908	291, 514, 428	45, 942, 861	337, 457, 289	118.00

Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lieu	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provi der Co		Peri od:	Worksheet A	
				rom 01/01/2020 o 12/31/2020	Date/Time Pre 7/13/2021 4:2	
Cost Center Description	Sal ari es	0ther	Total (col. 1	Recl assi fi cati		
			+ col . 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col . 4)	
	1. 00	2. 00	3. 00	4. 00	5. 00	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32, 395	95, 910	128, 305	-13, 879	114, 426	190. 00
191. 00 19100 RESEARCH	0	0	(	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	93, 275, 123	65, 259, 154	158, 534, 277	-48, 971, 495	109, 562, 782	192. 00
193. 00 19300 NONPALD WORKERS	0	0	(	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	627, 932	5, 154, 131	5, 782, 063	-103, 087	5, 678, 976	193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0	(	1, 898, 884	1, 898, 884	193. 02
193. 03 19303 HOSPI CE	0	2, 670	2, 670	0	2, 670	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	0	0	(	1, 246, 716	1, 246, 716	193. 04
194.0007950 MARKETING/PUBLIC RELATIONS	0	0	(	0	0	194. 00
200.00 TOTAL (SUM OF LINES 118 through 199)	190, 185, 970	265, 775, 773	455, 961, 743	0	455, 961, 743	200. 00

Peri od: From 01/01/2020 To 12/31/2020 Date/Ti me Prepared: 7/13/2021 4:26 pm

				7/13/2021 4:	26 pm
	Cost Center Description	_	Net Expenses	•	
			For Allocation		
	DENIEDAL OFFILIAS COOT OFFITEDO	6. 00	7. 00		
1 00	GENERAL SERVICE COST CENTERS	1 224 (22	/ 170 0/1		1 00
1.00	OO100  CAP REL COSTS-BLDG & FIXT   OO101  CAP REL COSTS-BLDG & FIXT - NONHOSP	1, 234, 632 0	6, 170, 861		1.00
1. 01 1. 02	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP	11, 065, 720	2, 595, 682		1. 01
2. 00	00200 CAP REL COSTS INTEREST EXPENSE	2, 344, 891	11, 065, 720 7, 313, 990		1. 02 2. 00
2. 00	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP	2, 344, 691	4, 119, 400		2. 00
3. 00	00300 OTHER CAP REL COSTS	0	4, 119, 400		3. 00
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT	12, 526, 166	·		4. 00
5. 01	00570 ADMI TTI NG	-10, 851			5. 01
5. 06	00590 OTHER ADMINISTRATIVE & GENERAL	-14, 787, 374			5. 06
7. 00	00700 OPERATION OF PLANT	-14, 767, 374 -4, 402	10, 220, 130		7. 00
7. 00	00701 OPERATION OF PLANT - NONHOSPITAL	-4, 402 -83, 589	3, 871, 987		7. 00
8. 00	00800 LAUNDRY & LINEN SERVICE	-83, 389	4, 782		8. 00
9. 00	00900 HOUSEKEEPI NG	0	4, 121, 476		9. 00
10.00	01000 DI ETARY	0	1, 743, 725		10.00
	01100 CAFETERI A	-435, 227	1, 743, 725		11. 00
	01300 NURSING ADMINISTRATION	-433, 227 -8, 546			13. 00
	01400 CENTRAL SERVICES & SUPPLY	-10, 975			14. 00
	01500 PHARMACY	-73, 984	3, 937, 328		15. 00
	01600 MEDICAL RECORDS & LIBRARY	-73, 704	0, 737, 320		16. 00
	01700 SOCIAL SERVICE	0	608, 990		17. 00
	01850 PATIENT TRANSPORT SERVICES	0	671, 558		18. 00
	02100   &R SERVICES-SALARY & FRINGES APPRVD	0	727, 882		21. 00
	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	916, 681		22. 00
	02300 PARAMED ED PRGM - PHARMACY	-30, 000	211, 928		23. 00
23.00	I NPATIENT ROUTINE SERVICE COST CENTERS	-30,000	211, 720		25.00
30 00	03000 ADULTS & PEDIATRICS	-8, 454, 624	22, 066, 450		30.00
	03100 INTENSIVE CARE UNIT	-144, 208			31. 00
	03300 BURN INTENSIVE CARE UNIT	144, 200	0, 374, 043		33. 00
	03301 BURN INTENSIVE CARE UNIT	0	0		33. 01
	02060 NEONATAL INTENSIVE CARE UNIT	-955, 961	2, 362, 757		35. 00
	04300 NURSERY	755, 761	702, 596		43. 00
10.00	ANCILLARY SERVICE COST CENTERS	, and the second	702,070		10.00
50.00	05000 OPERATI NG ROOM	0	5, 044, 183		50.00
	05100 RECOVERY ROOM	0	635, 037		51.00
	05200 DELIVERY ROOM & LABOR ROOM	-902	2, 520, 210		52. 00
	05300 ANESTHESI OLOGY	-9, 679, 305	1, 479, 537		53.00
	05301 ASC ANESTHESI OLOGY	0	318		53. 01
	05400 RADI OLOGY-DI AGNOSTI C	-9, 200	4, 198, 163		54.00
	05500 RADI OLOGY-THERAPEUTI C	0	0		55.00
	05600 RADI 0I SOTOPE	O	265, 998		56. 00
	05900 CARDI AC CATHETERI ZATI ON	0	1, 659, 935		59.00
60.00	06000 LABORATORY	0	9, 271, 680		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	714, 020		63.00
	06500 RESPIRATORY THERAPY	0	1, 887, 005		65.00
66.00	06600 PHYSI CAL THERAPY	0	665, 714		66. 00
	06700 OCCUPATI ONAL THERAPY	0	423, 936		67. 00
	06800 SPEECH PATHOLOGY	0			68. 00
	06900 ELECTROCARDI OLOGY	0			69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	82, 657		70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6, 917, 383		71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9, 038, 474		72. 00
	07300 DRUGS CHARGED TO PATIENTS	0	39, 085, 581		73. 00
74.00	07400 RENAL DI ALYSI S	0	686, 238		74. 00
	07500 ASC (NON-DISTINCT PART)	0	0		75. 00
	07501 ASC (NON-DISTINCT PART)	0	3, 960, 073		75. 01
	03950 CARDI AC CATHERI ZATI ON	0	0		76. 00
	03951 OUTPATIENT WOUND CARE CENTER	-55, 073	203, 072		76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	442, 246		76. 97
	OUTPATIENT SERVICE COST CENTERS				
	09000 CLI NI C	0	0		90.00
90. 01	04950 SLEEP CLINIC	-182	432, 528		90. 01
	09001 ANTI COAGULATION CLINIC	0	699, 010		90. 02
	09002 ARNETT CANCER CARE CENTER	0	1, 347, 760		90. 03
	09003 OUTPATIENT INFUSION CENTER	0	15, 679		90. 04
	09100 EMERGENCY	-836, 596	6, 546, 818		91. 00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92. 01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0		93. 00
	SPECIAL PURPOSE COST CENTERS				
118. 00		-8, 409, 590	329, 047, 699		118. 00
	NONREI MBURSABLE COST CENTERS				
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	114, 426		190. 00
191.00	19100 RESEARCH	0	0		191. 00
-		<u></u>	·		

Health Financial Systems	IU	HEALTH ARNETT	HOSPI TAL	In Lieu	of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF	TRIAL BALANCE OF	EXPENSES	Provi der CCN: 15-0173	Peri od: From 01/01/2020	Worksheet A
				To 12/31/2020	Date/Time Prepared

			7/13/2021 4: 26 pm
Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6. 00	7.00	
192. 00 19200 PHYSICIANS' PRIVATE OFFICES	-1, 594, 619	107, 968, 163	192. 00
193. 00 19300 NONPALD WORKERS	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	5, 678, 976	193. 01
193. 02 19302 WHITE HOSPITAL	0	1, 898, 884	193. 02
193. 03 19303 HOSPI CE	0	2, 670	193. 03
193. 04 19304 FRANKFORT HOSPITAL	0	1, 246, 716	193. 04
194. 00 07950 MARKETING/PUBLIC RELATIONS	0	0	194. 00
200.00 TOTAL (SUM OF LINES 118 through 199)	-10, 004, 209	445, 957, 534	200.00

Health Financial Systems RECLASSIFICATIONS Period: Worksheet A-o From 01/01/2020 To 12/31/2020 Date/Time Prepared: 7/13/2021 4:26 pm Provi der CCN: 15-0173

					7/13/2021 4:	:26 pm
		Increases				
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
	A - NONBILLABLE SUPPLIES					
1. 00	CENTRAL SERVICES & SUPPLY	14. 00	C	1 .0,0,0.0		1. 00
2. 00	OPERATION OF PLANT -	7. 01	C	3, 713		2. 00
0.00	NONHOSPI TAL	10.00		05.040		
3. 00	NURSI NG ADMI NI STRATI ON	13.00	C			3.00
4. 00	SOCIAL SERVICE	17. 00	C	1		4. 00
5. 00	RADI OI SOTOPE	56.00	C	1 7,000		5. 00
6. 00	CARDI AC CATHETERI ZATI ON	59.00	C	1 ,		6. 00
7. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	C	10		7. 00
0.00	CANTEEN	0.00				0.00
8. 00		0.00	C	1 -	l	8. 00
9.00		0.00	C	1 -	l .	9.00
10.00		0.00	C	1 -1	I .	10.00
11.00		0.00	C			11. 00
12.00		0.00	C	1 -1		12.00
13.00		0.00	C	1 -1		13. 00
14.00		0.00	C	1 -1		14.00
15.00		0.00	C	1 -1		15. 00
16.00		0.00	C	1 -		16. 00
17.00		0.00	C	1 -1		17. 00
18.00		0.00	C	1 -1		18. 00
19.00		0.00	C	1 -1		19. 00
20.00		0. 00	C			20. 00
21.00		0. 00	C	1 -1		21. 00
22.00		0. 00	C	1 -1		22. 00
23.00		0. 00	C	1 -		23. 00
24.00		0. 00	C	1 -1		24. 00
25.00		0. 00	C	1 -1		25. 00
26. 00		0. 00	C	1 -1		26. 00
27.00		0. 00	C	1 -1		27. 00
28. 00		0. 00	C	1 ~1	l .	28. 00
29. 00		0. 00	C	0		29. 00
30.00		0. 00	C	0	l .	30. 00
31.00		0.00	C	0	l .	31.00
32.00		0.00	C	0		32.00
33. 00		0.00	— — — Ş	10.1/0.00		33. 00
	U DILLIADIE CUDDILLEC		C	10, 163, 204		-
1. 00	B - BILLABLE SUPPLIES MEDICAL SUPPLIES CHARGED TO	71. 00	C	6, 917, 383		1 00
1.00	PATIENTS	71.00	C	0, 917, 303		1. 00
2 00	PATTENTS	0.00	_			2 00
2. 00 3. 00	ł	0. 00 0. 00	C			2.00
4. 00	ł	0.00	C	1	1	3. 00 4. 00
5. 00	ł	0.00	C	1 1		5. 00
6. 00	ł	0.00		1 1	1	6. 00
7. 00	ł	0.00	0	1 1		7. 00
8. 00		0.00	0	1 1	1	8. 00
9. 00		0.00	C			9. 00
10.00		0.00	C			10. 00
11. 00		0.00	C			11. 00
12.00		0.00		1		12. 00
13. 00		0.00				13. 00
14. 00		0.00				14. 00
15. 00		0.00	C	1 1		15. 00
16. 00		0.00	C	1		16. 00
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18. 00		0.00		1 1		18. 00
19. 00		0.00		ő		19. 00
20.00		0.00		ő	l	20. 00
21.00		0.00		ő		21. 00
22.00		0.00	(		1	22. 00
23. 00		0.00	(		l .	23. 00
24.00		0.00	(			24. 00
25. 00	1	0.00				25. 00
26. 00	1	0.00				26. 00
20.00		— — <del></del> 00	<u> </u>	6, 917, 383	1	20.00
	C - IMPLANTS	<u> </u>		0,717,303		1
1. 00	IMPL. DEV. CHARGED TO PATIEN	TS 72.00	C	9, 038, 474		1.00
2. 00	PHYSICIANS' PRIVATE OFFICES	192. 00				2. 00
3. 00	I OI OI / WOOD I KI WATE OIT I CES	0.00		1		3. 00
4. 00		0.00	C	1 1	1	4. 00
5. 00		0.00	C	1 3		5. 00
6. 00		0.00	C	1		6. 00
7. 00		0.00		1	l e e e e e e e e e e e e e e e e e e e	7. 00
7.00	1	0.00		<u> </u>		7.00

Health Financial Systems RECLASSIFICATIONS Peri od: From 01/01/2020 To 12/31/2020 Date/Ti me Prepared: 7/13/2021 4:26 pm Provi der CCN: 15-0173

Cost Centrer						7/13/2021 4:	26 pm
Color			Increases	0.1	0.11		
1.00							
9.00 11.00 11.00 10.00 1	9 00	2. 00		_			9 00
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1.00   BIRICS CHARGET DEPATENTS   73.00   0 39.085.581   1.00   2.00   30.085.581   2.00   30.085.581   2.00   30.085.581   2.00   30.085.581   2.00   30.085.581   2.00   30.085.581   30.		0		0	9, 039, 637		1
2.00 AMINITING 5.01 0 2.470 3.00  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 57  MONOSCHIAL - 7.01 0 68  MONOSCHIAL - 7.01 0 68  MONOSCHIAL - 7.01 0 68  MONOSCHIAL - 7.01 0 68  MONOSCHIAL - 7.01 0 68  MONOSCHIAL - 7.01 0 68  MONOSCHIAL - 7.01 0 68  MONOSCHIAL - 7.01 0 68  MONOSCHIAL - 7.01 0 7.01 0 7.01 0 7.01  MONOSCHIAL - 7.01 0 7.01 0 7.01 0 7.01 0 7.01  MONOSCHIAL - 7.01 0 7.01 0 7.01 0 7.01 0 7.01 0 7.01  MONOSCHIAL - 7.01 0 7.					!		
0.00				-			
NONHOSPITAL				- 1			
4 - 0.0	3.00		7.01	9	52		3.00
5.00 6.00 7.00 8.00 7.00 9.00 9.00 9.00 9.00 9.00 9.00 9	4. 00		9. 00	0	682		4. 00
7. 00				0			
8.00 9.00 10	6.00		0. 00	0	O		6. 00
9.00 11.00 10.00 11.00 10.00 10.00 0.00	7.00			0	0		7. 00
10. 00		ļ.		-1	•		
11.00 12.00 13.00 14.00 15.00 16.00 16.00 17.00 18.00 18.00 18.00 19.00				-1			1
12 00				-1			
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14.00 15.00 16.00 10.00 10.00 10.00 10.00 10.00 117.00 118.00 10.00 10.00 10.00 10.00 119.00 120.00 10				-1			
16. 00				O			
17.00	15.00		0. 00	0	o		15. 00
18. 00				0			
19,00   0,00   0,00   0   0   0   0   21,00   22,00   22,00   24,00				-1			
20, 00   20, 00   20, 00   20, 00   21, 00   22, 00   22, 00   22, 00   22, 00   23, 00   24, 00   24, 00   24, 00   24, 00   24, 00   26, 00   2				ı,	- 1		
21 00   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				-1			
22, 00				0	•		
23. 00 24. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				ő	•		
O				0	o		
Company   Comp	24.00		0.00	0	0		24. 00
1. 00 2. 00 3. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00		0		0	39, 088, 785		1
2.00 3.00 4.00 5.00 0.00 0.00 0.00 0.00 0.00 0	1 00		4 00		25 04/ 070		1 00
3.00   0.00   0.00   0   0   0   0   0		EMPLOYEE BENEFITS DEPARTMENT	l	- 1			1
4.00   0.00   0.00   0   0.00				- 1			1
5.00         0.00         0         0         5.00         6.00           7.00         0.00         0         0         0         6.00         7.00         8.00         9.00         0.00         0         9.00 <t< td=""><td></td><td></td><td></td><td>-1</td><td>- 1</td><td></td><td></td></t<>				-1	- 1		
7. 00         0. 00         0         0         7. 00           8. 00         0. 00         0         0         9. 00           10. 00         0. 00         0         0         10. 00           11. 00         0. 00         0         0         11. 00           12. 00         0. 00         0         0         11. 00           13. 00         0. 00         0         0         12. 00           13. 00         0. 00         0         0         12. 00           14. 00         0. 00         0         0         0         14. 00           15. 00         0. 00         0         0         0         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         15. 00         16. 00         16. 00         17. 00         18. 00         17. 00         18. 00         17. 00         18. 00         17. 00         18. 00         17. 00         18. 00         17. 00         18. 00         19. 00         20. 00         19. 00         20. 00         20. 00         19. 00         20. 00         20. 00         20. 00         20. 00         20. 00         20. 00         20. 00         20. 00	5.00			0	О		
8. 00   0. 00   0   0   0   9. 00   10. 00   10. 00   10. 00   10. 00   10. 00   10. 00   10. 00   11. 00   11. 00   12. 00   11. 00   12. 00   13. 00   14. 00   15. 00   15. 00   15. 00   16. 00   17. 00   16. 00   17. 00   18. 00   18. 00   18. 00   19.	6.00		0. 00	0	0		6. 00
9.00 10.00 10.00 11.00 1		ļ.		ı,	•		
10. 00				-1			
11. 00       0. 00       0       0       11. 00       12. 00       12. 00       12. 00       12. 00       12. 00       12. 00       12. 00       12. 00       12. 00       13. 00       14. 00       13. 00       14. 00       13. 00       14. 00       14. 00       14. 00       14. 00       14. 00       14. 00       14. 00       15. 00       16. 00       15. 00       16. 00       17. 00       16. 00       17. 00       16. 00       17. 00       16. 00       17. 00       16. 00       17. 00       18. 00       17. 00       18. 00       17. 00       18. 00       19. 00       18. 00       19		•		-1	•		
12. 00				-1	•		
13.00       0.00       0       0       0       13.00         14.00       0.00       0       0       14.00       15.00       15.00       15.00       15.00       16.00       17.00       16.00       17.00       16.00       17.00       16.00       17.00       18.00       17.00       18.00       17.00       18.00       19				ő			
15.00       0.00       0       0       15.00         16.00       0.00       0       0       0       16.00         17.00       0.00       0       0       0       17.00       18.00         18.00       0.00       0       0       0       18.00       19.00       18.00       19.00				0	o		
16. 00       0. 00       0       16. 00         17. 00       0. 00       0       0         18. 00       0. 00       0       0         19. 00       0. 00       0       0         20. 00       0. 00       0       0         21. 00       0. 00       0       0         22. 00       0. 00       0       0         23. 00       0. 00       0       0         24. 00       0. 00       0       0         25. 00       0. 00       0       0         26. 00       0. 00       0       0         27. 00       0. 00       0       0         28. 00       0       0. 00       0         29. 00       0. 00       0       0         30. 00       0. 00       0       0         29. 00       0. 00       0       0         30. 00       0. 00       0       0         31. 00       0. 00       0       0         32. 00       0. 00       0       0         33. 00       0. 00       0       0         33. 00       0. 00       0       0			0. 00	~I	- 1		14.00
17, 00       0       0       0       17, 00         18, 00       0       0       0       18, 00         19, 00       0       0       0       19, 00         20, 00       0       0       0       0       19, 00         20, 00       0       0       0       0       20, 00       21, 00       22, 00         21, 00       0       0       0       0       0       21, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       22, 00       23, 00       22, 00       23, 00       22, 00       23, 00       22, 00       23, 00       24, 00       20, 00       20, 00       20, 00       24, 00       26, 00       26, 00       26, 00       27, 00       26, 00       27, 00       28, 00       27, 00       28, 00       27, 00       28, 00       29, 00       30, 00       30, 00       31, 00       30, 00       31, 00       30, 00       31, 00       32, 00       32, 00       32, 00       32, 00       32, 00       32, 00       33, 00       33, 00       34, 00			0. 00		0		
18. 00       0. 00       0       0       18. 00         19. 00       0. 00       0       0       19. 00         20. 00       0. 00       0       0       20. 00         21. 00       0. 00       0       0       21. 00         22. 00       0. 00       0       0       22. 00         23. 00       0. 00       0       0       0       22. 00         24. 00       0. 00       0       0       0       24. 00         25. 00       0. 00       0       0       0       25. 00         26. 00       0. 00       0       0       0       26. 00         27. 00       0. 00       0       0       0       27. 00         28. 00       0. 00       0       0       0       27. 00         28. 00       0. 00       0       0       0       29. 00         30. 00       0. 00       0       0       0       29. 00         31. 00       0. 00       0       0       0       33. 00         32. 00       0. 00       0       0       0       33. 00         33. 00       0. 00       0       0 <t< td=""><td></td><td></td><td>0.00</td><td></td><td>0</td><td></td><td></td></t<>			0.00		0		
19, 00       0, 00       0       0       19, 00         20, 00       0, 00       0       0       20, 00         21, 00       0       0       0       21, 00         22, 00       0       0       0       0       22, 00         23, 00       0       0       0       0       23, 00         24, 00       0       0       0       0       24, 00         25, 00       0       0       0       0       24, 00         25, 00       0       0       0       0       24, 00         25, 00       0       0       0       0       24, 00         25, 00       0       0       0       0       25, 00         26, 00       0       0       0       0       26, 00         27, 00       0       0       0       0       27, 00         28, 00       0       0       0       0       22, 00         30, 00       0       0       0       0       22, 00         31, 00       0       0       0       0       0       22, 00         32, 00       0       0       0       0 </td <td></td> <td>•</td> <td>0.00</td> <td>- 1</td> <td>ol ol</td> <td></td> <td></td>		•	0.00	- 1	ol ol		
20. 00       0. 00       0       0       20. 00         21. 00       0. 00       0       0       21. 00         22. 00       0. 00       0       0       0       22. 00         23. 00       0. 00       0       0       0       23. 00       23. 00         24. 00       0. 00       0       0       0       24. 00       25. 00       24. 00       25. 00       26. 00       25. 00       26. 00       27. 00       26. 00       27. 00       26. 00       27. 00       27. 00       28. 00       27. 00       28. 00       29. 00       27. 00       28. 00       29. 00       28. 00       29. 00       28. 00       29. 00       29. 00       29. 00       29. 00       29. 00       30. 00       31. 00       31. 00       31. 00       32. 00       33. 00       31. 00       32. 00       33. 00<			0.00	- 1	0		19.00
21.00       0.00       0       0       21.00         22.00       0.00       0       0       22.00         23.00       0.00       0       0       0         24.00       0.00       0       0       0       24.00         25.00       0.00       0       0       0       25.00         26.00       0.00       0       0       0       26.00         27.00       0       0       0       0       27.00         28.00       0       0       0       0       28.00         29.00       0       0       0       0       22.00         30.00       0       0       0       0       22.00         31.00       0       0       0       0       31.00         32.00       0       0       0       0       33.00         34.00       0       0       0       0       33.00         35.00       0       0       0       0       34.00         35.00       0       0       0       0       35.00         36.00       0       0       0       0       37.00 <tr< td=""><td></td><td></td><td>0.00</td><td>-1</td><td></td><td></td><td></td></tr<>			0.00	-1			
22.00       0.00       0       0       0       22.00         23.00       0.00       0       0       23.00       23.00         24.00       0.00       0       0       0       24.00         25.00       0.00       0       0       0       25.00         26.00       0.00       0       0       0       26.00         27.00       0.00       0       0       0       27.00         28.00       0.00       0       0       0       28.00         29.00       0.00       0       0       0       29.00         30.00       0.00       0       0       0       29.00         31.00       0.00       0       0       0       30.00         31.00       0.00       0       0       0       31.00         32.00       0.00       0       0       0       32.00         33.00       0.00       0       0       0       33.00         34.00       0.00       0       0       0       34.00         35.00       0.00       0       0       0       35.00         37.00       0				- 1	0		
24. 00       0. 00       0       0       24. 00         25. 00       0. 00       0       0       25. 00         26. 00       0. 00       0       0       26. 00         27. 00       0. 00       0       0       0       27. 00         28. 00       0. 00       0       0       0       28. 00         29. 00       0. 00       0       0       0       29. 00         30. 00       0. 00       0       0       0       30. 00         31. 00       0. 00       0       0       0       31. 00         32. 00       0. 00       0       0       0       32. 00         33. 00       0. 00       0       0       0       33. 00         34. 00       0. 00       0       0       0       34. 00         35. 00       0. 00       0       0       0       36. 00         37. 00       0. 00       0       0       0       38. 00         39. 00       0. 00       0       0       0       0       39. 00	22.00			0	0		
25. 00       0. 00       0       0       25. 00         26. 00       0. 00       0       0       26. 00         27. 00       0. 00       0       0       27. 00         28. 00       0. 00       0       0       28. 00         29. 00       0. 00       0       0       29. 00         30. 00       0. 00       0       0       30. 00         31. 00       0. 00       0       0       31. 00         32. 00       0. 00       0       0       0       32. 00         33. 00       0. 00       0       0       0       33. 00         34. 00       0. 00       0       0       0       34. 00         35. 00       0. 00       0       0       0       36. 00         37. 00       0. 00       0       0       0       38. 00         39. 00       0. 00       0       0       0       39. 00			0. 00	0			
26. 00       0. 00       0       0       26. 00         27. 00       0. 00       0       0       27. 00         28. 00       0. 00       0       0       28. 00         29. 00       0. 00       0       0       29. 00         30. 00       31. 00       0       0       0       31. 00         31. 00       0. 00       0       0       0       31. 00         32. 00       0. 00       0       0       0       32. 00         33. 00       0. 00       0       0       0       33. 00         34. 00       0. 00       0       0       0       34. 00         35. 00       0. 00       0       0       0       35. 00         36. 00       0. 00       0       0       0       36. 00         37. 00       0. 00       0       0       0       38. 00         39. 00       0. 00       0       0       0       0       38. 00         39. 00       0. 00       0       0       0       0       39. 00       0			0.00	- 1			
27. 00       0. 00       0       0       27. 00         28. 00       0. 00       0       0       28. 00         29. 00       0. 00       0       0       29. 00         30. 00       31. 00       30. 00       31. 00         31. 00       0. 00       0       0       31. 00         32. 00       0. 00       0       0       0       32. 00         33. 00       0. 00       0       0       0       33. 00         34. 00       0. 00       0       0       0       34. 00         35. 00       0. 00       0       0       0       35. 00         36. 00       0. 00       0       0       0       36. 00         37. 00       0. 00       0       0       0       38. 00         39. 00       0. 00       0       0       0       38. 00         39. 00       0. 00       0       0       0       39. 00			0.00	- 1			
28. 00       0. 00       0       0       28. 00         29. 00       0. 00       0       0       29. 00         30. 00       0. 00       0       0       30. 00         31. 00       0. 00       0       0       31. 00         32. 00       0. 00       0       0       0       32. 00         33. 00       0. 00       0       0       0       33. 00         34. 00       0. 00       0       0       0       34. 00         35. 00       0. 00       0       0       0       35. 00         36. 00       0. 00       0       0       0       36. 00         37. 00       0. 00       0       0       0       38. 00         39. 00       0. 00       0       0       0       39. 00			0.00	- 1			
29.00       0.00       0       0       29.00         30.00       0.00       0       0       30.00         31.00       0.00       0       0       31.00         32.00       0.00       0       0       32.00         33.00       0.00       0       0       33.00         34.00       0.00       0       0       34.00         35.00       0.00       0       0       35.00         36.00       0.00       0       0       37.00         38.00       0.00       0       0       0       38.00         39.00       0.00       0       0       0       39.00			0.00	- 1	0		
30.00       0.00       0       0       30.00         31.00       0.00       0       0       31.00         32.00       0.00       0       0       32.00         33.00       0.00       0       0       33.00         34.00       0.00       0       0       34.00         35.00       0.00       0       0       35.00         36.00       0.00       0       0       37.00         38.00       0.00       0       0       0         39.00       0.00       0       0       0         39.00       0.00       0       0       0			0. 00	- 1			
31.00     0.00     0     0     31.00       32.00     0.00     0     0     32.00       33.00     0.00     0     0     33.00       34.00     0.00     0     0     34.00       35.00     0.00     0     0     35.00       36.00     0.00     0     0     37.00       37.00     0.00     0     0     37.00       38.00     0.00     0     0     38.00       39.00     0.00     0     0     39.00			0. 00	- 1	o		
32.00     0.00     0     0     32.00       33.00     0.00     0     0     33.00       34.00     0.00     0     0     34.00       35.00     0.00     0     0     35.00       36.00     0.00     0     0     36.00       37.00     0.00     0     0     37.00       38.00     0.00     0     0     38.00       39.00     0.00     0     0     39.00			0. 00	- 1	o		31.00
34.00     0.00     0     0     34.00       35.00     0.00     0     0     35.00       36.00     0.00     0     0     36.00       37.00     0.00     0     0     37.00       38.00     0.00     0     0     38.00       39.00     0.00     0     0     39.00			0. 00	- 1			
35. 00     0. 00     0     0     35. 00       36. 00     0. 00     0     0     36. 00       37. 00     0. 00     0     0     37. 00       38. 00     0. 00     0     0     38. 00       39. 00     0. 00     0     0     39. 00			0.00	-1			
36. 00     0. 00     0     0     36. 00       37. 00     0. 00     0     0     37. 00       38. 00     0. 00     0     0     38. 00       39. 00     0. 00     0     0     39. 00			0.00	- 1			
37.00     0.00     0     0     37.00       38.00     0.00     0     0     38.00       39.00     0.00     0     0     39.00			0.00	- 1			
38. 00 39. 00 0. 00 0 0 39. 00			0.00 0.00	-1			
39.00 0.00 0.00 0 39.00			0.00	-1			
40.00 0.00 0 0 40.00			0. 00	- 1			
	40.00		0. 00	0	o		

Health Financial Systems

IU HEALTH ARNETT HOSPITAL

Provider CCN: 15-0173

Period:
From 01/01/2020
To 12/31/2020
Pate/Time Prepared:

					To 12/31/2020 Date/Time Pro 7/13/2021 4:2	
	Cost Center	Increases Line #	Salary	Other		
	2. 00	3.00	4.00	5. 00		
	O F - CAFETERIA		0	25, 046, 078		
1. 00	CAFETERI A	11.00	<u>335, 4</u> 91	204, 151		1. 00
	O G - PROPERTY TAX		335, 491	204, 151		
1. 00	OPERATION OF PLANT	7. 00	0	284		1. 00
2.00	OPERATION OF PLANT - NONHOSPITAL	7. 01	0	41, 410		2. 00
	0	<del>                                     </del>	$-$	41, 694		
1. 00	H - PROPERTY INSURANCE CAP REL COSTS-BLDG & FIXT	1.00	ol	213, 863		1. 00
2. 00	CAP REL COSTS-BLDG & FIXT -	1. 01	0	33, 406		2. 00
3. 00	NONHOSP CAP REL COSTS-MVBLE EQUIP	2. 00	0	11, 962		3. 00
3.00	0	2.00		259, 231		3.00
1. 00	I - LEASE EXPENSE CAP REL COSTS-BLDG & FLXT	1.00	ol	307, 151		1.00
2. 00	CAP REL COSTS-BLDG & FIXT -	1. 01	ŏ	684, 814		2. 00
3. 00	NONHOSP CAP REL COSTS-MVBLE EQUIP	2. 00	0	496, 749		3. 00
4. 00	CAP REL COSTS-MVBLE EQUIP -	2. 01	ŏ	160, 780		4. 00
5. 00	NONHOSP	0. 00	0	0		5. 00
6.00		0. 00	0	0		6. 00
7. 00 8. 00	•	0. 00 0. 00	0 0	0		7. 00 8. 00
9. 00		0. 00	0	0		9. 00
10. 00 11. 00		0. 00 0. 00	0	0		10. 00 11. 00
12.00		0. 00	Ó	0		12. 00
13. 00 14. 00	·	0. 00 0. 00	0 0	0		13. 00 14. 00
15.00		0. 00	ŏ	0		15. 00
16. 00	TOTALS — — — —	0.00		<u> </u>		16. 00
	J - INTEREST EXPENSE RECLASS		- '			
1. 00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2. 01	0	1, 328		1. 00
	0 — — — — —			1, 328		
1. 00	K - HOUSEKEEPING SUPPLIES HOUSEKEEPING	9.00	ol	147, 142		1. 00
2.00		0. 00	0	0		2. 00
3. 00 4. 00		0. 00 0. 00	0 0	0		3. 00 4. 00
5.00		0.00	o	0		5.00
6. 00 7. 00		0. 00 0. 00	0 0	0		6. 00 7. 00
8.00		0. 00	0	0		8. 00
9. 00 10. 00		0. 00 0. 00	0 0	0		9. 00 10. 00
11.00		0. 00	0	0		11.00
12. 00 13. 00		0. 00 0. 00	0 0	0		12. 00 13. 00
14.00		0. 00	0	0		14. 00
15. 00 16. 00		0. 00 0. 00	0 0	0		15. 00 16. 00
17.00		0. 00	0	0		17. 00
18. 00 19. 00		0. 00 0. 00	0 0	0	l	18. 00 19. 00
20.00		0.00	0	0		20.00
21. 00 22. 00		0. 00 0. 00	0 0	0		21. 00 22. 00
23.00		0.00	0	0		23. 00
24. 00 25. 00		0. 00 0. 00	0 0	0		24. 00 25. 00
26.00		0. 00	Ó	0		26. 00
27. 00 28. 00		0. 00 0. 00	0 0	0		27. 00 28. 00
29. 00		0.00	0	Q		29. 00
	O L - LAUNDRY SUPPLIES		0	147, 142		
1.00	LAUNDRY & LINEN SERVICE	8.00	0	4, 782		1.00
2. 00 3. 00	CENTRAL SERVICES & SUPPLY	14. 00 0. 00	0 0	116 0		2. 00 3. 00
	•					

Provi der CCN: 15-0173 Peri od: From 01/01/2020 To 12/31/2020 Date/Ti me Prepared: 7/13/2021 4:26 pm

					7/13/2021 4: 26	
		Increases				
	Cost Center	Li ne #	Sal ary	Other		
4. 00	2. 00	3.00	4. 00 0	5. 00		4. 00
5. 00		0. 00	0	0		5. 00
6. 00		0. 00	Ö	0		6. 00
0.00	$\frac{1}{0}$ — — — — —		$$ $\ddot{b}$	4, 898		0.00
	O - TELEPHONE RECLASS	<u>'</u>	-,	.,		
1.00	OTHER ADMINISTRATIVE & GENER	AL 5. 06	0	11, 162		1.00
2.00	SPEECH PATHOLOGY	68. 00	0	42		2.00
3.00		0. 00	0	0		3.00
4. 00		0. 00	0	0	l l	4.00
5. 00		0. 00	0	0	· · · · · · · · · · · · · · · · · · ·	5. 00
6. 00		0.00	0	0		6.00
7. 00		0.00	0	0	l l	7.00
8. 00 9. 00		0. 00 0. 00	0	0		8. 00 9. 00
9.00			— — — ö	11, 204		9.00
	P - DEPRECIATION EXPENSE	L	<u>U</u>	11, 204		
1. 00	CAP REL COSTS-BLDG & FLXT	1. 00	0	4, 415, 499		1. 00
2.00	CAP REL COSTS-BLDG & FIXT -	1. 01	Ō	1, 918, 872		2. 00
	NONHOSP					
3.00	CAP REL COSTS-MVBLE EQUIP	2. 00	0	4, 460, 388		3.00
4.00	CAP REL COSTS-MVBLE EQUIP -	2. 01	0	3, 957, 292		4.00
	NONHOSP					
5. 00		0.00	0	0	•	5.00
6. 00		0.00	0	0		6.00
7. 00		0.00	0	0		7.00
8. 00 9. 00		0. 00 0. 00	0	0		8.00
10.00		0. 00	0	0		9. 00 10. 00
11. 00		0.00	o	o	· · · · · · · · · · · · · · · · · · ·	11. 00
12.00		0. 00	Ö	Ö	·	12. 00
13.00		0. 00	Ō	Ö	l l	13. 00
14.00		0. 00	Ó	o	l l	14.00
15.00		0. 00	0	0	1	15.00
16.00		0. 00	0	0	10	16.00
17.00		0. 00	0	0	l l	17. 00
18. 00		0. 00	0	0	l l	18. 00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21. 00
22. 00 23. 00	+	0. 00 0. 00	0 0	0		22. 00 23. 00
24.00		0.00	o	0		24. 00
25. 00		0. 00	ŏ	0		25. 00
26. 00		0. 00	Ō	ō	l l	26. 00
27.00		0. 00	0	0	] 2	27. 00
	0 — — — — —		<u> </u>	14, 752, 051		
	Q - FMLA RECLASS					
1. 00	ADMITTING	5. 01	0	.,		1. 00
2.00	OTHER ADMINISTRATIVE & GENER		0	17, 463		2.00
3.00	HOUSEKEEPI NG	9. 00	0	20, 566		3.00
4.00	DI ETARY	10.00	0	4, 725 31, 176		4.00
5. 00 6. 00	NURSING ADMINISTRATION PHARMACY	13. 00 15. 00	0	42, 635	· · · · · · · · · · · · · · · · · · ·	5. 00 6. 00
7. 00	SOCIAL SERVICE	17. 00	0	5, 411		7. 00
8. 00	ADULTS & PEDIATRICS	30. 00	ő	112, 032		8. 00
9. 00	INTENSIVE CARE UNIT	31. 00	Ō	12, 599		9. 00
10.00	NEONATAL INTENSIVE CARE UNIT	35. 00	Ó	8, 625		10.00
11.00	OPERATING ROOM	50. 00	0	13, 884		11.00
	DELIVERY ROOM & LABOR ROOM	52. 00	0	15, 043	1.	12.00
13.00	ANESTHESI OLOGY	53. 00	0	7, 634		13.00
14.00	RADI OLOGY-DI AGNOSTI C	54.00	0	9, 354		14.00
15.00	CARDI AC CATHETERI ZATI ON	59. 00	0	6, 080		15.00
	RESPIRATORY THERAPY	65. 00	0	12, 338		16.00
17.00	OCCUPATI ONAL THERAPY	67. 00	0	2, 838		17.00
	ELECTROCARDI OLOGY	69. 00	0	16, 193		18.00
	ELECTROENCEPHALOGRAPHY	70. 00 75. 01	0	1, 133 17, 640		19.00
20. 00 21. 00	ASC (NON-DISTINCT PART) SLEEP CLINIC	75. 01 90. 01	0	17, 649 120		20. 00 21. 00
22.00	ANTICOAGULATION CLINIC	90. 01	0	3, 441		22. 00
23. 00	ARNETT CANCER CARE CENTER	90. 03	0	2, 922		23. 00
24.00	EMERGENCY	91. 00	Ö	34, 792		24. 00
25.00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	o	<u>136, 5</u> 21		25.00
		T	<u> </u>	551, 055		
		·	·	·	·	

Health Financial Systems

I U HEALTH ARNETT HOSPITAL

RECLASSIFICATIONS

Provider CCN: 15-0173

Period: From 01/01/2020
From 01/01/2020
To 12/31/2020 Date/Time Prepared:

					To 12/31/2020 Date/Time Pro 7/13/2021 4::	epared: 26 pm
		Increases			1 77 107 2021 11	<u> </u>
	Cost Center	Li ne #	Sal ary	0ther		
	2. 00	3. 00	4. 00	5. 00		
1 00	R - NURSERY NURSERY	43. 00	641, 535	61, 061		1.00
1. 00 2. 00	NURSERY	0. 00	041, 535	01,001		2.00
2.00			641, 535	— <sub>61, 061</sub>		2.00
	U - CORPORATE ADMIN EXPENSE		011/000	5.755.1		i
1.00	OTHER ADMINISTRATIVE & GENER	AL 5. 06	0	32, 588, 637		1.00
2.00		0. 00	0	0		2. 00
3.00		0. 00	0	0		3. 00
4. 00		0. 00	0	0		4. 00
5.00		0. 00	0	0		5. 00
6.00		0.00	0	0		6.00
7. 00	TOTALS — — — — —	0.00	— — — <del>0</del>	32, 588, 637		7. 00
	V - GENERAL SURGERY LAF METR	RO - HOSPITAL	<u> </u>	32, 300, 037		i
1. 00	OPERATING ROOM	50.00	97, 591	46, 742		1.00
2. 00	ASC (NON-DISTINCT PART)	75. 01	48, 795	23, 371		2.00
	TOTALS		146, 386	70, 113		
	W - MEDICAL DIRECTOR FEES					1
1.00	ADULTS & PEDIATRICS	30. 00	0	142, 875		1.00
2. 00	ELECTROCARDI OLOGY	<u>69.</u> 00	•	2 <u>5, 9</u> 50		2. 00
	O X - ARNETT TO WHITE ALLOCATI	ON	0	168, 825		1
1. 00	WHITE HOSPITAL	193. 02	1, 142, 085	756, 799		1.00
2. 00	WITTE HOSTTTAL	0.00	1, 142, 003	730, 777		2.00
3. 00		0.00	ő	ő		3.00
4.00		0. 00	o	o		4.00
5.00		0. 00	0	o		5. 00
6.00		0. 00	0	0		6. 00
7. 00		0. 00	0	0		7. 00
8. 00		0. 00	0	0		8. 00
9.00		0.00	0	0		9.00
10. 00	TOTALS — — — — —	0.00	1, 142, 085			10.00
	Y - ARNETT TO FRANKFORT ALLO	OCATI ON	1, 142, 003	730, 777		i
1.00	FRANKFORT HOSPITAL	193. 04	752, 969	493, 747		1.00
2.00		0. 00	0	0		2. 00
3.00		0. 00	0	0		3. 00
4.00		0. 00	0	0		4. 00
5. 00		0. 00	0	0		5. 00
6. 00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8. 00 9. 00	ŀ	0. 00 0. 00	0	0		8. 00 9. 00
10.00		0.00	0	0		10.00
10.00	TOTALS — — — —		752, 969	493, 747		10.00
	Z - RESIDENCY STAFF		•			
1.00	I&R SERVICES-OTHER PRGM. COS	TS 22. 00	394, 810	25, 328		1. 00
	APPRVD		+			
	TOTALS	NUBOLNO	394, 810	25, 328		1
1 00	AA - EMERGENCY PREPAREDNESS ADULTS & PEDIATRICS		ما	1 202 501		1 00
1. 00	TOTALS	30.00		1, 293, 591 1, 293, 591		1.00
	AB - INTERNS AND RESIDENTS		<u> </u>	1, 293, 391		ł
1. 00	I&R SERVICES-SALARY & FRINGE	S 21.00	ol	727, 882		1.00
00	APPRVD		Ĭ	. 2 , , 332		
	TOTALS			727, 882		
	AC - PARAMEDICAL EDUCATION					1
1.00	PARAMED ED PRGM - PHARMACY	23. 00	129, 118	9, 878		1. 00
2.00		0.00		0		2. 00
	TOTALS		129, 118	9, 878		1
1 00	AD - ACCRUED PTO	4 00	2 000			1
1. 00	EMPLOYEE BENEFITS DEPARTMENT TOTALS	4.00	3, 888 3, 888	<u> </u>		1.00
500 00	Grand Total: Increases	+	3, 546, 282	144, 073, 196		500.00
555. 50	p. aa 10 tal . 11101 00303	ı	5, 540, 202			1 300. 00

Health Financial Systems RECLASSIFICATIONS Provi der CCN: 15-0173 Peri od: From 01/01/2020 To 12/31/2020 Date/Ti me Prepared: 7/13/2021 4:26 pm

						7/13/2021 4:	
	Cost Contor	Decreases	Calany	Othor	Nico+ A 7 Dof		
	Cost Center 6.00	Li ne # 7.00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00		
	A - NONBI LLABLE SUPPLI ES	7.00	0.00	7. 00	10.00		
1.00	ADMI TTI NG	5. 01	0	4, 176	0		1. 00
2.00	OTHER ADMINISTRATIVE & GENER		0	272, 157	0		2.00
3.00	OPERATION OF PLANT	7. 00	0	137, 561	0		3.00
4. 00 5. 00	HOUSEKEEPI NG DI ETARY	9. 00 10. 00	0	232, 347 2, 005	0		4. 00 5. 00
6. 00	PHARMACY	15. 00	0	119, 691	0		6. 00
7. 00	PATIENT TRANSPORT SERVICES	18. 00	Ō	117	0		7. 00
8.00	ADULTS & PEDIATRICS	30. 00	0	1, 920, 463	0		8. 00
9. 00	INTENSIVE CARE UNIT	31. 00	0	418, 579	0		9. 00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	102, 425	0		10.00
11. 00 12. 00	OPERATING ROOM RECOVERY ROOM	50. 00 51. 00	0	1, 687, 106 30, 320	0		11. 00 12. 00
13. 00	DELIVERY ROOM & LABOR ROOM	52. 00	0	223, 306	0		13. 00
14. 00	ANESTHESI OLOGY	53. 00	Ö	215, 121	0		14. 00
15.00	ASC ANESTHESIOLOGY	53. 01	0	68, 072	0		15. 00
16.00	RADI OLOGY-DI AGNOSTI C	54. 00	0	659, 857	0		16. 00
17. 00	BLOOD STORING, PROCESSING &	63. 00	0	3, 665	0		17. 00
10.00	TRANS. RESPI RATORY THERAPY	45.00	0	317, 475			10.00
18. 00 19. 00	PHYSICAL THERAPY	65. 00 66. 00	0	1, 960	0		18. 00 19. 00
20.00	OCCUPATI ONAL THERAPY	67. 00	ő	510	0		20.00
21. 00	SPEECH PATHOLOGY	68. 00	Ō	347	0		21. 00
22.00	ELECTROCARDI OLOGY	69. 00	0	14, 460	0		22. 00
23.00	RENAL DIALYSIS	74. 00	0	8, 985	0		23. 00
24.00	ASC (NON-DISTINCT PART)	75. 01	0	1, 262, 772	0		24. 00
25.00	OUTPATIENT WOUND CARE CENTER		0	58, 762	0		25.00
26.00	CARDIAC REHABILITATION SLEEP CLINIC	76. 97	0	5, 048	0		26.00
27. 00 28. 00	ANTICOAGULATION CLINIC	90. 01 90. 02	0	23, 974 4, 610	0		27. 00 28. 00
29. 00	ARNETT CANCER CARE CENTER	90. 03	0	173, 785	0		29. 00
30.00	OUTPATIENT INFUSION CENTER	90. 04	Ö	1, 304	0		30.00
31.00	EMERGENCY	91. 00	0	1, 003, 765	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	1, 186, 845	0		32. 00
33.00	RETAIL PHARMACY	<u> </u>	0	1, 634	9		33. 00
	B - BILLABLE SUPPLIES		0	10, 163, 204			
1. 00	OTHER ADMINISTRATIVE & GENER	AL 5.06	ol	18, 687	0		1.00
2.00	HOUSEKEEPI NG	9. 00	0	317	0		2. 00
3.00	CENTRAL SERVICES & SUPPLY	14. 00	0	14, 562	0		3. 00
4.00	PHARMACY	15. 00	0	61	0		4. 00
5. 00	ADULTS & PEDIATRICS	30. 00	0	88, 163	0		5.00
6. 00	INTENSIVE CARE UNIT	31.00	0	70, 939	0		6.00
7. 00 8. 00	NEONATAL INTENSIVE CARE UNIT OPERATING ROOM	35. 00 50. 00	0	4, 183 2, 568, 377	0		7. 00 8. 00
9. 00	RECOVERY ROOM	51. 00	0	520	0		9. 00
10.00	DELIVERY ROOM & LABOR ROOM	52. 00	ő	77, 784	0		10.00
	ANESTHESI OLOGY	53. 00	0	74, 080			11. 00
12.00	ASC ANESTHESIOLOGY	53. 01	0	8, 194	0		12. 00
13.00	RADI OLOGY-DI AGNOSTI C	54. 00	0	1, 864, 336	0		13. 00
14.00	RADI OI SOTOPE	56. 00	0	528	0		14.00
15.00	CARDI AC CATHETERI ZATI ON	59. 00	0	819, 040	0		15.00
16. 00 17. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY	65. 00 66. 00	0	268, 036 22	0		16. 00 17. 00
18. 00	ELECTROCARDI OLOGY	69. 00	0	606	0		18. 00
19.00	RENAL DIALYSIS	74. 00	Ö	1, 244	0		19. 00
20.00	ASC (NON-DISTINCT PART)	75. 01	0	736, 663	0		20. 00
21.00	OUTPATIENT WOUND CARE CENTER	76. 01	0	42, 685	0		21. 00
22.00	ANTICOAGULATION CLINIC	90. 02	0	117	0		22. 00
23.00	ARNETT CANCER CARE CENTER	90. 03	0	14, 413	0		23. 00
24.00	OUTPATIENT INFUSION CENTER	90. 04	0	67 FF 041	0		24. 00
25. 00 26. 00	EMERGENCY PHYSICIANS' PRIVATE OFFICES	91. 00 192. 00	0	55, 041 188, 718	0		25. 00 26. 00
20.00	0	172.00	— — — š	6, 917, 383			20.00
	C - IMPLANTS			2, 1.7, 030			1
1.00	OTHER ADMINISTRATIVE & GENER		0	396	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14. 00	0	42, 664	0		2. 00
3.00	PHARMACY	15. 00	0	10, 170	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	46	0		4.00
5. 00 6. 00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31. 00 35. 00	0	6, 611 88	0		5. 00 6. 00
7. 00	OPERATING ROOM	50. 00	0	5, 334, 661	0		7. 00
8. 00	RADI OLOGY-DI AGNOSTI C	54. 00	0	5, 534, 661	0		8.00
9. 00	CARDI AC CATHETERI ZATI ON	59. 00	Ö	1, 771, 806	Ö		9. 00
	•	· · · · · · · · · · · · · · · · · · ·					

Health Financial Systems RECLASSIFICATIONS Provi der CCN: 15-0173 

					'	o 12/31/2020 Date/lime Pr 7/13/2021 4:	
		Decreases		0.11			
	Cost Center 6.00	Li ne # 7.00	Sal ary 8. 00	0ther 9.00	Wkst. A-7 Ref. 10.00		
10.00	ASC (NON-DISTINCT PART)	7. 00	0.00	1, 330, 220	0		10.00
11.00	ANTICOAGULATION CLINIC	90. 02	0	99	0		11. 00
12.00	EMERGENCY	91.00	0	24	0		12. 00
	O D - DRUGS		0	9, 039, 637			-
1. 00	OTHER ADMINISTRATIVE & GENER	AL 5. 06	0	996	0		1.00
2. 00	CENTRAL SERVICES & SUPPLY	14. 00	0	4, 334	0		2. 00
3.00	PHARMACY	15. 00	0	6, 616, 384	0		3. 00
4.00	ADULTS & PEDIATRICS	30. 00	0	126, 104	0		4.00
5. 00 6. 00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31. 00 35. 00	0	26, 463	0		5. 00 6. 00
7. 00	OPERATING ROOM	50. 00	0	9, 748 72, 636	0		7.00
8. 00	RECOVERY ROOM	51. 00	0	277	0		8. 00
9. 00	DELIVERY ROOM & LABOR ROOM	52. 00	0	1, 369	0		9. 00
10.00	ANESTHESI OLOGY	53. 00	0	21, 062	0		10.00
11. 00 12. 00	ASC ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	53. 01 54. 00	0	2, 021	0		11.00
13.00	RADI OLOGT - DI AGNOSTI C	56. 00	0	231, 640 371, 199	0		12. 00 13. 00
14.00	CARDI AC CATHETERI ZATI ON	59. 00	0	54, 915	0		14. 00
15.00	RESPI RATORY THERAPY	65. 00	0	10, 842	0		15. 00
16.00	ELECTROCARDI OLOGY	69. 00	0	80, 976	0		16. 00
17. 00 18. 00	RENAL DIALYSIS ASC (NON-DISTINCT PART)	74. 00 75. 01	0	7, 190 77, 410	0		17. 00 18. 00
19. 00	OUTPATIENT WOUND CARE CENTER		0	3, 682	0		19. 00
20.00	ANTICOAGULATION CLINIC	90. 02	0	640	0		20.00
21.00	ARNETT CANCER CARE CENTER	90. 03	0	25, 190, 785	0		21. 00
22.00	OUTPATIENT INFUSION CENTER	90. 04	0	390	0		22. 00
23. 00 24. 00	EMERGENCY PHYSICIANS' PRIVATE OFFICES	91. 00 192. 00	0	57, 743 6, 119, 979	0		23. 00 24. 00
24.00	0	192.00	— — <u> </u>				24.00
	E - BENEFITS			,			
1.00	ADMITTING	5. 01	0	.,	0		1.00
2. 00 3. 00	OTHER ADMINISTRATIVE & GENER OPERATION OF PLANT	AL 5. 06 7. 00	0	966, 452 300, 862	0		2. 00 3. 00
4. 00	OPERATION OF PLANT -	7. 00 7. 01	0	71, 210	0		4.00
	NONHOSPI TAL		_	,			
5.00	HOUSEKEEPI NG	9. 00	0	897, 558			5. 00
6. 00	DI ETARY	10.00	0	301, 581	0		6.00
7. 00 8. 00	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	13. 00 14. 00	0	864, 591 84, 880	0		7. 00 8. 00
9. 00	PHARMACY	15. 00	0	586, 296	0		9. 00
10.00	SOCIAL SERVICE	17. 00	0	106, 180	0		10.00
11.00	PATIENT TRANSPORT SERVICES	18. 00	0	82, 013	0		11. 00
12. 00	I &R SERVICES-OTHER PRGM. COS	TS 22. 00	0	27, 118	0		12. 00
13. 00	APPRVD PARAMED ED PRGM - PHARMACY	23. 00	0	578	0		13. 00
14. 00	ADULTS & PEDIATRICS	30. 00	0	3, 866, 816	0		14. 00
	INTENSIVE CARE UNIT	31. 00	0	427, 389	0		15. 00
16.00	NEONATAL INTENSIVE CARE UNIT		0	, .=-			16. 00
17.00	OPERATING ROOM	50. 00	0	791, 169	0		17. 00
18. 00 19. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51. 00 52. 00	0	146, 625 491, 066	0		18. 00 19. 00
20.00	ANESTHESI OLOGY	53. 00	0	595, 259	0		20.00
21.00	RADI OLOGY-DI AGNOSTI C	54. 00	0	634, 298			21. 00
22.00	RADI OI SOTOPE	56. 00	0	31, 253	0		22. 00
23. 00 24. 00	CARDI AC CATHETERI ZATI ON	59. 00 65. 00	0	269, 266	0		23. 00 24. 00
25. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY	66. 00	0	322, 050 99, 524	0		25. 00
26.00	OCCUPATI ONAL THERAPY	67. 00	0	73, 856	Ō		26. 00
27.00	SPEECH PATHOLOGY	68. 00	0	46, 835	0		27. 00
28.00	ELECTROCARDI OLOGY	69. 00	0	256, 354	0		28. 00
29. 00 30. 00	ELECTROENCEPHALOGRAPHY ASC (NON-DISTINCT PART)	70. 00 75. 01	0	15, 119	0		29. 00 30. 00
30.00	OUTPATIENT WOUND CARE CENTER		0	537, 845 17, 640	0		30.00
32.00	CARDI AC REHABI LI TATI ON	76. 97	0	50, 613	0		32. 00
33.00	SLEEP CLINIC	90. 01	0	95, 922	0		33. 00
34.00	ANTICOAGULATION CLINIC	90. 02	0	67, 056	0		34.00
35. 00 36. 00	ARNETT CANCER CARE CENTER	90. 03 90. 04	0	198, 575	0		35. 00 36. 00
36. 00 37. 00	OUTPATIENT INFUSION CENTER EMERGENCY	90. 04 91. 00	0	412 922, 484	0		36.00
38. 00	GIFT, FLOWER, COFFEE SHOP &	190. 00	0	13, 889	0		38. 00
	CANTEEN						
39.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0		0		39. 00
40.00	RETAIL PHARMACY	193. 01	0	100, 270	0		40. 00

Provi der CCN: 15-0173 

						o 12/31/2020 Date/lime Pi 7/13/2021 4	
	Cost Center	Decreases Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6.00	7. 00	8. 00	9. 00	10.00		
	0		0	25, 046, 078		•	
1. 00	F - CAFETERI A DI ETARY	10. 00	335, 491	204, 151	0		1.00
1.00	0	10.00	335, 491	204, 151			1.00
	G - PROPERTY TAX				1		
1. 00 2. 00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT -	1. 00 1. 01	0	284 41, 410	13 13		1. 00 2. 00
2.00	NONHOSP	1.01	o o	41, 410	13		2.00
	0 — — — — —			41, 694			_
1 00	H - PROPERTY I NSURANCE	F 0/	ol	250 221	12		1 00
1. 00 2. 00	OTHER ADMINISTRATIVE & GENERAL	5. 06 0. 00	0	259, 231 0	12 12		1. 00 2. 00
3. 00		0.00	o	0	12		3. 00
	0		0	259, 231			4
1. 00	I - LEASE EXPENSE OTHER ADMINISTRATIVE & GENERAL	5. 06	O	171, 015	10		1.00
2. 00	OPERATION OF PLANT	7. 00	ő	310, 421	10		2. 00
3. 00	OPERATION OF PLANT -	7. 01	0	555, 360	10		3. 00
4. 00	NONHOSPI TAL NURSI NG ADMI NI STRATI ON	13. 00	0	315	10		4. 00
5. 00	CENTRAL SERVICES & SUPPLY	14. 00	0	154, 412	0		5. 00
6.00	ADULTS & PEDIATRICS	30. 00	O	30, 924	0		6. 00
7. 00 8. 00	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31. 00 35. 00	0	2, 709 8, 986	0		7. 00 8. 00
9. 00	OPERATING ROOM	50. 00	o	13, 809	0		9. 00
10.00	ANESTHESI OLOGY	53. 00	o	9, 788	0		10. 00
11.00	RADI OLOGY-DI AGNOSTI C	54. 00	0	720 5 924	0		11.00
12. 00 13. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY	59. 00 65. 00	0	5, 824 96, 724	0		12. 00 13. 00
14. 00	ARNETT CANCER CARE CENTER	90. 03	o	170	Ö		14. 00
15.00	EMERGENCY	91. 00	0	2, 252	0		15. 00
16. 00	PHYSICIANS' PRIVATE OFFICES TOTALS	192.00	<del> </del>	28 <u>6, 0</u> 65 1, 649, 494	— — — Ч		16. 00
	J - INTEREST EXPENSE RECLASS		3	170177171			
1. 00	OUTPATIENT WOUND CARE CENTER	<u>76. 01</u>	의	<u>1, 328</u> 1, 328			1. 00
	K - HOUSEKEEPING SUPPLIES		<u> </u>	1, 320			
1.00	ADMITTING	5. 01	0	266	0		1.00
2. 00 3. 00	OTHER ADMINISTRATIVE & GENERAL DIETARY	5. 06 10. 00	O O	76, 293 493	0		2. 00 3. 00
4. 00	CENTRAL SERVICES & SUPPLY	14. 00	0	492	0		4. 00
5. 00	PHARMACY	15. 00	0	282	0		5. 00
6. 00 7. 00	PATIENT TRANSPORT SERVICES ADULTS & PEDIATRICS	18. 00 30. 00	0	96 15, 941	0		6. 00 7. 00
8. 00	INTENSIVE CARE UNIT	31. 00	0	2, 500	0		8. 00
9. 00	NEONATAL INTENSIVE CARE UNIT	35. 00	O	439	0		9. 00
10.00	OPERATING ROOM RECOVERY ROOM	50. 00 51. 00	0	5, 837 456	0		10. 00 11. 00
12.00	DELIVERY ROOM & LABOR ROOM	52. 00	0	869	0		12. 00
13.00	ANESTHESI OLOGY	53. 00	o	40	0		13. 00
14. 00 15. 00	ASC ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	53. 01 54. 00	0	23 6, 453	0		14. 00 15. 00
16. 00	RADI OLOGT - DI AGNOSTI C	56. 00	0	281	0		16. 00
17.00	CARDI AC CATHETERI ZATI ON	59. 00	0	1, 265	0		17. 00
18.00	RESPIRATORY THERAPY	65. 00	0	79 74	0		18. 00
19. 00 20. 00	PHYSI CAL THERAPY ELECTROCARDI OLOGY	66. 00 69. 00	0	76 111	0		19. 00 20. 00
21. 00	RENAL DIALYSIS	74. 00	O	143	0		21. 00
22.00	ASC (NON-DISTINCT PART)	75. 01	0	2, 915	0		22. 00
23. 00 24. 00	OUTPATIENT WOUND CARE CENTER SLEEP CLINIC	76. 01 90. 01	0	5, 867 313	0		23. 00 24. 00
25. 00	ANTICOAGULATION CLINIC	90. 02	Ö	296	Ö		25. 00
26.00	ARNETT CANCER CARE CENTER	90. 03	O	2, 683	0		26.00
27. 00 28. 00	EMERGENCY PHYSICIANS' PRIVATE OFFICES	91. 00 192. 00	O O	20, 049 2, 547	0		27. 00 28. 00
29. 00	RETAIL PHARMACY	192.00 1 <u>93.</u> 01	0	37	0		29. 00
	0		ō	147, 142			
1. 00	L - LAUNDRY SUPPLIES NEONATAL INTENSIVE CARE UNIT	35. 00	O	604	O		1.00
2.00	OPERATING ROOM	50. 00	ŏ	3, 626	o		2. 00
3.00	DELIVERY ROOM & LABOR ROOM	52. 00	0	46	0		3.00
4. 00 5. 00	ASC (NON-DISTINCT PART) ARNETT CANCER CARE CENTER	75. 01 90. 03	O O	62 79	0		4. 00 5. 00
6. 00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	481	0		6. 00

Provi der CCN: 15-0173

Peri od: From 01/01/2020 To 12/31/2020 Date/Ti me Prepared: 7/13/2021 4:26 pm

						7/13/2021 4	
		Decreases					
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00 4, 898	10.00		
	O - TELEPHONE RECLASS		<u> </u>	4, 070			1
1.00	ADMITTI NG	5. 01	0	566	0		1.00
2.00	NURSING ADMINISTRATION	13. 00	0	401	0		2. 00
3. 00	PHARMACY	15. 00	0	1, 742	0		3. 00
4.00	PATIENT TRANSPORT SERVICES	18.00	0	62	0		4.00
5. 00 6. 00	RADI OLOGY-DI AGNOSTI C ELECTROCARDI OLOGY	54. 00 69. 00	0	271 648	0		5. 00 6. 00
7. 00	ANTI COAGULATION CLINIC	90. 02	o	1, 895	0		7. 00
8.00	ARNETT CANCER CARE CENTER	90. 03	0	660	0		8. 00
9.00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	0	<u>4, 9</u> 59	0		9. 00
	0		0	11, 204			4
1. 00	P - DEPRECIATION EXPENSE OTHER ADMINISTRATIVE & GENERA	AL 5. 06	0	1, 799, 157	9		1.00
2. 00	OPERATION OF PLANT	7. 00	0	4, 843, 824	9		2.00
3. 00	OPERATION OF PLANT -	7. 01	ő	2, 365, 281	9		3. 00
	NONHOSPI TAL			,			
4.00	HOUSEKEEPI NG	9. 00	0	1, 736	9		4. 00
5. 00	DI ETARY	10. 00	0	30, 848	0		5. 00
6. 00	NURSING ADMINISTRATION	13.00	0	160, 542	0		6.00
7. 00 8. 00	CENTRAL SERVICES & SUPPLY PHARMACY	14. 00 15. 00	0	104, 686 177, 781	0		7. 00 8. 00
9. 00	ADULTS & PEDIATRICS	30. 00	ő	55, 527	0		9. 00
10.00	INTENSIVE CARE UNIT	31. 00	0	96, 730	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35. 00	0	21, 088	0		11. 00
12.00	OPERATING ROOM	50. 00	0	864, 496	0		12. 00
13.00	DELIVERY ROOM & LABOR ROOM	52. 00	0	2,000	0		13.00
14. 00 15. 00	RADI OLOGY-DI AGNOSTI C RADI OI SOTOPE	54. 00 56. 00	0	1, 338, 082 254, 616	0		14. 00 15. 00
16. 00	CARDI AC CATHETERI ZATI ON	59. 00	0	528, 608	0		16. 00
17. 00	RESPI RATORY THERAPY	65. 00	o	126, 351	Ō		17. 00
18.00	ELECTROCARDI OLOGY	69. 00	0	214, 554	0		18. 00
19.00	RENAL DIALYSIS	74. 00	0	135	0		19. 00
20.00	ASC (NON-DISTINCT PART)	75. 01	0	442, 838	0		20.00
21. 00 22. 00	OUTPATIENT WOUND CARE CENTER	76. 01	OI OI	60, 500 691	0		21.00
23. 00	CARDIAC REHABILITATION SLEEP CLINIC	76. 97 90. 01	0	10, 668	0		22. 00 23. 00
24.00	ARNETT CANCER CARE CENTER	90. 03	ő	5, 338	0		24. 00
25.00	EMERGENCY	91. 00	0	17, 730	0		25. 00
26.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	1, 227, 098	0		26. 00
27. 00	RETAIL PHARMACY	1 <u>93.</u> 01	0	1, 146	0		27. 00
	Q - FMLA RECLASS		0	14, 752, 051			-
1. 00	ADMITTING	5. 01	15, 881	0	0		1.00
2. 00	OTHER ADMINISTRATIVE & GENERA		17, 463	Ö	0		2. 00
3.00	HOUSEKEEPI NG	9. 00	20, 566	0	0		3. 00
4.00	DI ETARY	10. 00	4, 725	0	0		4. 00
5.00	NURSI NG ADMI NI STRATI ON	13. 00	31, 176	0	ŭ		5. 00
6. 00	PHARMACY	15. 00 17. 00	42, 635 5, 411	0	0		6.00
7. 00 8. 00	SOCIAL SERVICE ADULTS & PEDIATRICS	30. 00	112, 032	0	0		7. 00 8. 00
9. 00	INTENSIVE CARE UNIT	31. 00	12, 599	0	0		9. 00
10.00	NEONATAL INTENSIVE CARE UNIT	35. 00	8, 625	0	0		10.00
11.00	OPERATING ROOM	50. 00	13, 884	0	0		11. 00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	15, 043	0	0		12.00
13.00	ANESTHESI OLOGY	53.00	7, 634	0	0		13.00
14. 00 15. 00	RADI OLOGY-DI AGNOSTI C CARDI AC CATHETERI ZATI ON	54. 00 59. 00	9, 354 6, 080	0	0		14. 00 15. 00
16. 00	RESPIRATORY THERAPY	65. 00	12, 338	0	0		16. 00
17. 00	OCCUPATI ONAL THERAPY	67. 00	2, 838	0	0		17. 00
18.00	ELECTROCARDI OLOGY	69. 00	16, 193	0	0		18. 00
19.00	ELECTROENCEPHALOGRAPHY	70. 00	1, 133	0	0		19. 00
20.00	ASC (NON-DISTINCT PART)	75. 01	17, 649	0	0		20.00
21. 00 22. 00	SLEEP CLINIC ANTICOAGULATION CLINIC	90. 01 90. 02	120 3, 441	0	0		21. 00 22. 00
22.00	ARNETT CANCER CARE CENTER	90. 02	3, 44 I 2, 922	0	0		22.00
24. 00	EMERGENCY	91. 00	34, 792	0	0		24. 00
25. 00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	<u>136, 5</u> 21	0	0		25. 00
	0		551, 055				_
1 00	R - NURSERY	20.00	400 00d	FO 00F			1 00
1. 00 2. 00	ADULTS & PEDIATRICS DELIVERY ROOM & LABOR ROOM	30. 00 52. 00	620, 801 20, 734	59, 085 1, 976	0		1. 00 2. 00
00	0	32.00	641, 535	61, 061	<u> </u>		2.00
	•	'				•	•

Health Financial Systems RECLASSIFICATIONS IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10 Provi der CCN: 15-0173

Peri od: From 01/01/2020 To 12/31/2020 Date/Ti me Prepared:

					'	7/13/2021	
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10.00		
	U - CORPORATE ADMIN EXPENSE						
1. 00	ADULTS & PEDIATRICS	30. 00	0	815, 542			1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35. 00	0	197, 538			2. 00
3. 00	ANESTHESI OLOGY	53. 00	0	1, 489, 815	0		3. 00
4. 00	LABORATORY	60. 00	0	64, 371	0		4. 00
5.00	CARDI AC REHABI LI TATI ON	76. 97	0	55, 107			5. 00
6. 00	ARNETT CANCER CARE CENTER	90. 03	0	41, 506			6. 00
7. 00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	•	<u>29, 924, 758</u>			7. 00
	TOTALS		0	32, 588, 637			_
4 00	V - GENERAL SURGERY LAF METRO		444 004	70 110			1 20
1.00	PHYSICIANS' PRIVATE OFFICES	192. 00	146, 386	70, 113			1.00
2. 00		0.00		0			2. 00
	TOTALS		146, 386	70, 113			_
	W - MEDICAL DIRECTOR FEES						
1.00	PHYSICIANS' PRIVATE OFFICES	192. 00	0	168, 825	1		1. 00
2. 00		0.00		0	<u> </u>		2. 00
	0	211	0	168, 825			_
4 00	X - ARNETT TO WHITE ALLOCATION		E ( 4 . 0 . 10 l	050 101			1 00
1.00	OTHER ADMINISTRATIVE & GENERA		564, 340	359, 491			1.00
2.00	OPERATION OF PLANT	7. 00	41, 462	14, 138			2.00
3.00	DIETARY	10.00	0	73, 998			3.00
4.00	NURSI NG ADMI NI STRATI ON	13. 00	25, 284	6, 373			4.00
5.00	PHARMACY	15. 00	260, 105	86, 130			5. 00
6. 00	ADULTS & PEDIATRICS	30. 00	40, 771	75, 240	1		6. 00
7. 00	OPERATING ROOM	50. 00	107, 149	48, 027	1		7. 00
8.00	ELECTROCARDI OLOGY	69. 00	52, 183	52, 193			8. 00
9.00	ASC (NON-DISTINCT PART)	75. 01	7, 711	3, 641			9. 00
10.00	EMERGENCY	91.00	43, 080	3 <u>7, 5</u> 68			10. 00
	TOTALS	DATI ON	1, 142, 085	756, 799			
1 00	Y - ARNETT TO FRANKFORT ALLO		240 700	225 224			1 00
1.00	OTHER ADMINISTRATIVE & GENERA		348, 783	235, 934			1.00
2.00	OPERATION OF PLANT	7. 00	43, 381	14, 510			2.00
3.00	NURSI NG ADMI NI STRATI ON	13. 00	35, 576	8, 616			3.00
4.00	CENTRAL SERVICES & SUPPLY	14. 00	32, 922	57, 002			4.00
5.00	PHARMACY	15. 00	153, 918	50, 492			5. 00
6. 00	ADULTS & PEDIATRICS	30. 00	20, 206	37, 289	0		6. 00
7. 00	OPERATING ROOM	50. 00	53, 103	23, 802	0		7. 00
8. 00	ELECTROCARDI OLOGY	69. 00	29, 819	29, 825			8. 00
9. 00	ASC (NON-DISTINCT PART)	75. 01	13, 910	17, 658			9. 00
10.00	EMERGENCY	<u>91.</u> 00	<u>21, 3</u> 51	1 <u>8, 6</u> 19			10. 00
	TOTALS		752, 969	493, 747			
	Z - RESIDENCY STAFF						
1. 00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	<u>394, 8</u> 10	2 <u>5, 3</u> 28			1.00
	TOTALS		394, 810	25, 328			
	AA - EMERGENCY PREPAREDNESS I						
1. 00	OTHER ADMINISTRATIVE & GENERA	AL <u>5.</u> 06	•	<u>1, 293, 591</u>	<u> </u>		1.00
	TOTALS		0	1, 293, 591			_
	AB - INTERNS AND RESIDENTS						
1. 00	I&R SERVICES-OTHER PRGM. COS	ΓS 22. 00	0	727, 882	0		1.00
	APPRVD	+	+		<u> </u>		
	TOTALS		0	727, 882			<b>_</b>
	AC - PARAMEDICAL EDUCATION				,		
1. 00	PHARMACY	15. 00	108, 557	8, 305			1. 00
2. 00	PHYSICIANS' PRIVATE OFFICES	<u> </u>	<u>20, 5</u> 61	<u>1, 5</u> 7 <u>3</u>			2. 00
	TOTALS		129, 118	9, 878			
	AD - ACCRUED PTO						
1.00	PHYSICIANS' PRIVATE OFFICES	1 <u>92.</u> 00	<u>3, 8</u> 88	0			1. 00
	TOTALS		3, 888	0			1
500. 00	Grand Total: Decreases		4, 097, 337	143, 522, 141			500.00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu	of Form CMS-2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS	Provi der CCN: 15-0173	Period: From 01/01/2020	Worksheet A-7 Part I

RECONCILIATION OF CAPITAL COSTS CENTERS		Frovider C	CN. 13-0173	From 01/01/2020 To 12/31/2020		epared:
		Acqui si ti ons				
	Begi nni ng	Purchases	Donati on	Total	Disposals and	
	Bal ances				Retirements	
	1.00	2.00	3. 00	4. 00	5. 00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1. 00 Land	3, 859, 566	0		0 0	0	1.00
2.00 Land Improvements	408, 976	0		0 0	14, 140	2. 00
3.00 Buildings and Fixtures	191, 138, 584	0		0 0	0	3. 00
4.00 Building Improvements	24, 201, 193	6, 957, 967		0 6, 957, 967	45, 683	4. 00
5.00 Fixed Equipment	0	0		0	0	5. 00
6.00 Movabl e Equi pment	94, 963, 236	15, 240, 804		0 15, 240, 804	7, 060, 500	6. 00
7.00 HIT designated Assets	0	0		0	0	7. 00
8.00 Subtotal (sum of lines 1-7)	314, 571, 555	22, 198, 771		0 22, 198, 771	7, 120, 323	8. 00
9.00 Reconciling Items	0	0		0 0	0	9. 00
10.00 Total (line 8 minus line 9)	314, 571, 555	22, 198, 771		0 22, 198, 771	7, 120, 323	10.00
	Endi ng Bal ance	Fully				
		Depreciated				
		Assets				
	6.00	7. 00				
PART I - ANALYSIS OF CHANGES IN CAPITAL AS	SET BALANCES					
1. 00 Land	3, 859, 566	0				1.00
2.00 Land Improvements	394, 836	14, 140				2. 00
3.00 Buildings and Fixtures	191, 138, 584	-1, 391, 859				3. 00
4.00 Building Improvements	31, 113, 477	1, 327, 415				4.00
5.00 Fixed Equipment	0	0				5.00
6.00 Movable Equipment	103, 143, 540	55, 325, 453				6. 00
7.00 HIT designated Assets	0	0				7. 00
8.00 Subtotal (sum of lines 1-7)	329, 650, 003	55, 275, 149				8. 00
9.00 Reconciling Items	0	0				9. 00
10.00 Total (line 8 minus line 9)	329, 650, 003	55, 275, 149				10. 00

Heal th	Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lieu	of Form CMS-2	2552-10
	CILIATION OF CAPITAL COSTS CENTERS		Provi der C		Period: From 01/01/2020	Worksheet A-7 Part II Date/Time Pre	epared:
			SI		TAI	7/13/2021 4: 2	26 pm
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1712		
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
		0.00	10.00	11 00	instructions)		
	PART II - RECONCILIATION OF AMOUNTS FROM WO	9. 00	10.00	11.00 1 and 2	12. 00	13. 00	
1. 00	CAP REL COSTS-BLDG & FIXT	T A, CUL	UIVIN 2, LINES	l and 2		0	1.00
1. 00	CAP REL COSTS-BLDG & FIXT - NONHOSP		0			0	1.00
1. 02	CAP REL COSTS INTEREST EXPENSE	0	0		o o	0	1. 02
2.00	CAP REL COSTS-MVBLE EQUIP	0	Ö		o o	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	ı İ	0 0	0	2. 01
3.00	Total (sum of lines 1-2)	0	0		0 0	0	3.00
		SUMMARY 0	F CAPITAL				
	Cost Center Description	Other	Total (1) (sum				
		api tal -Rel ate					
		Costs (see	through 14)				
		instructions)					
		14. 00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WO	<u>PRKSHEET A, COL</u>	UMN 2, LINES 1	1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1. 01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1. 01
1. 02	CAP REL COSTS INTEREST EXPENSE		0				1. 02
2.00	CAP REL COSTS-MVBLE EQUIP			'			2.00

1. 02 2. 00 2. 01 3. 00

2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP 3.00 Total (sum of lines 1-2)

RECONCILIATION OF CAPITAL COSTS CENTERS Provider CCN: 15-0173 Period: Worksheet A	-2552-10
From 01/01/2020 Part III To 12/31/2020 Date/Time F	-7 repared: :26 pm
COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITA	L
Cost Center Description  Gross Assets   Capitalized   Gross Assets   Ratio (see   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 CENTERS	
1. 00 CAP REL COSTS-BLDG & FIXT 226, 506, 463 0 226, 506, 463 0. 687112	0 1.00
1.01 CAP REL COSTS-BLDG & FIXT - NONHOSP 0 0 0.000000	0 1.01
1. 02 CAP REL COSTS INTEREST EXPENSE 0 0 0 0. 000000	0 1.02
2. 00 CAP REL COSTS-MVBLE EQUI P 103, 143, 540 0 103, 143, 540 0. 312888	0 2.00
2. 01 CAP REL COSTS-MVBLE EQUI P - NONHOSP 0 0 0. 000000	0 2.01
3. 00 Total (sum of lines 1-2) 329, 650, 003 0 329, 650, 003 1. 000000	0 3.00
ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL	
Cost Center Description Taxes Other Total (sum of Depreciation Lease	
Capital -Relate cols. 5	
d Costs   through 7)	
6.00 7.00 8.00 9.00 10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS	
1. 00 CAP REL COSTS-BLDG & FIXT 0 0 0 5, 650, 131 307, 1	
1. 01 CAP REL COSTS-BLDG & FIXT - NONHOSP 0 0 1, 918, 872 684, 8	
1. 02 CAP REL COSTS INTEREST EXPENSE 0 0 0	0 1.02
2. 00 CAP REL COSTS-MVBLE EQUIP 0 0 6, 805, 279 496, 7-	
2. 01 CAP REL COSTS-MVBLE EQUI P - NONHOSP 0 0 3, 957, 292 160, 78	
3.00 Total (sum of lines 1-2) 0 0 18, 331, 574 1, 649, 49	3.00
SUMMARY OF CAPITAL	
Cost Center Description   Interest Insurance (see Taxes (see   Other Total (2) (s	ım
i nstructions) i nstructions) capital -Relate of cols. 9	
d Costs (see   through 14)	
instructions)	
11. 00 12. 00 13. 00 14. 00 15. 00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS	
1. 00 CAP REL COSTS-BLDG & FIXT 0 213, 863 -284 0 6, 170, 80	
1. 01 CAP REL COSTS-BLDG & FLXT - NONHOSP 0 33, 406 -41, 410 0 2, 595, 64	
1. 02 CAP REL COSTS INTEREST EXPENSE 11, 065, 720 0 0 11, 065, 720 0 0 17, 065, 720 0 0 17, 065, 720 0 0 0 17, 065, 720 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
2. 00 CAP REL COSTS-MVBLE EQUIP 0 11, 962 0 7, 313, 9	
2. 01 CAP REL COSTS-MVBLE EQUI P - NONHOSP 1, 328 0 0 0 4, 119, 40	
3.00   Total (sum of lines 1-2)   11,067,048   259,231   -41,694   0   31,265,69	3.00

	Financial Systems		IU HEALTH ARNI			of Form CMS-2	
ADJUST	MENTS TO EXPENSES			Provi der CCN: 15-0173	Peri od: From 01/01/2020 To 12/31/2020	Worksheet A-8 Date/Time Pre	
				Expense Classification o		7/13/2021 4: 2	26 pm
				To/From Which the Amount is			
	Cost Center Description	Basis/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	00		CAP REL COSTS-BLDG & FLXT	1.00	0	1. 00
1. 01	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP		0	CAP REL COSTS-BLDG & FLXT NONHOSP	- 1. 01	0	1. 01
1. 02	(chapter 2) Investment income - CAP REL COSTS INTEREST EXPENSE (chapter	B er		CAP REL COSTS INTEREST EXPENSE	1. 02	11	1. 02
2. 00	2) Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2. 00
2. 01	COSTS-MVBLE EQUIP (chapter 2) Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP			CAP REL COSTS-MVBLE EQUIP NONHOSP	- 2. 01	0	2. 01
3. 00	(chapter 2) Investment income - other (chapter 2)		0		0. 00	0	3. 00
4. 00	Trade, quantity, and time discounts (chapter 8)		0		0. 00	0	4. 00
5. 00	Refunds and rebates of expens	es	0		0. 00	0	5. 00
6. 00	(chapter 8) Rental of provider space by		0		0. 00	0	6. 00
	suppliers (chapter 8) Telephone services (pay stations excluded) (chapter 2	1)	0		0. 00	0	7. 00
8. 00	Television and radio service (chapter 21)	,	0		0. 00	0	8. 00
9. 00 10. 00	Parking Lot (chapter 21) Provider-based physician adjustment	A-8-2	0 -20, 353, 112		0. 00	0	
11.00	Sale of scrap, waste, etc.		0		0. 00	0	11. 00
12. 00	(chapter 23) Related organization	A-8-1	56, 327, 937			0	12. 00
13. 00	transactions (chapter 10) Laundry and linen service		0		0. 00	0	13. 00
14. 00 15. 00	Cafeteria-employees and guest Rental of quarters to employe	6	0		0. 00 0. 00	0	
	and others Sale of medical and surgical		0		0. 00	0	16. 00
17. 00	supplies to other than patien Sale of drugs to other than	ts	0		0. 00	0	17. 00
18. 00	patients Sale of medical records and		0		0. 00	0	18. 00
19. 00	abstracts Nursing and allied health education (tuition, fees,		0		0. 00	0	19. 00
	books, etc.) Vending machines		0		0. 00	0	
	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21. 00
22. 00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	<b>)</b>	0		0. 00	0	22. 00
23. 00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPI RATORY THERAPY	65. 00		23. 00
24. 00	Adjustment for physical thera costs in excess of limitation	by A-8-3	0	PHYSICAL THERAPY	66. 00		24. 00
25. 00	(chapter 14) Utilization review - physicians' compensation		0	*** Cost Center Deleted **	* 114.00		25. 00
26. 00	(chapter 21) Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FLXT	1. 00	0	26. 00
26. 01	Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	- 1. 01	0	26. 01
26. 02	COSTS-BLDG & FLXT - NONHOSP Depreciation - CAP REL COSTS		0	CAP REL COSTS INTEREST	1. 02	0	26. 02
	INTEREST EXPENSE			EXPENSE	1		l

	Financial Systems TMENTS TO EXPENSES		IU HEALTH ARN		<u>In Lieu</u> eriod:	u of Form CMS-2 Worksheet A-8	
7105051	MENTS TO EXICIOES			F T	rom 01/01/2020 o 12/31/2020	Date/Time Pre	epared:
				Expense Classification on	Worksheet A	7/13/2021 4: 2	26 pm
				To/From Which the Amount is			
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
		1.00	2. 00	3. 00	4. 00	5. 00	
27. 01	Depreciation - CAP REL		C	CAP REL COSTS-MVBLE EQUIP -	2. 01	0	27. 01
28. 00	COSTS-MVBLE EQUIP - NONHOSP Non-physician Anesthetist		0	NONHOSP *** Cost Center Deleted ***	19. 00		28. 00
	Physicians' assistant		0	cost center bereted	0.00		•
	Adjustment for occupational	A-8-3	Ö	OCCUPATI ONAL THERAPY	67. 00		30.00
	therapy costs in excess of						
	limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		C	ADULTS & PEDIATRICS	30. 00		30. 99
31 00	instructions) Adjustment for speech patholo	gv A-8-3	0	SPEECH PATHOLOGY	68. 00		31.00
31.00	costs in excess of limitation		C	JSI ELGII I ATTIOLOGI	00.00		31.00
	(chapter 14)						
32.00	CAH HIT Adjustment for		C		0. 00	0	32.00
	Depreciation and Interest						
	EMPLOYEE BENEFITS	A		EMPLOYEE BENEFITS DEPARTMENT			
33. 01	UNWONTED SITUATIONS	A	-/35	OTHER ADMINISTRATIVE & GENERAL	5. 06	0	33. 01
33. 02	UNWONTED SITUATIONS	А	-3 500	OPERATION OF PLANT -	7. 01	0	33. 02
00.02	Simon Es di Tomi ono	,,	0,000	NONHOSPI TAL	7.01		00.02
33.03	CONTRIBUTION EXPENSE	Α	-498, 440	OTHER ADMINISTRATIVE &	5. 06	0	33. 03
				GENERAL			
33. 04	HAF OFFSET	A	-17, 406, 228	OTHER ADMINISTRATIVE &	5. 06	0	33. 04
33 05	MISCELLANEOUS INCOME	В	_3 913	GENERAL ADMI TTI NG	5. 01	0	33. 05
	MISCELLANEOUS INCOME	В	·	OTHER ADMINISTRATIVE &	5. 06	-	33. 06
		_	,	GENERAL		_	
33.07	MISCELLANEOUS INCOME	В	-4, 402	OPERATION OF PLANT	7. 00	0	33. 07
33. 08	MISCELLANEOUS INCOME	В	-80, 089	OPERATION OF PLANT -	7. 01	0	33. 08
22.00	MI COELL ANEOUG I NOOME		405 007	NONHOSPI TAL	11 00		22.00
	MISCELLANEOUS INCOME MISCELLANEOUS INCOME	B B		CAFETERIA CENTRAL SERVICES & SUPPLY	11. 00 14. 00	1	
	MI SCELLANEOUS I NCOME	В		PHARMACY	15. 00		1
	MISCELLANEOUS INCOME	В	·	PARAMED ED PRGM - PHARMACY	23. 00		
	MI SCELLANEOUS I NCOME	В		ADULTS & PEDIATRICS	30. 00	1	
	MI SCELLANEOUS I NCOME	В		DELIVERY ROOM & LABOR ROOM	52. 00	1	1
	MI SCELLANEOUS I NCOME	В		RADI OLOGY-DI AGNOSTI C	54. 00		1
	MISCELLANEOUS INCOME	В		OUTPATIENT WOUND CARE CENTER		Ö	1
	MISCELLANEOUS INCOME	В		PHYSICIANS' PRIVATE OFFICES	192. 00	0	•
33. 18	TELEPHONE EXPENSE	A		OTHER ADMINISTRATIVE &	5. 06	0	
				GENERAL		_	
33. 19	NON-ALLOWABLE MARKETING	A	-18, 279	OTHER ADMINISTRATIVE & GENERAL	5. 06	0	33. 19
33 20	NON-ALLOWABLE MARKETING	А	-2 268	NURSING ADMINISTRATION	13. 00	0	33. 20
	NON-ALLOWABLE MARKETING	Ä		DELIVERY ROOM & LABOR ROOM	52. 00		
	NON-ALLOWABLE MARKETING	A		SLEEP CLINIC	90. 01		
	RECRUI TMENT	A	-238	EMPLOYEE BENEFITS DEPARTMEN		1	
22 24	DECDIII TMENT			OTHER ARMINISTRATIVE &	5.06	1 -	22 24

-253, 124 OTHER ADMINISTRATIVE &

GENERAL

-20, 000 ANESTHESI OLOGY

-10, 004, 209

33. 24

33. 25

50.00

5.06

53.00

Α

Α

50.00 TOTAL (sum of lines 1 thru 49)

(Transfer to Worksheet A, column 6, line 200.)

33. 24 RECRUI TMENT

33. 25 RECRUI TMENT

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

<sup>(2)</sup> Basis for adjustment (see instructions).

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

 $B. \ \ \text{Amount Received - if cost cannot be determined}.$ 

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

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

ATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provider CCN: 15-0173 Period: From 01/01/2020 To 12/31/2020 Date/Time Prepared: 7/13/2021 4: 26 pm

Line No. Cost Center Expense Items Amount of Amount Included

Line No.  Cost Center  Expense Items  Amount of Amount Included in Wks. A, column 5  1.00  A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:  1.00  1.00 CAP REL COSTS-BLDG & FIXT HOME OFFICE ALLOCATION 1, 234, 632 0 1. 02 CAP REL COSTS INTEREST EXPENHOME OFFICE ALLOCATION 11, 263, 284 0 2. 3.00  2.00 CAP REL COSTS-MVBLE EQUIP HOME OFFICE ALLOCATION 2, 344, 891 0 3. 4.00 EMPLOYEE BENEFITS DEPARTMENTHOME OFFICE ALLOCATION 37, 588, 082 0 4. 4.01 5.06 OTHER ADMINISTRATIVE & GENERHOME OFFICE ALLOCATION 67, 796, 337 63, 899, 289 4. 4.02 4.00 EMPLOYEE BENEFITS DEPARTMENTRELATED PARTY 41, 818 41, 818 4.
COLUMN 5   COLUMN 5
1.00   2.00   3.00   4.00   5.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:  1. 00 1. 00 CAP REL COSTS-BLDG & FIXT HOME OFFICE ALLOCATION 1, 234, 632 0 1. 2. 00 1. 02 CAP REL COSTS INTEREST EXPENHOME OFFICE ALLOCATION 11, 263, 284 0 2. 3. 00 2. 00 CAP REL COSTS-MVBLE EQUIP HOME OFFICE ALLOCATION 2, 344, 891 0 3. 4. 00 EMPLOYEE BENEFITS DEPARTMENTHOME OFFICE ALLOCATION 37, 588, 082 0 4. 4. 01 4. 01 5. 06 OTHER ADMINISTRATIVE & GENERHOME OFFICE ALLOCATION 67, 796, 337 63, 899, 289 4. 4. 02 41, 818 41, 818 4.
CLAIMED HOME OFFICE COSTS:  1. 00  1. 00 CAP REL COSTS-BLDG & FIXT HOME OFFICE ALLOCATION 1, 234, 632 0 1. 2. 00  1. 02 CAP REL COSTS INTEREST EXPENHOME OFFICE ALLOCATION 11, 263, 284 0 2. 3. 00  2. 00 CAP REL COSTS-MVBLE EQUIP HOME OFFICE ALLOCATION 2, 344, 891 0 3. 4. 00  4. 00 GMPLOYEE BENEFITS DEPARTMENTHOME OFFICE ALLOCATION 37, 588, 082 0 4. 4. 01 5. 06 OTHER ADMINISTRATIVE & GENERHOME OFFICE ALLOCATION 67, 796, 337 63, 899, 289 4. 4. 02 4. 00 EMPLOYEE BENEFITS DEPARTMENTRELATED PARTY 41, 818 41, 818 4.
1.00       1.00 CAP REL COSTS-BLDG & FIXT HOME OFFICE ALLOCATION       1,234,632       0       1.234,632       0       1.234,632       0       1.234,632       0       1.234,632       0       1.234,632       0       1.234,632       0       2.234,891       0       2.234,891       0       2.344,891       0       3.344,891       0
2.00       1.02 CAP REL COSTS INTEREST EXPENHOME OFFICE ALLOCATION       11, 263, 284       0       2         3.00       2.00 CAP REL COSTS-MVBLE EQUIP HOME OFFICE ALLOCATION       2, 344, 891       0       3         4.00       4.00 EMPLOYEE BENEFITS DEPARTMENTHOME OFFICE ALLOCATION       37, 588, 082       0       4         4.01       5.06 OTHER ADMINISTRATIVE & GENERHOME OFFICE ALLOCATION       67, 796, 337       63, 899, 289       4         4.02       4.00 EMPLOYEE BENEFITS DEPARTMENTRELATED PARTY       41, 818       41, 818       41, 818
3.00 2.00 CAP REL COSTS-MVBLE EQUIP HOME OFFICE ALLOCATION 2,344,891 0 3. 4.00 4.00 EMPLOYEE BENEFITS DEPARTMENTHOME OFFICE ALLOCATION 37,588,082 0 4. 4.01 5.06 OTHER ADMINISTRATIVE & GENERHOME OFFICE ALLOCATION 67,796,337 63,899,289 4. 4.02 4.00 EMPLOYEE BENEFITS DEPARTMENTRELATED PARTY 41,818 41,818 4.
4.00
4.01 5.06 OTHER ADMINISTRATIVE & GENERHOME OFFICE ALLOCATION 67,796,337 63,899,289 4. 4.02 4.00 EMPLOYEE BENEFITS DEPARTMENTRELATED PARTY 41,818 41,818 4.
4.00 4.00 EMPLOYEE BENEFITS DEPARTMENTRELATED PARTY 41,818 41,818 4.
4 00 L 0 070 40EL 0 070 40EL 4
4. 03   5. 06 OTHER ADMINISTRATIVE & GENET RELATED PARTY   2, 270, 405   2, 270, 405   4.
4. 04 7. 00 PERATION OF PLANT   RELATED PARTY   437, 059   437, 059   4.
4. 05 7. 01 OPERATION OF PLANT - NONHOSFRELATED PARTY 278, 433 278, 433 4.
4.06   13.00 NURSING ADMINISTRATION   RELATED PARTY   17,183   17,183   4.
4. 07   50. 00 0PERATING ROOM   RELATED PARTY   381, 498   381, 498   4.
4. 08 54. 00 ADD 54. 00 ADD 64. 00 ADD 64. 00 ADD 65. 0
4. 09   60. 00 LABORATORY   RELATED PARTY   9, 261, 595   9, 261, 595   4.
4. 10   66. 00 PHYSI CAL THERAPY   RELATED PARTY   23, 723   23, 723   4.
4. 11 70. 00 ELECTROENCEPHALOGRAPHY RELATED PARTY 12, 000 12, 000 4.
4. 12 76. 01 OUTPATIENT WOUND CARE CENTERRELATED PARTY 1, 200 1, 200 4.
4.13 76.97 CARDIAC REHABILITATION RELATED PARTY 2,025 2,025 4.
4. 14   192. 00 PHYSI CI ANS' PRI VATE OFFI CES   RELATED PARTY   6, 040, 967   6, 040, 967   4.
5. 00 0 139, 012, 632 82, 684, 695 5.

\* 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 look been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

not been posted to not resident A, cordinate t and of Z, the amount art on all a be that dated in cordinat t of this part.								
				Related Organization(s) and/	or Home Office			
					1			
	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 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 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under tit XVIII.

6. 00	В	IU HEALTH	100.00	IU HEALTH	100.00	6.00
7. 00			0.00		0.00	7. 00
8. 00			0.00		0.00	8. 00
9. 00			0.00		0.00	9. 00
10.00			0.00		0. 00	10.00
100.00	G. Other (financial or					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.

Heal th	Financial Syst	ems	IU HEALTH ARNETT	T HOSPI TAL	In Lieu	of Form CMS-	2552-10
STATEME	ENT OF COSTS OF	SERVICES FROM	M RELATED ORGANIZATIONS AND HOME	Provider CCN: 15-0173	Peri od:	Worksheet A-	8-1
OFFI CE	COSTS				From 01/01/2020	Data /Tima Du	
					To 12/31/2020	Date/Time Pr 7/13/2021 4:	
1	let Adjustments	Wkst. A-7 Ref.		•		77 137 2021 4.	20 piii
•	(col. 4 minus						
	col. 5)*						
	6. 00	7. 00					
	A. COSTS INCUR	RED AND ADJUST	TMENTS REQUIRED AS A RESULT OF T	FRANSACTIONS WITH RELATE	ED ORGANIZATIONS	OR	
	CLAIMED HOME O	FFICE COSTS:					
1.00	1, 234, 632	9					1. 00
2.00	11, 263, 284	11					2. 00
3.00	2, 344, 891	9					3. 00
4.00	37, 588, 082	0					4. 00
4.01	3, 897, 048	0					4. 01
4.02	0	0					4. 02
4.03	0	0					4. 03
4.04	0	0					4.04
4.05	0	0					4. 05
4.06	0	0					4. 06
4.07	0	0					4. 07
4.08	0	0					4. 08
4. 09	0	0					4. 09
4. 10	0	0					4. 10
4. 11	0	0					4. 11
4. 12	0	0					4. 12
4 13	l ol	l ol	l				4 13

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 not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part

4.14

5 00

110 0	on posted to worksheet 11, con	dillis 1 dild of 2, the dilloure di oliubre should be marcated in cordilli i or this part.	
F	Related Organization(s) and/o		
	Home Office		
	Type of Business		
	6. 00		
	B. INTERRELATIONSHIP TO RELA	ATED 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 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

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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE	6. 00
7.00		7. 00
8.00		8. 00
9.00		9. 00
7. 00 8. 00 9. 00 10. 00		10.00
100.00		100.00

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

0

- 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.
- Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

4.14

5. 00

Heal th FinancialSystemsIU HEALTH ARNETT HOSPITALIn Lieu of Form CMS-2552-10PROVI DER BASEDPHYSI CI AN ADJUSTMENTProvi der CCN: 15-0173Peri od: From 01/01/2020Worksheet A-8-2

12/31/2020 Date/Time Prepared: 7/13/2021 4:26 pm Physi ci an/Prov Wkst. A Line # Cost Center/Physician Total Professi onal Provi der RCE Amount I denti fi er Remuneration Component Component der Component Hours 5.00 1.00 2.00 3.00 4.00 6.00 7.00 7, 038 7, 038 1.00 5. 01 ADMI TTI NG 211, 500 1.00 2.00 5.06 OTHER ADMINISTRATIVE & GENERAL 289, 026 289, 026 211, 500 2.00 3.00 13.00 NURSING ADMINISTRATION 211, 500 3.00 6, 278 6, 278 30.00 ADULTS & PEDIATRICS 4.00 8, 435, 334 8, 435, 334 211, 500 4.00 5.00 31.00 INTENSIVE CARE UNIT 1, 034, 948 44, 348 990, 600 211, 500 5.00 8,760 35. 00 NEONATAL INTENSIVE CARE UNIT 6.00 955, 961 955, 961 211, 500 6.00 53. 00 ANESTHESI OLOGY
76. 01 OUTPATIENT WOUND CARE CENTER 7.00 9, 659, 305 239, 400 9, 659, 305 0 7.00 8.00 19, 366 19, 366 211, 500 8.00 91.00 EMERGENCY 9.00 1, 170, 624 546, 384 624, 240 211, 500 3, 285 9.00 10 00 0.00 10.00 19, 963, 040 12<u>, 0</u>45 21, 577, 880 200.00 1,614,840 200.00 Physician Cost Wkst. A Line Cost Center/Physician Unadjusted RCE 5 Percent of Cost of Provi der I denti fi er Li mi t Unadjusted RCE Memberships &Component Sharef Malpractice Conti nui ng of col. 12 Li mi t Insurance Educati on 2.00 8.00 9. 00 13. 00 14. 00 1.00 5. 01 ADMI TTI NG 1 00 5.06 OTHER ADMINISTRATIVE & GENERAL 2.00 2.00 3.00 13.00 NURSING ADMINISTRATION 3.00 30.00 ADULTS & PEDIATRICS 4.00 4.00 31.00 INTENSIVE CARE UNIT 890, 740 5 00 0 5 00 44, 537 6.00 35.00 NEONATAL INTENSIVE CARE UNI 6.00 7.00 53. 00 ANESTHESI OLOGY 7.00 8.00 76. 01 OUTPATIENT WOUND CARE CENTER 0 8.00 0000 91.00 EMERGENCY 16, 701 9 00 9.00 334,028 10.00 0.00 10.00 224, 768 200.00 200.00 61 Adjusted RCE Wkst. A Line # Cost Center/Physician Provi der RCE Adjustment I denti fi er omponent Share limit Di sal I owance of col. 14 1.00 2.00 15. 00 16.00 17.00 18. 00 5. O1 ADMI TTI NG 1.00 1.00 7. 038 5.06 OTHER ADMINISTRATIVE & GENERAL 289, 026 2.00 2.00 3.00 13.00 NURSING ADMINISTRATION 6, 278 3.00 30.00 ADULTS & PEDIATRICS 4.00 8, 435, 334 4.00 31.00 INTENSIVE CARE UNIT 890, 740 99,860 5.00 144, 208 5.00 6.00 35.00 NEONATAL INTENSIVE CARE UNIT 955, 961 6.00 53. 00 ANESTHESI OLOGY 9, 659, 305 7.00 7.00 76. 01 OUTPATIENT WOUND CARE CENTER 8.00 19, 366 8.00

334, 028

1, 224, 768

290, 212

390, 072

836, 596

20, 353, 112

9.00

10.00

200.00

91. 00 EMERGENCY

0.00

9.00

10.00

200.00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0173	Period: Worksheet B From 01/01/2020 Part I To 12/31/2020 Date/Time Prepared:

				o 12/31/2020	Date/Time Pre 7/13/2021 4:2	epared:
			CAPI TAL RE	LATED COSTS	17/13/2021 4.2	О рііі
Cost Center Description	Net Expenses	BLDG & FIXT	BLDG & FIXT -	CAP REL COSTS	MVBLE EQUIP	
South Control Boods   pt. on	for Cost	5250 a x .	NONHOSP	INTEREST		
	Allocation			EXPENSE		
	(from Wkst A					
OFNEDAL CEDALOF COCT OFNEDO	0	1.00	1. 01	1. 02	2. 00	
GENERAL SERVICE COST CENTERS  1. 00 00100 CAP REL COSTS-BLDG & FLXT	6, 170, 861	6, 170, 861				1.00
1.01 O0101 CAP REL COSTS-BLDG & FLXT - NONHOSP	2, 595, 682	0	2, 595, 682			1. 01
1. 02 00102 CAP REL COSTS INTEREST EXPENSE 2. 00 00200 CAP REL COSTS-MVBLE EQUIP	11, 065, 720 7, 313, 990	0	0	11, 065, 720	7, 313, 990	1. 02 2. 00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP	4, 119, 400				0	2. 01
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 00570 ADMITTING	40, 210, 609	0	0	77, 503	0	4.00
5. 01   00570 ADMITTING 5. 06   00590 OTHER ADMINISTRATIVE & GENERAL	3, 688, 474 82, 897, 786	42, 707 177, 514	1			5. 01 5. 06
7.00 00700 OPERATION OF PLANT	10, 220, 130	1, 149, 242				7. 00
7. 01 00701 OPERATION OF PLANT - NONHOSPITAL 8. 00 00800 LAUNDRY & LINEN SERVICE	3, 871, 987 4, 782	0	12, 395	0	0	7. 01 8. 00
9. 00   00900 HOUSEKEEPI NG	4, 121, 476	83, 847	1, 143		99, 380	9. 00
10. 00   01000 DI ETARY 11. 00   01100   CAFETERI A	1, 743, 725 104, 415	147, 884 86, 500		265, 190 155, 114		
13.00 01300 NURSING ADMINISTRATION	4, 228, 765	106, 403	h .	190, 804		
14.00 01400 CENTRAL SERVICES & SUPPLY	10, 972, 614	325, 073				
15. 00   01500   PHARMACY 16. 00   01600   MEDI CAL RECORDS & LI BRARY	3, 937, 328 0	66, 395 0	369	119, 061 0	78, 695 0	15. 00 16. 00
17.00 01700 SOCIAL SERVICE	608, 990	0	Ö	Ö	0	17. 00
18.00   O1850   PATLENT TRANSPORT SERVICES 21.00   O2100   L&R SERVICES-SALARY & FRINGES APPRVD	671, 558 727, 882	21, 547	0	38, 639	25, 539 0	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	916, 681	0	13, 140	0	0	
23. 00 02300 PARAMED ED PRGM - PHARMACY	211, 928	2, 110	251	3, 783	2, 501	23. 00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS  30. 00 03000 ADULTS & PEDI ATRI CS	22, 066, 450	1, 759, 614	0	3, 155, 374	2, 085, 572	30.00
31.00 03100 INTENSIVE CARE UNIT	3, 574, 643	171, 821	0	308, 113	203, 650	31.00
33.00 03300 BURN INTENSIVE CARE UNIT 33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00 33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	2, 362, 757	138, 592	b .	248, 527	164, 266	35. 00
43. 00 04300 NURSERY ANCI LLARY SERVICE COST CENTERS	702, 596	64, 379	0	115, 445	76, 304	43. 00
50.00 05000 OPERATING ROOM	5, 044, 183	440, 473	2, 596	789, 866		
51. 00 05100 RECOVERY ROOM	635, 037	65, 154	1	116, 836		
52.00   05200   DELI VERY ROOM & LABOR ROOM 53.00   05300   ANESTHESI OLOGY	2, 520, 210 1, 479, 537	221, 974 19, 593	l e	398, 049 35, 134	· ·	
53. 01 05301 ASC ANESTHESI OLOGY	318	0	870	0	0	53. 01
54. 00   05400   RADI OLOGY-DI AGNOSTI C 55. 00   05500   RADI OLOGY-THERAPEUTI C	4, 198, 163 0	243, 692 0	0	436, 994 0	288, 835 0	54.00
56. 00 05600 RADI 0I SOTOPE	265, 998	29, 800	P .	53, 439	35, 321	56. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON 60. 00   06000   LABORATORY	1, 659, 935 9, 271, 680	121, 699 147, 853		218, 233 265, 134		
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	714, 020	10, 859		19, 473		
65. 00 06500 RESPIRATORY THERAPY	1, 887, 005	15, 699		28, 152		
66. 00   06600   PHYSI CAL THERAPY 67. 00   06700   OCCUPATI ONAL THERAPY	665, 714 423, 936	11, 216 6, 159	h	20, 112 11, 044		67.00
68.00 06800 SPEECH PATHOLOGY	298, 187	4, 654	0	8, 345	5, 516	68. 00
69. 00   06900 ELECTROCARDI OLOGY 70. 00   07000 ELECTROENCEPHALOGRAPHY	1, 415, 028 82, 657	34, 873	0	62, 535 0	41, 333 0	1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6, 917, 383	Ö	Ö	0	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	9, 038, 474	0	0	0	0	72. 00 73. 00
73. 00   07300   DRUGS CHARGED TO PATIENTS 74. 00   07400   RENAL DI ALYSI S	39, 085, 581 686, 238	23, 952	0	42, 951	0 28, 389	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
75. 01   07501   ASC (NON-DISTINCT PART) 76. 00   03950   CARDIAC CATHERIZATION	3, 960, 073 0	0	250, 558	0	0	
76. 01 03951 OUTPATIENT WOUND CARE CENTER	203, 072	Ö	40, 592		0	76. 01
76. 97 O7697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS	442, 246	0	20, 986	0	0	76. 97
90. 00 09000 CLI NI C	0	0	0	0	0	90.00
90. 01 04950 SLEEP CLINIC	432, 528	0	25, 085		0	
90. 02 09001 ANTI COAGULATI ON CLINIC 90. 03 09002 ARNETT CANCER CARE CENTER	699, 010 1, 347, 760		11, 326 93, 572		0	
90.04 09003 OUTPATIENT INFUSION CENTER	15, 679	9, 897	0	17, 748	11, 731	90. 04
91.00   09100   EMERGENCY 92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART)	6, 546, 818	289, 657	0	519, 419	343, 315	91. 00 92. 00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		О		92. 01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93. 00

Health Finar	ncial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lieu	of Form CMS-2	2552-10
COST ALLOCA	TION - GENERAL SERVICE COSTS		Provi der C		eri od:	Worksheet B	
					rom 01/01/2020 o 12/31/2020		nared.
				'	0 12/01/2020	7/13/2021 4: 2	
				CAPI TAL RE	LATED COSTS		
			5150 - 511	Inches - From			
	Cost Center Description	Net Expenses	BLDG & FIXT		CAP REL COSTS	MVBLE EQUIP	
		for Cost		NONHOSP	INTEREST		
		Allocation			EXPENSE		
		(from Wkst A					
		0	1.00	1. 01	1. 02	2. 00	
SPECI	AL PURPOSE COST CENTERS	Ü	1.00	1.01	1. 02	2.00	
	SUBTOTALS (SUM OF LINES 1 through 117)	329, 047, 699	6, 040, 832	633, 342	10, 832, 550	7, 159, 873	118. 00
	IMBURSABLE COST CENTERS						
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	114, 426	38, 627	0	69, 267	45, 783	190. 00
191. 00 19100		0	0	0	0		191. 00
	PHYSICIANS' PRIVATE OFFICES	107, 968, 163	19, 329	1, 942, 047	34, 661	22, 910	
	NONPALD WORKERS	0	0	0	0		193. 00
	RETAIL PHARMACY	5, 678, 976	·	B .	30, 544		
	WHITE HOSPITAL	1, 898, 884	30, 095	10, 574	53, 967	35, 670	193. 02
193. 03 19303		2, 670		0	0		193. 03
	FRANKFORT HOSPITAL	1, 246, 716	24, 945	9, 719	44, 731		
	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
	Cross Foot Adjustments						200. 00
	Negative Cost Centers		0	0	0		201. 00
202. 00	TOTAL (sum lines 118 through 201)	445, 957, 534	6, 170, 861	2, 595, 682	11, 065, 720	7, 313, 990	202. 00

			Fr	om 01/01/2020 12/31/2020	Part I Date/Time Pre 7/13/2021 4:2	
Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP - NONHOSP	EMPLOYEE BENEFITS DEPARTMENT	ADMI TTI NG		OTHER ADMI NI STRATI VE & GENERAL	
GENERAL SERVICE COST CENTERS	2. 01	4. 00	5. 01	5A. 01	5. 06	
1.00	4, 119, 400 0 35, 387 193, 215 9, 011	40, 210, 609 655, 317 1, 536, 083 331, 559	4, 571, 384 0 0	85, 455, 065 15, 138, 601	3, 588, 515	1.00 1.01 1.02 2.00 2.01 4.00 5.01 5.06 7.00
7. 01   00701   0PERATI ON OF PLANT - NONHOSPI TAL 8. 00   00800   LAUNDRY & LI NEN SERVI CE 9. 00   00900   HOUSEKEEPI NG 10. 00   011000   DI ETARY 11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG ADMINI STRATI ON 14. 00   01400   CENTRAL SERVI CES & SUPPLY 15. 00   01500   PHARMACY	19, 671 0 1, 814 0 0 0 924 585	67, 983 0 566, 970 116, 143 71, 809 735, 432 69, 678 725, 403	0 0 0 0 0	3, 972, 036 4, 782 5, 024, 987 2, 448, 222 520, 362 5, 387, 518 12, 337, 091 4, 927, 836	1, 134 1, 191, 143 580, 336 123, 349 1, 277, 079 2, 924, 433	9. 00 10. 00 11. 00 13. 00 14. 00
16.00   01600   MEDI CAL RECORDS & LI BRARY   17.00   01700   SOCI AL SERVI CE   18.00   01850   PATI ENT TRANSPORT SERVI CES   21.00   02100   Lar SERVI CES-SALARY & FRI NGES APPRVD   22.00   02200   Lar SERVI CES-OTHER PRGM. COSTS APPRVD   23.00   PARAMED ED PRGM - PHARMACY   INPATI ENT ROUTI NE SERVI CE COST CENTERS	0 0 0 0	119, 258 107, 537 0 162, 162 46, 944	0 0 0 0 0	728, 248 864, 820 727, 882 1, 112, 836 267, 915	0 172, 627 205, 000 172, 540	16. 00 17. 00 18. 00 21. 00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT 33. 01 03301 BURN INTENSIVE CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT 43. 00 04300 NURSERY ANCILLARY SERVICE COST CENTERS	0 0 0 0 0	5, 520, 736 536, 301 0 0 652, 508 137, 315	407, 452 53, 877 0 0 42, 512 10, 201	34, 995, 198 4, 848, 405 0 3, 609, 162 1, 106, 240		30. 00 31. 00 33. 00 33. 01 35. 00 43. 00
50. 00   05000   OPERATI NG   ROOM   51. 00   05100   RECOVERY   ROOM   52. 00   05200   DELI VERY   ROOM   & LABOR   ROOM   53. 00   05300   ANESTHESI   OLOGY   54. 00   05400   RADI   OLOGY - DI   AGNOSTI   C   55. 00   05500   RADI   OLOGY - THERAPEUTI   C   56. 00   05600   RADI   OLOGY - THERAPEUTI   C   59. 00   05900   CARDI   AC   CATHETERI   ZATI   ON   60. 00   06000   LABORATORY	4, 119 0 0 1, 790 1, 381 0 0 0 0	938, 993 124, 209 489, 468 1, 995, 102 0 789, 608 0 49, 683 271, 580	376, 938 30, 230 64, 183 69, 502 11, 376 263, 236 0 36, 789 151, 040 191, 514	8, 119, 237 1, 048, 690 3, 956, 978 3, 625, 008 13, 945 6, 220, 528 471, 030 2, 566, 730 10, 074, 773	937, 978 859, 286 3, 306 1, 474, 539 0 111, 655 608, 428 2, 388, 164	51. 00 52. 00 53. 00 53. 01 54. 00 55. 00 56. 00 59. 00 60. 00
63. 00   06300   BLOOD STORING, PROCESSING & TRANS. 65. 00   06500   RESPIRATORY THERAPY   066.00   06500   RESPIRATORY THERAPY   07. 00   06700   0CCUPATIONAL THERAPY   07. 00   06800   SPEECH PATHOLOGY   07. 00   07000   ELECTROCARDIOLOGY   07. 00   07000   ELECTROENCEPHALOGRAPHY   07. 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 368, 983 132, 538 75, 641 56, 567 227, 566 16, 323 0 0	14, 656 41, 778 10, 542 5, 783 4, 369 82, 569 2, 364 138, 163 254, 736 621, 278 5, 593	771, 879 2, 360, 224 853, 416 529, 862 377, 638 1, 863, 904 101, 344 7, 055, 546 9, 293, 210 39, 706, 859 787, 123	559, 477 202, 297 125, 601 89, 517 441, 827 24, 023 1, 672, 475 2, 202, 900 9, 412, 273	65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00
75.00   07500   ASC   (NON-DISTINCT PART) 75.01   07501   ASC   (NON-DISTINCT PART) 76.00   03950   CARDIAC   CATHERIZATION 76.01   03951   OUTPATIENT WOUND CARE CENTER 76.97   07697   CARDIAC   REHABILITATION	397, 641 0 64, 421 33, 304	0 678, 097 0 21, 137 64, 969	320, 973 0 8, 894 187	5, 607, 342 0 338, 116 561, 692	0 1, 329, 187 0	75. 00 75. 01 76. 00 76. 01
OUTPATIENT SERVICE COST CENTERS	0 39, 811 17, 975 148, 501 0 0	0 79, 158 100, 099 197, 577 2, 152 1, 010, 543	0 11, 647 852 69, 914 1, 077 513, 145	0 588, 229 829, 262 1, 857, 324 58, 284 9, 222, 897 0	196, 572 440, 268	90. 02 90. 03 90. 04
93.00 04951 OTHER OUTPATIENT SERVICES SPECIAL PURPOSE COST CENTERS	<u> </u>	0	0	0	0	93. 00
118.00   SUBTOTALS (SUM OF LINES 1 through 117	1, 005, 125	19, 849, 131	3, 817, 370	302, 338, 276	51, 410, 866	118. 00

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lieu	ı of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der C		Period: From 01/01/2020	Worksheet B Part I
				To 12/31/2020	
	(APITAL RELATE	)			77 137 2021 4. 20 piii
	COSTS				
Cost Center Description	MVBLE EQUIP -	EMPLOYEE	ADMI TTI NG	Subtotal	OTHER
	NONHOSP	BENEFI TS			ADMI NI STRATI VE
		DEPARTMENT			& GENERAL
	2. 01	4.00	5. 01	5A. 01	5. 06
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6, 934	(	275, 037	65, 196 190. 00
191. 00 19100 RESEARCH	0	0	(	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3, 082, 070	19, 814, 519	736, 87	5 133, 620, 574	31, 674, 070 192. 00
193. 00 19300 NONPALD WORKERS	0	0	(	0	0 193. 00
193. 01 19301 RETAIL PHARMACY	0	134, 404	17, 13	9 5, 898, 284	1, 398, 153 193. 01
193. 02 19302 WHI TE HOSPI TAL	16, 781	244, 454	(	2, 290, 425	542, 932 193. 02
193. 03 19303 HOSPI CE	0	0	(	2, 670	633 193. 03
193. 04 19304 FRANKFORT HOSPITAL	15, 424	161, 167	(	1, 532, 268	363, 215 193. 04
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0		0	0 194. 00
200.00 Cross Foot Adjustments				0	200. 00
201.00 Negative Cost Centers	0	0		0 0	0 201. 00
202.00 TOTAL (sum lines 118 through 201)	4, 119, 400	40, 210, 609	4, 571, 38	445, 957, 534	85, 455, 065 202. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu	of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0173	Peri od:	Worksheet B

Period: Worksheet B From 01/01/2020 Part I To 12/31/2020 Date/Time P Date/Time Prepared: 7/13/2021 4:26 pm Cost Center Description OPERATION OF OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY **PLANT** PLANT -LINEN SERVICE NONHOSPI TAL 9.00 7.00 7.01 8.00 10.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1.01 1.02 00102 CAP REL COSTS INTEREST EXPENSE 1.02 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 2.01 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 00570 ADMITTING 5.01 00590 OTHER ADMINISTRATIVE & GENERAL 5.06 5.06 7.00 00700 OPERATION OF PLANT 18, 727, 116 7 00 00701 OPERATION OF PLANT - NONHOSPITAL 7.01 4, 913, 583 7.01 00800 LAUNDRY & LINEN SERVICE 5, 916 8.00 8.00 9.00 00900 HOUSEKEEPI NG 327, 033 2, 308 6, 545, 471 9.00 01000 DI ETARY 3, 703, 781 10.00 576, 801 98, 422 10.00 01100 CAFETERI A 337, 380 11.00 57, 569 11.00 13.00 01300 NURSING ADMINISTRATION 415, 009 70,815 0 13.00 01400 CENTRAL SERVICES & SUPPLY 1 267 897 217, 163 14 00 1, 176 14 00 01500 PHARMACY 15.00 258, 964 744 44,704 15.00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 17.00 01700 SOCIAL SERVICE 17.00 01850 PATIENT TRANSPORT SERVICES 18 00 84, 042 14, 341 18 00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 0 21.00 02200 L&R SERVICES-OTHER PRGM. COSTS APPRVD 18, 398 22.00 22.00 26, 531 23.00 02300 PARAMED ED PRGM - PHARMACY , 755 23.00 8. 229 506 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 6, 863, 097 4,824 1, 171, 082 3, 388, 747 30.00 250, 862 03100 INTENSIVE CARE UNIT 31.00 31.00 670, 161 357 114, 353 03300 BURN INTENSIVE CARE UNIT 33.00 33.00 0 33.01 03301 BURN INTENSIVE CARE UNIT 0 33 01 35.00 02060 NEONATAL INTENSIVE CARE UNIT 540, 558 324 92, 238 0 35.00 43.00 04300 NURSERY 251, 099 42,846 43.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 1, 717, 999 5. 241 296, 784 50.00 05100 RECOVERY ROOM 254, 124 43, 362 0 51.00 51.00 52.00 05200 DELIVERY ROOM & LABOR ROOM 865, 776 91 147, 731 64, 172 52.00 2, 278 05300 ANESTHESI OLOGY 76, 419 14, 619 53.00 53.00 0 53.01 05301 ASC ANESTHESI OLOGY 1, 757 1, 218 0 53.01 54.00 05400 RADI OLOGY-DI AGNOSTI C 950, 484 162, 185 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 55.00 19,833 56.00 05600 RADI OI SOTOPE 116, 231 56.00 59.00 05900 CARDI AC CATHETERI ZATI ON 80, 995 59.00 474, 667 60.00 06000 LABORATORY 576, 680 18, 223 111,028 60.00 42, 354 63.00 06300 BLOOD STORING, PROCESSING & TRANS 7, 227 63.00 RESPIRATORY THERAPY 65.00 06500 61, 232 10, 448 65.00 06600 PHYSI CAL THERAPY 43, 746 7, 465 66.00 66.00 67.00 06700 OCCUPATIONAL THERAPY 24, 021 4,099 67.00 06800 SPEECH PATHOLOGY 3, 097 68.00 18, 152 68.00 69.00 06900 ELECTROCARDI OLOGY 136, 017 23, 209 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 71 00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 73.00 07400 RENAL DIALYSIS 74.00 93, 421 15, 941 74.00 07500 ASC (NON-DISTINCT PART) 75 00 75 00 75.01 07501 ASC (NON-DISTINCT PART) 505, 900 350, 822 75.01 76.00 03950 CARDIAC CATHERIZATION 76.00 76.01 03951 OUTPATIENT WOUND CARE CENTER 81, 959 56,836 0 76.01 07697 CARDIAC REHABILITATION 76.97 42.372 29, 383 0 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 90.00 09000 CLI NI C 90.01 04950 SLEEP CLINIC 50, 650 35, 123 90.01 09001 ANTI COAGULATION CLINIC 90. 02 90.02 15, 858 22, 868 90.03 09002 ARNETT CANCER CARE CENTER 188, 931 131,016 90.03 90.04 09003 OUTPATIENT INFUSION CENTER 38, 603 6,587 90.04 09100 EMERGENCY 91 00 1, 129, 762 192, 777 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 92.01 04951 OTHER OUTPATIENT SERVICES 93.00 93.00 Ω SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117) 18, 219, 958 951, 444 5, 916 3, 711, 329 3, 703, 781 118. 00 NONREI MBURSABLE COST CENTERS 190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 150, 659 25, 708 0 190. 00 191. 00 19100 RESEARCH 0 191.00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-01	73   Period:   Worksheet B   From 01/01/2020   Part I   To   12/31/2020   Date/Time   Prepared:

					7/13/2021 4: 2	26 pm
Cost Center Description	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	PLANT	PLANT -	LINEN SERVICE			
		NONHOSPI TAL				
	7. 00	7. 01	8. 00	9. 00	10. 00	
192. 00 19200 PHYSICIANS' PRIVATE OFFICES	75, 390	3, 921, 166	C	2, 732, 044	0	192. 00
193. 00 19300 NONPALD WORKERS	0	0	C	0	0	193. 00
193. 01 19301 RETALL PHARMACY	66, 435	0	C	11, 336	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	117, 381	21, 350	C	34, 845	0	193. 02
193. 03 19303 HOSPI CE	0	0	C	0	0	193. 03
193. 04 19304 FRANKFORT HOSPITAL	97, 293	19, 623	C	30, 209	0	193. 04
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0	C	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	C	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	18, 727, 116	4, 913, 583	5, 916	6, 545, 471	3, 703, 781	202. 00

Health Financial Systems IU HEALTH ARNETT HOSPITAL

COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 15-0173

				Ic	12/31/2020	Date/lime Pre 7/13/2021 4:2	
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
			ADMINI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY	
		11. 00	13. 00	14. 00	15. 00	16. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
1. 01 1. 02	O0101 CAP REL COSTS-BLDG & FIXT - NONHOSP   O0102 CAP REL COSTS INTEREST EXPENSE						1. 01 1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
2. 01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 5. 06	00570 ADMITTING 00590 OTHER ADMINISTRATIVE & GENERAL						5. 01 5. 06
7. 00	00700 OPERATION OF PLANT						7. 00
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL						7. 01
8. 00	00800 LAUNDRY & LINEN SERVICE						8. 00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY						9.00
11.00	01100 CAFETERI A	1, 038, 660					10. 00 11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	54, 220	1				13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	8, 755	1		1		14. 00
	01500 PHARMACY	43, 968	0	91, 035	6, 535, 365		15.00
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	10, 578	0	0	0	0	16. 00 17. 00
18. 00	01850 PATIENT TRANSPORT SERVICES	17, 848	1	113	ő	0	18. 00
	02100 I&R SERVICES-SALARY & FRINGES APPRVD	13, 448		0	O	0	21.00
22.00	02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD	4, 963		0	0	0	22.00
23. 00	02300 PARAMED ED PRGM - PHARMACY INPATIENT ROUTINE SERVICE COST CENTERS	3, 399	0	O	0	0	23. 00
30. 00	03000 ADULTS & PEDIATRICS	331, 417	3, 855, 676	1, 312, 941	23, 304	0	30. 00
31.00	03100 INTENSIVE CARE UNIT	37, 632			4, 371	0	31.00
	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
	03301 BURN INTENSIVE CARE UNIT   02060 NEONATAL INTENSIVE CARE UNIT	0 33, 704	247 497	40 020	1 410	0	33. 01 35. 00
43.00	04300 NURSERY	9, 881	367, 487 111, 015	68, 828 0	1, 610	0	43. 00
	ANCILLARY SERVICE COST CENTERS	.,			-1		,
	05000 OPERATING ROOM	70, 414	1	1, 237, 140	5, 525	0	50.00
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	9, 577 35, 933	· ·		46 226	0	51. 00 52. 00
53. 00	05300 ANESTHESI OLOGY	37, 148	1		3, 474	0	53. 00
53.01	05301 ASC ANESTHESI OLOGY	0	0	44, 763	334	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	55, 739	116, 878	533, 531	6, 029	0	54.00
55. 00 56. 00	05500 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	0 3, 252	0	7, 440	0 254	0	55. 00 56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	19, 863	1		2, 906	0	59. 00
60.00	06000 LABORATORY	44, 148	1	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2, 332	0	0	63.00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	28, 809 8, 890		207, 344 1, 321	1, 791	0	65. 00 66. 00
67.00	06700 OCCUPATI ONAL THERAPY	5, 188			Ö	0	67. 00
68.00	06800 SPEECH PATHOLOGY	3, 601		311	O	0	68.00
	06900 ELECTROCARDI OLOGY	20, 965	· ·	10, 967	531	0	
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1, 137 0	1	0 4, 401, 033	0	0	70. 00 71. 00
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	5, 750, 524	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	6, 456, 343	0	73.00
74.00	07400 RENAL DI ALYSI S	0	0	6, 512	687	0	74.00
	07500 ASC (NON-DISTINCT PART) 07501 ASC (NON-DISTINCT PART)	0	0	861, 169	10, 970	0	75. 00 75. 01
	03950 CARDI AC CATHERI ZATI ON	0	ő	0	0, 770	ő	76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	0	0	38, 101	50	0	76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	3, 316	0	0	76. 97
90 00	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC	0	0	O	0	0	90. 00
	04950 SLEEP CLINIC	0	Ö	15, 775	Ö	0	90. 01
	09001 ANTI COAGULATI ON CLINI C	0	0	3, 153	0	0	90. 02
	09002 ARNETT CANCER CARE CENTER 09003 OUTPATIENT INFUSION CENTER	15, 069 135			7, 017 64	0	90. 03 90. 04
	09100 EMERGENCY	85, 212	1		9, 491	0	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	00,212	, 527	300, 710	′′ ′′′	Ĭ	92. 00
	09201 OBSERVATION BEDS (DISTINCT PART)	0	1	0	0	0	
93. 00	04951 OTHER OUTPATIENT SERVICES SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	93. 00
118. 00		1, 014, 893	7, 204, 641	15, 984, 541	6, 535, 023	0	118. 00
105	NONREI MBURSABLE COST CENTERS						
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19100 RESEARCH	1, 125 0	1		0		190. 00 191. 00
. , 1. 00				<u> </u>	<u> </u>	0	

Health Financial Systems

IU HEALTH ARNETT HOSPITAL

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173
Period:
From 01/01/2020
To 12/31/2020 Part I
Date/Time Prepared:
7/13/2021 4:26 pm

					<u>  7/13/2021  4: 2</u>	26 pm
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11. 00	13. 00	14. 00	15. 00	16. 00	
192.0019200 PHYSICIANS' PRIVATE OFFICES	0	0	778, 466	342	0	192.00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	0	1, 202	0	0	193. 01
193. 02 19302 WHITE HOSPITAL	13, 594	0	0	0	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPITAL	9, 048	0	0	0	0	193. 04
194. OO 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	1, 038, 660	7, 204, 641	16, 764, 209	6, 535, 365	0	202. 00

Health Financial	Systems	IU HEALTH ARNETT	HOSPI TAL	In Lieu	of Form CMS-2552-10
COST ALLOCATION	- GENERAL SERVICE COSTS		Provi der CCN: 15-0173	From 01/01/2020	Worksheet B Part I Date/Time Prepared:

7/13/2021 4: 26 pm OTHER GENERAL INTERNS & RESIDENTS SERVI CE PARAMED ED Cost Center Description SOCIAL SERVICE PATI ENT SERVI CES-SALARSERVI CES-OTHER TRANSPORT Y & FRINGES PRGM. COSTS PRGM SERVI CES PHARMACY 17. 00 18. 00 21.00 22. 00 23. 00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FLXT 1.00 1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1.01 1.02 00102 CAP REL COSTS INTEREST EXPENSE 1.02 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 2.01 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 00570 ADMITTING 5 01 00590 OTHER ADMINISTRATIVE & GENERAL 5.06 5.06 7.00 00700 OPERATION OF PLANT 7.00 7.01 00701 OPERATION OF PLANT - NONHOSPITAL 7.01 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 9.00 00900 HOUSEKEEPI NG 9.00 10.00 01000 DI ETARY 10.00 01100 CAFETERI A 11 00 11 00 01300 NURSING ADMINISTRATION 13.00 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 14.00 15.00 01500 PHARMACY 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 17.00 01700 SOCIAL SERVICE 911, 453 17.00 01850 PATIENT TRANSPORT SERVICES 18.00 1, 186, 164 18.00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 913, 870 21.00 0 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD 1, 426, 519 22 00 0 22 00 23.00 02300 PARAMED ED PRGM - PHARMACY 345, 312 23.00 NPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 30.00 743, 229 737, 227 1, 150, 787 105, 667 0 31 00 03100 INTENSIVE CARE UNIT 55,020 13.972 0 31 00 33.00 03300 BURN INTENSIVE CARE UNIT 0 33.00 33 01 03301 BURN INTENSIVE CARE UNIT 33.01 49, 889 11, 025 35.00 02060 NEONATAL INTENSIVE CARE UNIT 24, 742 38, 621 0 35.00 43.00 04300 NURSERY 49, 241 2,645 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 97, 753 43, 274 67, 548 50.00 05100 RECOVERY ROOM 51.00 7.840 0 51.00 14, 074 52.00 05200 DELIVERY ROOM & LABOR ROOM 16, 645 80, 238 125, 249 52.00 53.00 05300 ANESTHESI OLOGY 18,024 53.00 05301 ASC ANESTHESI OLOGY 2.950 53.01 53.01 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 68, 266 0 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 55.00 56.00 05600 RADI OI SOTOPE 9, 541 56.00 59.00 05900 CARDIAC CATHETERIZATION 39, 170 59.00 0 60.00 06000 LABORATORY 49,666 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 63.00 3, 801 63.00 65.00 06500 RESPIRATORY THERAPY 10, 835 65.00 06600 PHYSI CAL THERAPY 66.00 2, 734 0 66.00 67.00 06700 OCCUPATI ONAL THERAPY 1,500 67.00 68.00 06800 SPEECH PATHOLOGY 1, 133 68.00 lo6900l ELECTROCARDI OLOGY 69 00 21, 413 69 00 07000 ELECTROENCEPHALOGRAPHY 70.00 613 0 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 35, 830 0 71.00 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 66, 062 72.00 0 07300 DRUGS CHARGED TO PATIENTS 345, 312 73 00 161, 119 73 00 74.00 07400 RENAL DIALYSIS 1, 450 0 74.00 75.00 07500 ASC (NON-DISTINCT PART) 0 75.00 75.01 07501 ASC (NON-DISTINCT PART) 83, 240 0 75.01 03950 CARDIAC CATHERIZATION 76 00 0 76 00 76.01 03951 OUTPATIENT WOUND CARE CENTER 2, 306 0 76.01 07697 CARDIAC REHABILITATION 76.97 76.97 0 OUTPATIENT SERVICE COST CENTERS 90 00 90 00 09000 CLI NI C 0 90.01 04950 SLEEP CLINIC 3,021 0 90.01 90.02 09001 ANTICOAGULATION CLINIC 221 90.02 90.03 09002 ARNETT CANCER CARE CENTER 18, 131 90 03 0 90.04 09003 OUTPATIENT INFUSION CENTER 279 0 90.04 09100 EMERGENCY 91.00 91.00 133, 077 28, 389 44, 314 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92 01 92.01 0 04951 OTHER OUTPATIENT SERVICES 0 93.00 93.00 SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 911, 453 989, 977 913, 870 1, 426, 519 345, 312 118. 00

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lieu	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der C		Period: From 01/01/2020	Worksheet B Part I	
				To 12/31/2020		epared: 26 pm
		OTHER GENERAL SERVICE	. INTERNS &	RESI DENTS		
Cost Center Description	SOCIAL SERVICE			RSERVI CES-OTHER		
		TRANSPORT	Y & FRINGES	PRGM. COSTS	PRGM -	
	17.00	SERVI CES	21.00	22.00	PHARMACY	
NONREI MBURSABLE COST CENTERS	17. 00	18. 00	21. 00	22. 00	23. 00	
190. 0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			<u>,                                    </u>		0	190. 00
191. 0019100 RESEARCH						191.00
192. 0019200 PHYSI CLANS' PRI VATE OFFI CES		191, 742				192.00
193. 0019300 NONPALD WORKERS	0	171,712				193.00
193. 01119301 RETAIL PHARMACY	0	4, 445				193. 01
193. 0219302 WHI TE HOSPI TAL	0	,,		o o		193. 02
193. 03 19303 HOSPI CE	0	C		0	0	193. 03
193. 04 19304 FRANKFORT HOSPITAL	0	C		0	0	193. 04
194.0007950 MARKETING/PUBLIC RELATIONS	0	C		0	0	194. 00
200.00 Cross Foot Adjustments				0	0	200. 00
201.00 Negative Cost Centers	0	C		0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	911, 453	1, 186, 164	913, 870	1, 426, 519	345, 312	202. 00

IU HEALTH ARNETT HOSPITAL Health Financial Systems In Lieu of Form CMS-2552-10 COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 15-0173 Peri od: Worksheet B From 01/01/2020 Part I Date/Time Prepared: 12/31/2020 7/13/2021 4: 26 pm Cost Center Description Subtotal Total Intern & Residents Cost & Post Stepdown Adjustments 26.00 24. 00 25.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1.01 1.02 00102 CAP REL COSTS INTEREST EXPENSE 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 5 01 00570 ADMITTING 00590 OTHER ADMINISTRATIVE & GENERAL 5.06 7.00 00700 OPERATION OF PLANT 7.01 00701 OPERATION OF PLANT - NONHOSPITAL

Health Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lieu of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CC		Period: Worksheet B
				From 01/01/2020 Part   To 12/31/2020 Date/Time Prepared:
				7/13/2021 4: 26 pm
Cost Center Description	Subtotal	Intern &	Total	
		Residents Cost		
		& Post		
		Stepdown		
	24.00	Adjustments	27.00	-
NONREI MBURSABLE COST CENTERS	24. 00	25. 00	26. 00	
190. 0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	517, 725		517, 725	190.00
191. 0019100 RESEARCH	317, 723	0	317, 725	191.00
192. 0019200 PHYSI CLANS' PRI VATE OFFI CES	172, 993, 794		172, 993, 794	1
193. 0019300 NONPALD WORKERS	0	ő	.,_,,,,,	193. 00
193. 01 19301 RETAIL PHARMACY	7, 379, 855	Ö	7, 379, 855	1
193. 02 19302 WHITE HOSPITAL	3, 020, 527	0	3, 020, 527	
193. 03 19303 HOSPI CE	3, 303	0	3, 303	193. 03
193.04 19304 FRANKFORT HOSPITAL	2, 051, 656	0	2, 051, 656	193. 04
194. 0007950 MARKETI NG/PUBLIC RELATIONS	0	0	C	194.00
200.00 Cross Foot Adjustments	0	0	C	200.00
201.00 Negative Cost Centers	0	0	C	201.00
202.00   TOTAL (sum lines 118 through 201)	445, 957, 534	-2, 340, 389	443, 617, 145	[202.00]

	1			o 12/31/2020 LATED COSTS	Date/Time Pre 7/13/2021 4:2	
Cost Center Description	Directly Assigned New Capital Related		BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
	Costs					
GENERAL SERVICE COST CENTERS	0	1.00	1. 01	1. 02	2. 00	
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1. 00
1. 01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1. 02 00102 CAP REL COSTS INTEREST EXPENSE			}			1. 01 1. 02
2. 00 00200 CAP REL COSTS INTEREST EXPENSE						2.00
2. 01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP					0	2. 01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 5.01 00570 ADMITTING	0	42, 707	22, 298	76, 583	0 50, 618	4. 00 5. 01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	0	177, 514	121, 747	318, 322	210, 398	5. 06
7.00   00700   0PERATION OF PLANT 7.01   00701   0PERATION OF PLANT - NONHOSPITAL	0	1, 149, 242 0	1		1, 362, 135 0	7. 00 7. 01
8. 00 00800 LAUNDRY & LINEN SERVICE	Ö	Ö	0	0	0	8. 00
9. 00   00900 HOUSEKEEPI NG 10. 00   01000 DI ETARY	0	83, 847 147, 884		150, 357 265, 190	99, 380	9. 00 10. 00
11. 00   01100   CAFETERI A	0	86, 500		155, 114	175, 280 102, 524	11.00
13. 00 01300 NURSI NG ADMI NI STRATI ON	0	106, 403	1	190, 804	126, 114	
14.00   01400   CENTRAL SERVI CES & SUPPLY 15.00   01500   PHARMACY	0	325, 073 66, 395		582, 928 119, 061	385, 291 78, 695	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
17.00   01700   SOCIAL SERVICE 18.00   01850   PATIENT TRANSPORT SERVICES	0	0 21, 547	0	0 38, 639	0 25, 539	17. 00 18. 00
21.00 02100 L&R SERVICES-SALARY & FRINGES APPRVD	0	21, 547	Ö	0	25, 557	21. 00
22. 00 02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	0	0	13, 140		0	22. 00
23. 00 02300 PARAMED ED PRGM - PHARMACY INPATIENT ROUTINE SERVICE COST CENTERS	0	2, 110	251	3, 783	2, 501	23. 00
30. 00 03000 ADULTS & PEDI ATRI CS	0	1, 759, 614	P	3, 155, 374	2, 085, 572	30.00
31.00   03100   INTENSIVE CARE UNIT 33.00   03300   BURN INTENSIVE CARE UNIT	0	171, 821 0	1	308, 113 0	203, 650 0	31. 00 33. 00
33.01 03301 BURN INTENSIVE CARE UNIT	O	0	O	0	0	33. 01
35.00   02060   NEONATAL   INTENSIVE CARE UNIT 43.00   04300   NURSERY	0	138, 592 64, 379		248, 527 115, 445	164, 266 76, 304	35. 00 43. 00
ANCILLARY SERVICE COST CENTERS		04, 377		113, 443	70, 304	43.00
50.00 05000 OPERATING ROOM 51.00 05100 RECOVERY ROOM	0	440, 473 65, 154		789, 866 116, 836	522, 069 77, 224	50. 00 51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	221, 974	1	398, 049	263, 094	
53. 00 05300 ANESTHESI OLOGY	0	19, 593		35, 134	23, 222	53.00
53. 01   05301   ASC   ANESTHESI OLOGY 54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	243, 692	870 870	436, 994	0 288, 835	53. 01 54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56. 00   05600 RADI 01 SOTOPE 59. 00   05900 CARDI AC CATHETERI ZATI ON	0	29, 800 121, 699	1	53, 439 218, 233	35, 321 144, 243	56. 00 59. 00
60. 00 06000 LABORATORY	Ö	147, 853	1	265, 134	175, 243	
63. 00   06300   BLOOD STORING, PROCESSING & TRANS. 65. 00   06500   RESPIRATORY THERAPY	0	10, 859 15, 699	1	19, 473 28, 152	12, 871 18, 607	
66.00 06600 PHYSI CAL THERAPY	0	11, 216		20, 132	13, 294	
67. 00 06700 OCCUPATI ONAL THERAPY	0	6, 159	1	11, 044	7, 299	67.00
68. 00 O6800 SPEECH PATHOLOGY 69. 00 O6900 ELECTROCARDI OLOGY	0	4, 654 34, 873		8, 345 62, 535	5, 516 41, 333	68. 00 69. 00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 MPL. DEV. CHARGED TO PATIENTS	0	0		0	0	71. 00 72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	O	0	0	73. 00
74.00   07400 RENAL DIALYSIS 75.00   07500 ASC (NON-DISTINCT PART)	0	23, 952	0	42, 951	28, 389 0	74. 00 75. 00
75.01 07501 ASC (NON-DISTINCT PART)	0	0	250, 558	0	0	75. 00
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0	76. 00 76. 01
76. 01   03951   OUTPATIENT WOUND CARE CENTER 76. 97   07697   CARDIAC REHABILITATION	0	0	40, 592 20, 986	0	0	76. 01 76. 97
OUTPATIENT SERVICE COST CENTERS						
90. 00   09000   CLINIC 90. 01   04950   SLEEP   CLINIC	0	0	25, 085	0	0	90. 00 90. 01
90.02 09001 ANTI COAGULATION CLINIC	O	0	11, 326	Ö	0	90. 02
90.03   09002   ARNETT CANCER CARE CENTER 90.04   09003   OUTPATIENT INFUSION CENTER	0	0 9, 897	93, 572	0 17, 748	0 11, 731	90. 03 90. 04
91. 00 09100 EMERGENCY		289, 657		519, 419	343, 315	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		_	,			92. 00
92. 01   09201   OBSERVATION BEDS (DISTINCT PART) 93. 00   04951   OTHER OUTPATIENT SERVICES	0	0		0	0	92. 01 93. 00
SPECIAL PURPOSE COST CENTERS	V 2	( 040 000	/22 242	10,000,550	7 150 070	
118.00   SUBTOTALS (SUM OF LINES 1 through 117	) 0	6, 040, 832	633, 342	10, 832, 550	7, 159, 873	118.00

Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL	In Lieu	of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 15-0173	From 01/01/2020	Worksheet B Part II Date/Time Pre 7/13/2021 4:2	
		CAPI TAL	RELATED COSTS		

					7/13/2021 4:2	26 pm
			CAPITAL RE	LATED COSTS		
		DI DO A FLIVE	In no a FLVT	LOAD DEL COCTO	IN IDI E FOLLI D	
Cost Center Description	Directly	BLDG & FIXT		CAP REL COSTS	MVBLE EQUIP	
	Assigned New		NONHOSP	INTEREST		
	Capital Related	1		EXPENSE		
	Costs					
	0	1. 00	1. 01	1. 02	2. 00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38, 627	0	69, 267	45, 783	190. 00
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	19, 329	1, 942, 047	34, 661	22, 910	192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	17, 033	0	30, 544	20, 188	193. 01
193. 02 19302 WHITE HOSPITAL	0	30, 095	10, 574	53, 967	35, 670	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPITAL	0	24, 945	9, 719	44, 731	29, 566	193. 04
194. OOO7950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers		0	0	0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	0	6, 170, 861	2, 595, 682	11, 065, 720	7, 313, 990	202. 00

Date/Time Prepared: 12/31/2020 7/13/2021 4:26 pm APITAL RELATED COSTS Cost Center Description MVBLE EOULP -Subtotal **EMPLOYEE** ADMITTI NG OTHER ADMI NI STRATI VE **NONHOSP BENEFITS** DEPARTMENT & GENERAL 2.01 2A 4.00 5. 01 5.06 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FLXT 1.00 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1.01 1.01 1.02 00102 CAP REL COSTS INTEREST EXPENSE 1.02 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 2.01 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5 01 00570 ADMITTING 35, 387 227, 593 227.593 5 01 00590 OTHER ADMINISTRATIVE & GENERAL 5.06 193, 215 1,021,196 1,021,196 5.06 7.00 00700 OPERATION OF PLANT 9,011 4, 586, 912 42,888 7.00 7.01 00701 OPERATION OF PLANT - NONHOSPITAL 19,671 32,066 0 11, 253 7.01 00800 LAUNDRY & LINEN SERVICE 8.00 14 8.00 9.00 00900 HOUSEKEEPI NG 1,814 336, 541 14, 236 9.00 10.00 01000 DI ETARY 588, 354 6,936 10.00 01100 CAFETERI A 1.474 11 00 344, 138 11 00 Ω 01300 NURSING ADMINISTRATION 13.00 423, 321 15, 263 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 924 1, 294, 799 34, 951 14.00 01500 PHARMACY 0 15.00 585 265, 105 13, 961 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16 00 0 17.00 01700 SOCIAL SERVICE 0 0 2,063 17.00 01850 PATIENT TRANSPORT SERVICES 2,450 18.00 85, 725 18.00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD C 2,062 21.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD 33, 993 22 00 20,853 3, 153 22 00 23.00 02300 PARAMED ED PRGM - PHARMACY 398 9,043 759 23.00 NPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 20, 240 99, 141 30.00 7, 000, 560 0 03100 INTENSIVE CARE UNIT 31 00 683.584 2,676 13, 736 31 00 33.00 03300 BURN INTENSIVE CARE UNIT C 33.00 0 33.01 03301 BURN INTENSIVE CARE UNIT 33.01 02060 NEONATAL INTENSIVE CARE UNIT 35.00 551, 385 10, 225 35, 00 2, 112 04300 NURSERY 0 43.00 256, 128 507 3, 134 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 4, 119 1, 759, 123 0 18, 724 23, 002 50.00 51.00 05100 RECOVERY ROOM 259, 214 1.502 2,971 51.00 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 883, 117 3, 188 11, 210 52.00 1, 790 53.00 05300 ANESTHESI OLOGY 80, 867 C 3, 452 10, 270 53.00 05301 ASC ANESTHESI OLOGY 1, 381 2, 251 53.01 565 53.01 40 05400 RADI OLOGY-DI AGNOSTI C 54.00 969, 521 13, 076 17,623 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 55.00 05600 RADI OI SOTOPE 56.00 118, 560 1,827 1, 334 56.00 05900 CARDIAC CATHETERIZATION 59.00 484, 175 7,503 7, 272 59.00 60.00 06000 LABORATORY 14, 324 611, 579 9,513 28, 542 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 43, 203 728 2, 187 63.00 63.00 65.00 06500 RESPIRATORY THERAPY 62, 458 2,075 6,687 0 65.00 06600 PHYSI CAL THERAPY 44, 622 66.00 524 2,418 66.00 67.00 06700 OCCUPATI ONAL THERAPY 24, 502 287 1,501 67.00 68.00 06800 SPEECH PATHOLOGY 18, 515 217 1,070 68.00 06900 ELECTROCARDI OLOGY 4, 102 69 00 138.741 5, 280 69 00 70.00 07000 ELECTROENCEPHALOGRAPHY 117 287 70.00 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 6,863 19,988 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 12,654 26, 328 72.00 07300 DRUGS CHARGED TO PATIENTS 73 00 112, 490 0 30, 862 73 00 74.00 07400 RENAL DIALYSIS 95, 292 278 2, 230 74.00 75.00 07500 ASC (NON-DISTINCT PART) 75.00 75.01 07501 ASC (NON-DISTINCT PART) 397, 641 648, 199 15, 944 15,886 75.01 03950 CARDI AC CATHERI ZATI ON 76 00 0 76 00 76.01 03951 OUTPATIENT WOUND CARE CENTER 64, 421 105, 013 442 958 76.01 07697 CARDIAC REHABILITATION 33, 304 1,591 76.97 54, 290 76.97 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 90 00 90.01 04950 SLEEP CLINIC 39, 811 64, 896 579 1,666 90.01 09001 ANTI COAGULATION CLINIC 90.02 17, 975 29, 301 42 2,349 90.02 90.03 09002 ARNETT CANCER CARE CENTER 148, 501 242, 073 90 03 3, 473 5, 262 90.04 09003 OUTPATIENT INFUSION CENTER 39, 376 0 54 165 90.04 91.00 09100 EMERGENCY 91.00 1, 152, 391 25, 490 26, 128 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92 01 92.01 0 04951 OTHER OUTPATIENT SERVICES 0 93.00 93.00 SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117) 1, 005, 125 189, 625 614, 434 118. 00 25, 671, 722

Health Financial Systems	IU HEALTH ARNET	ΓΤ HOSPITAL		In Lieu	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der Co	CN: 15-0173	Period: From 01/01/2020	Worksheet B Part II	
				To 12/31/2020		
	CAPITAL RELATED					
Cost Center Description	COSTS MVBLE EQUIP - NONHOSP	Subtotal	EMPLOYEE	ADMITTI NG	OTHER ADMI NI STRATI VE	
	NONHOSP		BENEFITS DEPARTMENT		& GENERAL	
	2. 01	2A	4. 00	5. 01	5. 06	
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	153, 677		0	779	190. 00
191. 00 19100 RESEARCH	0	0		0		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3, 082, 070	5, 101, 017		0 37, 117	378, 435	192. 00
193. 00 19300 NONPALD WORKERS	0	0		0		193. 00
193. 01 19301 RETAIL PHARMACY	0	67, 765		0 851	16, 710	193. 01
193. 02 19302 WHI TE HOSPI TAL	16, 781	147, 087		0 0	6, 489	193. 02
193. 03 19303 HOSPI CE	0	0		0 0	8	193. 03
193. 04 19304 FRANKFORT HOSPITAL	15, 424	124, 385		0 0	4, 341	193. 04
194. OOO7950 MARKETING/PUBLIC RELATIONS	0	0		0 0	0	194. 00
200.00 Cross Foot Adjustments		0				200. 00
201.00 Negative Cost Centers	0	o		0 0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	4, 119, 400	31, 265, 653		0 227, 593	1, 021, 196	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 15-0173

Care   Centure   Description     OPPRATION OF   PLANT   PLANT   PRINTS SERVICE					T	o 12/31/2020	Date/Time Pre 7/13/2021 4:2	
NOMISPETIAL		Cost Center Description	OPERATION OF			HOUSEKEEPI NG		, , , , , , , , , , , , , , , , , , ,
Description   Separate   Separa			PLANT		LINEN SERVICE			
DEBERRAL SERVICE COST CONTENS   1.00 001000 CAR PEL COSTS AND A FIXT   NOWASP			7 00		8 00	9 00	10 00	
1.01   0.0100   CAP REL COSTS -BLOS & FIXT - NORHOSP								
1.02 O0132 CAP REL COSTS INTEREST EXPENSE								
2.00								1
2.01 DOZIGI CAP REL COSTS-AWRILE FOULD P - MONIGOP   4.00 DOZIGI CAPP DETECT STREPHYNER   4.00 DOZIGI CAPP DETECT STREPHYNER   5.00 DOZIGI CAPP DETECT STREPHYNER   5.00 DOZIGI CAPP DETECT STREPHYNER   5.00 DOZIGI CAPP DETECT   7.00 DOZIGI CAPP DETECT								
5.01   0.0074 ADMITTING   5.01   5.01   7.00								
5.06   OSSYGOTHER ADMINISTRATION & GOFFREIN   4,629,800   7,00   7,00   OSSYGOTHER ADMINISTRATION   4,629,800   7,								
7. 00 00700 [PERATION OF PLANT - NONIOSPITAL								
7. 01 00701 DEPARTION OF PLANT - NOWINSPITAL 0 43.319 7. 0 14 0. 0 16 0. 0 0000 AURIDRY & LINES SERVICE 8. 0. 0 50 0. 0 43.3448 9. 0. 0 0. 0 14 0. 0 17 0. 0 1			4, 629, 800					
9.00 0990/JOUSEREEPING 90.881 20 0 431,648 9.00 11.00 01000 DIETARY 142,597 0 0 0 6.491 744,380 10.00 11.00 01100 OFFERS ADMINISTRATION 10.00 10.00 0 0 0 3.796 11.00 11.00 01000 OFFERS ADMINISTRATION 11.00 11.00 01000 OFFERS ADMINISTRATION 11.00 11.00 01000 OFFERS ADMINISTRATION 11.00 010000 OFFERS ADMINISTRATION 11.00 01000 OFFERS ADMINISTRATION 11.00 01000 OFFERS ADMINISTRATI		1	0	43, 319				
10.00 01000 DETARY 142,500 0 0 0.4,670 744,380 10.00 13.00 1300 MIRSING ADMINISTRATION 102,000 0 0 0.4,670 0 13.00 1300 MIRSING ADMINISTRATION 102,000 0 0 0 4,670 0 13.00 1300 MIRSING ADMINISTRATION 102,000 0 0 0 4,670 0 13.00 1300 MIRSING ADMINISTRATION 102,000 0 0 0 0 0 14.00 14.			0	-				
11-00 01-00 (CAFETERIA   83,409   0   3,796   0   11,00   11-00 01-00 (MISSIN ADMINISTRATION   102,600   0   0   4,670   0   13,00   11-00 01-00 (MISSIN ADMINISTRATION   102,600   0   0   14,271   0   14.00   11-00 01-00 (MISSIN ADMINISTRATION   102,600   0   0   0   0   0   0   11-00 01-00 (MISSIN ADMINISTRATION   102,600   0   0   0   0   0   0   11-00 01-00 (MISSIN ADMINISTRATION   102,600   0   0   0   0   0   0   11-00 01-00 (MISSIN ADMINISTRATION   102,600   0   0   0   0   0   0   11-00 01-00 (MISSIN ADMINISTRATION ADM					1		744 200	
13.00 0 1300 QIURSI NO. ADMINISTRATION 102.600 0 0 4.670 13.00 15.		1		_	1			
15.00   01500   PHABINICY   64.022   7					1			
16.00   01600   MEDICAL RECORDS & LIBRARY   0   0   0   0   0   0   0   0   0		,	313, 455	10	0	14, 321	0	
17.00 0 1700 SOCIAL SERVICE  18.00 1885 PATEENT TRANSPORT SERVICES APPRYD  20.777 0 0 0 0 0 0 0 0 0 0 0 0 18.800  21.00 0 2100 18.8 SERVICES-SALARY & FRINGES APPRYD  20.737 0 0 234 0 1.213 0 22 00  23.00 0 2200 [18.8 SERVICES-SALARY & FRINGES APPRYD  20.00 2200 [18.8 SERVICES-SALARY & FRINGES APPRYD  20.00 2200 [18.8 SERVICES-SALARY & FRINGES APPRYD  20.00 2200 [18.8 SERVICES-SALARY & FRINGES APPRYD  20.00 2200 [18.8 SERVICES COST CENTERS]  11.00 2300 [18.8 SERVICES COST CENTERS]  11.00 2300 [18.8 SERVICES COST CENTERS]  11.00 2300 [18.8 SERVICES COST CENTERS]  11.00 2300 [18.8 SERVICES COST CENTERS]  11.00 2300 [18.8 SERVICES COST CENTERS]  11.00 2300 [18.8 SERVICES COST CENTERS]  11.00 2300 [18.8 SERVICES COST CENTERS]  11.00 2300 [18.8 SERVICES COST CENTERS]  12.00 2300 [18.8 SERVICES COST CENTERS]  13.00 2300 [18.8 SERVICES COST CENTERS]  13.00 2300 [18.8 SERVICES COST CENTERS]  13.00 2300 [18.8 SERVICES COST CENTERS]  14.00 23.00 2300 [18.8 SERVICES COST CENTERS]  15.00 2500 [28.8 SERVICES COST CENTER			64, 022	7	0	2, 948		
18.00   01850   PATIENT TRANSPORT SERVI CES   20,777   0   0   0   0   0   0   0   0   0			0	0	0	0		*
21.00 0 2010   IRS SERVICES-SALARY & FRINGES APPRVD 0 0 24 0 1,213 0 22.00 230 0 2300   IRS SERVICES-COTHER PROM COSTS APPRVD 0 0 24 0 1,213 0 22.00 230 0		,	20, 777	0	0	946		*
23.00			0	0	0	0	0	*
INPATI ENT ROUTI NE SERVICE COST CENTERS   1,696,725   0		,	0		1			
30. 00	23. 00		2, 034	4	0	116	0	23. 00
31.00   03100   INTENSIVE CARE UNIT	30.00		1, 696, 725	0	11	77. 228	681, 065	30. 00
33.01   03301   03400   03400   04200   0   0   0   0   0   0   0   0   0	31.00	03100 INTENSIVE CARE UNIT		0	1			
35. 00   02060 NEONATAL INTENSIVE CARE UNIT   133, 639   0   1   6.083   0   35. 00		1	0	0	0	0		
1			122 620	0	0	6 093		
ANCILLARY SERVICE COST CENTERS   50.00				-	1			
51.00				_		_, -, -		
S2 00   05200   05200   05200   05200   05200   05300   05300   05300   05300   05300   05300   05300   05300   05300   05300   05300   05300   05300   05300   0550								
18,90   05300   ABSTHESI OLOGY   18,893   20   0   964   0   53, 00   53, 01   05301   ASC AMESTHESI OLOGY   0   15   0   80   0   53, 01   53, 01   05301   ASC AMESTHESI OLOGY   0   15   0   80   0   53, 01   53, 01   05301   ASC AMESTHESI OLOGY   0   0   0   0   0   0   55, 00   05500   ARDI OLOGY-DI AGROSTIC   234,983   0   0   0   10,695   0   54, 00   55, 00   05500   ARDI OLOGY-THERAPEUTI C   0   0   0   0   0   0   0   55, 00   05500   ARDI OLOGY-THERAPEUTI C   0   0   0   0   0   0   55, 00   05500   ARDI OLOGY-THERAPEUTI C   0   0   0   0   1,308   0   56, 00   05500   ARDI OLOGY-THERAPEUTI C   17,344   0   0   13,308   0   0   0,5900   0,59		1		_	1			
53.01   05301   ASC ANESTHESI OLOGY   0   15   0   80   0   53.01     54.00   05500   RADI OLOGY-DI ACNOSTIC   234,983   0   0   10,695   0   54.00     55.00   05500   RADI OLOGY-THERAPEUTIC   0   0   0   0   0   0     55.00   05500   CARDI ACC ATHETERI ZATI ON   117,349   0   0   5,341   0   59.00     59.00   05900   CARDI AC ATHETERI ZATI ON   117,349   0   0   5,341   0   59.00     60.00   06000   CARDI ACC ATHETERI ZATI ON   117,349   0   0   477   0   63.00     60.00   06000   CARDI ACC ATHETERI ZATI ON   142,569   161   0   7,322   0   60.00     60.00   06000   CARDI ACC ATHETERI ZATI ON   142,569   161   0   7,322   0   60.00     60.00   06000   CARDI ACC ATHETERI ZATI ON   142,569   161   0   7,322   0   60.00     60.00   06000   PLYSI CAL THERAPY   15,138   0   0   689   0   65.00     60.00   06000   PLYSI CAL THERAPY   10,815   0   0   492   0   66.00     60.00   0600   PHYSI CAL THERAPY   5,939   0   0   270   0   67.00     60.00   06000   PHYSI CAL THERAPY   5,939   0   0   270   0   67.00     60.00   06000   SEECH PATHOLOGY   4   488   0   0   204   0   68.00     60.00   06000   SEECH PATHOLOGY   33,627   0   0   1,531   0   69.00     60.00   06000   SEECH PATHOLOGY   33,627   0   0   1,531   0   69.00     60.00   07000   CLUETROENCEPHALOGRAPHY   0   0   0   0   0   0   0     70.00   07000   CLUETROENCEPHALOGRAPHY   0   0   0   0   0   0   0   0     70.00   07000   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   0   0   0   0   0     70.00   07000   DRUG CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   0   0   0   0   0     70.00   07000   DRUG CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   0   0   0   0   0     70.00   07000   DRUG CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   0   0   0   0   0     70.00   07000   DRUG CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   0   0   0   0   0     70.00   07000   07000   07000   07000   07000   07000   07000   07000   07000   07000   07000   07000   07000   07000   07000   07000   070000   07000   07000   07000   07000   070000   070000   070000		1		_	1			
55.00   05500   RADIOLOGY-THERAPEUTIC   0	53.01	05301 ASC ANESTHESI OLOGY	0				0	
56.00   05600   CADI AC CATHETER   ZATI ON   117, 349   0   0   0   5,341   0   59.00			234, 983	-	· ·			
59.00   05900   CARDIAC CATHETERIZATION   117, 349   0   0   5, 341   0   59, 00		1	20 725	_	1		-	
60.00   66000   LABORATORY   142,569   161   0   7,322   0   60.00   63.00   6300   BLODD STORI NG, PROCESSI NG & TRANS.   10,471   0   0   477   0   63.00   65.00   06500   RESPI RATORY THERAPY   15,138   0   0   689   0   65.00   66.00   06600   PHYSI CAL THERAPY   10,815   0   0   492   0   66.00   67.00   06700   0CCUPATI ONAL THERAPY   5,939   0   0   270   0   67.00   68.00   06800   SPEECH PATHOLOGY   4,488   0   0   204   0   68.00   69.00   06900   ELECTROCARDI OLOGY   33,627   0   0   1,531   0   69.00   70.00   07000   CULCATICARDI OLOGY   33,627   0   0   0   0   0   0   0   71.00   07000   ELECTROCARDI OLOGY   33,627   0   0   0   0   0   0   0   71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   0   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   0   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   74.00   07400   REALD II ALYSIS   23,096   0   0   0   0   0   0   0   75.00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   0   76.01   03950   CARDIA C CATHERI ZATI ON   0   0   0   0   0   0   0   76.01   03950   CARDIA C CATHERI ZATI ON   0   0   0   0   0   0   0   76.01   03950   CARDIA C CATHERI ZATI ON   0   0   0   0   0   0   0   76.01   04950   SLEEP CLI NI C   0   0   0   0   0   0   0   90.00   09000   CLINI C   0   0   0   0   0   0   0   90.01   04950   SLEEP CLINI C   0   0   0   0   0   0   0   90.02   09000   ANTECORGLET NET SERVICE   0   0   0   0   0   0   0   90.03   09002   ARNETT CANCER CARE CENTER   9   544   0   0   447   0   2   316   0   90   90.04   09000   O100   O100   O100   O100   O100   O100   90.05   09000   ANTECORGLET NET SERVICE   0   0   0   0   0   0   0   90.01   04950   SLEEP CLINI ON PARTI ON					1			
65.00   06500   RESPIRATORY THERAPY   15, 138   0   0   689   0   65.00   66.00   06600   PHYSICAL THERAPY   10, 815   0   0   492   0   66.00   67.00   06700   0CCUPATI ONAL THERAPY   5, 939   0   0   270   0   67.00   68.00   06800   SPEECH PATHOLOGY   4, 488   0   0   204   0   68.00   69.00   06900   ELECTROCARDI OLOGY   33, 627   0   0   1, 531   0   69.00   70.00   07000   ELECTROENCEPHALOGRAPHY   0   0   0   0   0   0   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74.00   07400   RENAL DI ALYSIS   23,096   0   0   0   0   0   75.00   07500   ASC (NON-DISTINCT PART)   0   4,460   0   23,135   0   75.00   76.00   07500   ASC (NON-DISTINCT PART)   0   4,460   0   23,135   0   75.00   76.01   07501   ASC (NON-DISTINCT PART)   0   4,460   0   23,135   0   75.00   76.01   07507   CARDI AC CATHERI ZATI ON   0   0   0   0   0   76.01   07507   CARDI AC REHABILITATI ON   0   374   0   1,938   0   76.90   76.01   07507   CARDI AC REHABILITATI ON   0   374   0   1,938   0   76.90   76.02   07000   ANTI COAGULATI ON CLI NI C   0   447   0   2,316   0   90.01   76.01   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   76.02   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   76.01   07507   CARDI AC REHABILITATI ON   0   374   0   1,938   0   76.90   76.01   07507   CARDI AC REHABILITATI ON   0   374   0   1,938   0   76.90   76.01   07507   CARDI AC REHABILITATI ON   0   0   0   0   0   0   76.01   07500   0		06000 LABORATORY		161	0		0	
66. 00   06600   PHYSICAL THERAPY   10, 815   0   0   492   0   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   5, 939   0   0   270   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   4, 488   0   0   204   0   68. 00   69. 00   06900   ELECTROCARDIO LOGY   33, 627   0   0   1, 531   0   69. 00   70. 00   07000   ELECTROCARDIO LOGY   0   0   0   0   0   0   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   75. 01   07501   ASC (NON-DISTINCT PART)   0   4, 460   0   23, 135   0   75. 01   76. 01   07501   ASC (NON-DISTINCT PART)   0   4, 460   0   23, 135   0   75. 01   76. 07   0767   CARDI AC CATHERIZATION   0   0   0   0   0   0   76. 01   03951   OUTPATIENT WOUND CARE CENTER   0   723   0   3, 748   0   76. 01   76. 07   07697   CARDI AC REHABL LITATION   0   374   0   1, 938   0   76. 01   79. 07697   CARDI AC REHABL LITATION   0   447   0   2, 316   0   90. 01   90. 01   04950   SLEEP CLINIC   0   447   0   2, 316   0   90. 01   90. 02   09001   ANTICOAGULATION CLINIC   0   447   0   2, 316   0   90. 01   90. 03   09002   ARNETT CANCER CARE CENTER   9, 544   0   0   434   0   90. 01   90. 04   09003   OUTPATIENT INTUSION CENTER   9, 544   0   0   434   0   90. 01   91. 00   09100   EMERGENCY   279, 305   0   0   12, 713   0   91. 00   92. 01   09200   0SERVATION BEDS ((NON-DISTINCT PART)   0   0   0   0   0   0   0   92. 01   09201   OSERVATION BEDS ((NON-DISTINCT PART)   0   0   0   0   0   0   0   93. 00   OSERVATION BEDS ((NON-DISTINCT PART)   0   0   0   0   0   0   0   94. 00   OSERVATION BEDS ((NON-DISTINCT PART)   0   0   0   0   0   0   0   94. 00   OSERVATION BEDS ((NON-DISTINCT PART)   0   0   0   0   0   0   0   0   95. 00   OSERVATION BEDS ((NON-DISTINCT PART)   0   0   0   0   0   0   0   0				0	0	•		
67. 00   06700   0CCUPATI (ONAL THERAPY   5, 939   0   0   270   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   4, 488   0   0   204   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   33, 627   0   0   1, 531   0   69. 00   70. 00   07000   ELECTROENCEPHALOGRAPHY   0   0   0   0   0   0   71. 00   07100   MEDICAL SUPPLIE S CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74. 00   07400   ENALS CHARGED TO PATIENTS   0   0   0   0   0   0   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   75. 01   07501   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   76. 01   03950   CARDI AC CATHERI ZATI ON   0   0   0   0   0   76. 01   03951   OUTPATIENT WOUND CARE CENTER   0   723   0   3,748   0   76. 01   76. 97   07697 (ARDI AC REHABI LI TATI ON   0   0   0   1,938   0   76. 97   76. 90   07697 (ARDI AC REHABI LI TATI ON   0   0   0   0   0   79. 00   09000   CLINIC   0   0   0   0   0   0   79. 00   09000   ARNETI CANCER CENTER   0   0   0   0   0   0   79. 00   09000   ARNETI CANCER CENTER   0   1,666   0   8,640   0   90. 02   79. 00   09000   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   79. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   79. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   79. 00   09000   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   79. 00   09000   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   79. 00   09000   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   79. 00   09000   OBSERVATI ON BEDS (DISTINCT PART)   0   0   0   0   0   79. 00   09000   09000   09000   09000   09000   09000   09000   09000   09000   79. 00   09000				0	0			*
68. 00   06800   SPEECH PATHOLOGY   4, 488   0   0   204   0   68. 00   69. 00   06900   ELECTROCARDIOLOGY   33, 627   0   0   1,531   0   69. 00   70. 00   70000   ELECTROCARDIOLOGY   0   0   0   0   0   0   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00   07200   MPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   74. 00   07400   RENAL DI ALYSIS   23,096   0   0   1,051   0   74. 00   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   75. 01   07501   ASC (NON-DISTINCT PART)   0   4,460   0   23,135   0   75. 01   76. 01   03951   0UTPATIENT WOUND CARE CENTER   0   374   0   1,938   0   76. 97   76. 07   07697 CARDIAC CATHERISTION   0   374   0   1,938   0   76. 97   79. 00   00000   CLINIC   COST CENTERS   0   0   0   0   0   0   79. 01   04950   SLEEP CLINIC   0   447   0   2,316   0   90. 01   79. 02   09001   ANTICOAGULATION CENTER   9,544   0   0   434   0   90. 02   79. 04   09003   0UTPATIENT INFUSION CENTER   9,544   0   0   434   0   90. 02   79. 00   09000   0000   0000   0000   0000   0000   0000   79. 00   09000   0000   0000   0000   0000   0000   79. 01   04950   0000   0000   0000   0000   0000   79. 00   09000   0000   0000   0000   0000   0000   79. 00   09000   0000   0000   0000   0000   0000   79. 00   0000   0000   0000   0000   0000   79. 00   00000   0000   0000   0000   0000   79. 00   00000   00000   0000   0000   0000   79. 00   00000   00000   00000   0000   0000   79. 00   00000   00000   00000   00000   00000   79. 00   00000   00000   00000   00000   79. 00   00000   00000   00000   00000   79. 00   00000   00000   00000   00000   79. 00   00000   000000   000000   00000000				0	0	•		*
70. 00   07000   ELECTROENCEPHALOGRAPHY   0   0   0   0   0   0   0   0   0				0	0		0	
71. 00			33, 627	0	0	1, 531		
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   72. 00   73. 00   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   0   0   0   73. 00   74. 00   07400   RENAL DIALYSIS   23, 096   0   0   0   0   0   0   0   75. 00   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0			0	0	0	0		
73. 00   07300   DRUGS CHARGED TO PATIENTS   0   0   0   0   73. 00   74. 00   07400   RENAL DI ALYSIS   23,096   0   0   1,051   0   74. 00   75. 00   07500   ASC (NON-DI STI NCT PART)   0   0   0   0   0   0   75. 01   07501   ASC (NON-DI STI NCT PART)   0   4,460   0   23,135   0   75. 01   76. 00   03950   CARDI AC CATHERI ZATI ON   0   0   0   0   0   0   76. 01   03951   OUTPATI ENT WOUND CARE CENTER   0   723   0   3,748   0   76. 01   76. 97   07697   CARDI AC REHABI LI TATI ON   0   374   0   1,938   0   76. 97   0017PATI ENT SERVI CE COST CENTERS  90. 00   09000   CLI NI C   0   0   0   0   0   0   0   90. 01   04950   SLEEP CLI NI C   0   447   0   2,316   0   90. 01   90. 02   09001   ANTI COAGULATI ON CLI NI C   0   447   0   2,316   0   90. 02   90. 03   09002   ANETT CANCER CARE CENTER   0   1,666   0   8,640   0   90. 03   90. 04   09003   OUTPATI ENT INFUSI ON CENTER   279,305   0   0   12,713   0   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   0   0   0   0   0   0   93. 00   09201   OSSERVATI ON BEDS (NON-DI STI NCT PART)   0   0   0   0   0   93. 00   SPECI AL PURPOSE COST CENTERS  118. 00   SUBTOTALS (SUM OF LI NES 1 through 117)   4,504,419   8,389   14   244,747   744,380   18. 00   190. 001   0000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   37,247   0   0   1,695   0   190. 00			0	0	0	0		
75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   75. 00   75. 01   07501   ASC (NON-DISTINCT PART)   0   4,460   0   23,135   0   75. 01   76. 00   03950   CARDIAC CATHERIZATION   0   0   0   0   0   0   76. 01   03951   OUTPATIENT WOUND CARE CENTER   0   723   0   3,748   0   76. 01   76. 97   07697   CARDIAC REHABILITATION   0   374   0   1,938   0   76. 97   0UTPATIENT SERVICE COST CENTERS   90. 00   0   0   0   0   0   0   90. 01   04950   SLEEP CLINIC   0   447   0   2,316   0   90. 01   90. 02   09001   ANTICOAGULATION CLINIC   0   202   0   1,046   0   90. 02   90. 03   09002   ARNETT CANCER CARE CENTER   0   1,666   0   8,640   0   90. 03   90. 04   09003   OUTPATIENT INFUSION CENTER   9,544   0   0   434   0   90. 04   91. 00   09100   EMERGENCY   279,305   0   0   12,713   0   91. 00   92. 01   09201   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00   92. 01   09202   OBSERVATION BEDS (DISTINCT PART)   0   0   0   0   0   0   93. 00   04951   OTHER OUTPATIENT SERVICES   0   0   0   0   0   90. 01   04951   OTHER OUTPATIENT SERVICES   0   0   0   0   0    18. 00   SUBTOTALS (SUM OF LINES 1 through 117)   4,504,419   8,389   14   244,747   744,380   118. 00   190. 00   09000   OTHER OUTPATIENT CENTERS   100. 00   0   0   0   190. 00   09000   00   00   00   00   00			0	0	0	0	0	
75. 01   07501   ASC (NON-DISTINCT PART)			23, 096	0	0	1, 051		
76. 00   03950   CARDI AC CATHERI ZATI ON   0   0   0   0   76. 00   76. 01   03951   OUTPATI ENT WOUND CARE CENTER   0   723   0   3,748   0   76. 01   76. 97   O7697   CARDI AC REHABI LI TATI ON   0   374   0   1,938   0   76. 97   OUTPATI ENT SERVI CE COST CENTERS			0	4 440	0	0	-	
76. 01			0	4, 460	0	23, 135	-	
OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS     90. 00   O9000   CLINIC   OUTPATIENT COST CENTERS     90. 01   O4950   SLEEP CLINIC   OUTPATIENT COAGULATION CLINIC   OUTPATIENT COAGULATION CLINIC   OUTPATIENT COAGULATION CLINIC   OUTPATIENT COAGULATION CLINIC   OUTPATIENT COAGULATION CENTER   OUTPATIENT INFUSION CENTER   OUTPATIENT CENTER   OUTPATIENT CENTER   OUTPATIENT CENTER   OUTPATIENT CENTER   OUTPATIENT SERVICES   OUTPATIENT CENTER   OUTPATIENT SERVICES   OUTPATIENT CENTER   OUTPATIENT CONTENT			Ö	723	Ö	3, 748		
90. 00	76. 97		0	374	0	1, 938	0	76. 97
90. 01 04950 SLEEP CLINIC 0 447 0 2,316 0 90. 01 90. 02 09001 ANTI COAGULATI ON CLINIC 0 202 0 1,046 0 90. 02 90. 03 09002 ARNETT CANCER CARE CENTER 0 1,666 0 8,640 0 90. 03 90. 04 09003 OUTPATI ENT INFUSION CENTER 9,544 0 0 434 0 90. 04 91. 00 09100 EMERGENCY 279,305 0 0 12,713 0 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 0 92. 01 93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0 0 0 93. 00 SPECIAL PURPOSE COST CENTERS  118. 00  SUBTOTALS (SUM OF LINES 1 through 117) 4,504,419 8,389 14 244,747 744,380 118. 00 NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 37,247 0 0 0 1,695 0 190. 00	00 00			0	l 0	ol	0	00 00
90. 02			0	_	1	2, 316		
90. 04   09003   0UTPATI ENT INFUSION CENTER   9, 544   0   0   434   0   90. 04   91. 00   09100   EMERGENCY   279, 305   0   0   12, 713   0   91. 00   92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   09201   0BSERVATI ON BEDS (DISTINCT PART)   0   0   0   0   0   0   92. 01   93. 00   04951   OTHER OUTPATI ENT SERVICES   0   0   0   0   0   0   93. 00   SPECIAL PURPOSE COST CENTERS   118. 00   SUBTOTALS (SUM OF LINES 1 through 117)   4, 504, 419   8, 389   14   244, 747   744, 380   118. 00   NONREI MBURSABLE COST CENTERS   190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   37, 247   0   0   1, 695   0   190. 00   190. 00   10   10   10   10   10   10   10			Ō					
91. 00   09100   EMERGENCY   279, 305   0   0   12, 713   0   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   09201   OBSERVATI ON BEDS (DISTINCT PART)   0   0   0   0   0   0   92. 01   093. 00   O4951   OTHER OUTPATIENT SERVICES   0   0   0   0   0   0   93. 00   O4951   OTHER OUTPATIENT SERVICES   0   0   0   0   0   0   0   93. 00   O4951   OTHER OUTPATIENT SERVICES   0   0   0   0   0   0   0   0   0		1	0	·	1			
92. 00   09200   085ERVATI ON BEDS (NON-DISTINCT PART)   92. 00   92. 01   09201   085ERVATI ON BEDS (DISTINCT PART)   0   0   0   0   0   92. 01   93. 00   04951   07HER OUTPATI ENT SERVI CES   0   0   0   0   0   0   93. 00   93. 00   SPECI AL PURPOSE COST CENTERS   118. 00   SUBTOTALS (SUM OF LINES 1 through 117)   4,504,419   8,389   14   244,747   744,380   118. 00   NONREI MBURSABLE COST CENTERS   190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   37,247   0   0   1,695   0   190. 00		1		0	0	1	-	
92. 01   09201   0BSERVATI ON BEDS (DI STI NCT PART)   0   0   0   0   0   92. 01   93. 00   04951   OTHER OUTPATIENT SERVI CES   0   0   0   0   0   93. 00   SPECIAL PURPOSE COST CENTERS  118. 00   SUBTOTALS (SUM OF LI NES 1 through 117)   4,504,419   8,389   14   244,747   744,380   118. 00   NONREI MBURSABLE COST CENTERS  190. 00   19000   GI FT, FLOWER, COFFEE SHOP & CANTEEN   37,247   0   0   1,695   0   190. 00			219, 305	0	ا	12, /13	Ü	
93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0 0 93. 00 SPECIAL PURPOSE COST CENTERS  118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 4,504,419 8,389 14 244,747 744,380 118. 00 NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 37, 247 0 0 1,695 0 190. 00			О	0	o	o	0	
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) 4, 504, 419 8, 389 14 244, 747 744, 380 118. 00 NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 37, 247 0 0 1, 695 0 190. 00		04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	
NONREI MBURSABLE COST CENTERS  190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 37, 247 0 0 1, 695 0 190. 00	119 00		4 504 410	0 200	1 1	244 747	744 200	118 00
190. 0d 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 37, 247 0 0 1,695 0 190. 00	110.00		4, 304, 419	0, 389	14	244, 141	744, 380	10.00
191. 0Q19100 RESEARCH   0  0  0  0  0 191. 00	190.00	019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						
	191. 00	Q19100  RESEARCH	0	0	0	0	0	191.00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL		In Lieu	of Form CM	IS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020		Prepared:

					7/13/2021 4: 2	26 pm
Cost Center Description	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	PLANT	PLANT -	LINEN SERVICE			
		NONHOSPI TAL				
	7. 00	7. 01	8. 00	9. 00	10.00	
192. 00 19200 PHYSICIANS' PRIVATE OFFICES	18, 638	34, 569	0	180, 168	0	192.00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	16, 424	0	0	748	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	29, 019	188	0	2, 298	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPITAL	24, 053	173	0	1, 992	0	193. 04
194. 00 07950 MARKETI NG/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00   TOTAL (sum lines 118 through 201)	4, 629, 800	43, 319	14	431, 648	744, 380	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 15-0173

				10	) 12/31/2020	7/13/2021 4:26	
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
			ADMINI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY	
		11. 00	13. 00	14.00	15. 00	16. 00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
1. 01 1. 02	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 00102 CAP REL COSTS INTEREST EXPENSE						1. 01 1. 02
2. 00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
2. 01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 5. 06	OO570 ADMITTING   OO590 OTHER ADMINISTRATIVE & GENERAL						5. 01 5. 06
7. 00	00700 OPERATION OF PLANT						7. 00
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL						7. 01
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPI NG						9.00
10. 00 11. 00	01000 DI ETARY 01100 CAFETERI A	432, 817					10. 00 11. 00
13. 00	01300 NURSING ADMINISTRATION	22, 594	1				13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	3, 648	1	1	1	į	14.00
	01500 PHARMACY	18, 322	0	9, 024	373, 389		15.00
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0 4, 408	0	0	0	0	16. 00 17. 00
18.00	01850 PATI ENT TRANSPORT SERVICES	7, 437	0	11	0	0	18.00
	02100 I&R SERVICES-SALARY & FRINGES APPRVD	5, 604	Ö	0	Ō	O	21. 00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	2, 068	0	0	0	0	22. 00
23. 00	02300 PARAMED ED PRGM - PHARMACY	1, 416	0	0	0	0	23. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	138, 104	304, 216	130, 149	1, 331	0	30. 00
31.00	03100   NTENSI VE CARE UNIT	15, 682	1		250	Ö	31. 00
	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00
	03301 BURN INTENSIVE CARE UNIT	14.045	0	0	0	0	33. 01
35. 00 43. 00	02060 NEONATAL INTENSIVE CARE UNIT 04300 NURSERY	14, 045 4, 117	28, 995 8, 759	6, 823 0	92 0	0	35. 00 43. 00
10.00	ANCILLARY SERVICE COST CENTERS	1, 117	0, 707	91		Ü	10.00
	05000 OPERATING ROOM	29, 342			316	0	50.00
51. 00 52. 00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	3, 991	12, 300		3 13	0	51. 00 52. 00
53. 00	05300 ANESTHESI OLOGY	14, 973 15, 480			199	0	53. 00
53. 01	05301 ASC ANESTHESI OLOGY	0	0	4, 437	19	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	23, 227	9, 222	52, 888	344	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	1 255	0	0	0	0	55.00
56. 00 59. 00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON	1, 355 8, 277	1	738 0	15 166	0	56. 00 59. 00
60.00	06000 LABORATORY	18, 397	0		0	ő	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	231	0	0	63. 00
65.00	06500 RESPI RATORY THERAPY	12, 005	1	20, 554	102	0	65.00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	3, 705 2, 162	1	131 33	0	0	66. 00 67. 00
	06800 SPEECH PATHOLOGY	1, 501		31	ő		68. 00
69. 00	06900 ELECTROCARDI OLOGY	8, 736	4, 972	1, 087	30	0	69. 00
	07000 ELECTROENCEPHALOGRAPHY	474	0	1	0	0	70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	436, 266 570, 025	0	0	71. 00 72. 00
	07300 DRUGS CHARGED TO PATIENTS	Ö	ő	0	368, 873	ő	73. 00
	07400 RENAL DIALYSIS	0	0	646	39	0	74.00
	07500 ASC (NON-DISTINCT PART)	0	0	0 0 0 0 0	0	0	75. 00
	07501 ASC (NON-DISTINCT PART) 03950 CARDIAC CATHERIZATION	0	0	85, 366	627	0	75. 01 76. 00
	03951 OUTPATIENT WOUND CARE CENTER	0	0	3, 777	3	ő	76. 01
	07697 CARDI AC REHABI LI TATI ON	0	0	329	0	0	76. 97
00.00	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC	0	1 0		ol	0	00.00
	04950 SLEEP CLINIC	0	0		0		90. 00 90. 01
	09001 ANTI COAGULATI ON CLI NI C	Ö	Ö	313	Ö	Ö	90. 02
	09002 ARNETT CANCER CARE CENTER	6, 279	· ·		401	0	90. 03
	09003 OUTPATIENT INFUSION CENTER	56		1	4	0	90.04
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	35, 508	59, 146	66, 113	542	0	91. 00 92. 00
	09201 OBSERVATION BEDS (NON-DISTINCT FART)	0	0	О	О	0	92. 00 92. 01
	04951 OTHER OUTPATIENT SERVICES	0	0	0	o	0	93. 00
110 0	SPECIAL PURPOSE COST CENTERS  SUBTOTALS (SUM OF LINES 1 through 117)	422 012	E40 440	1 504 504	272 240	01	10 00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	422, 913	568, 448	1, 584, 504	373, 369	0	18. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	469	0	0	0		90.00
191. 00	19100 RESEARCH	0	0	0	0	0 1	91. 00

Health Financial Systems IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS
Provider CCN: 15-0173 | Period: From 01/01/2020 | Part II | To 12/31/2020 | Date/Time Prepared: To 12/31/2020 | Date/Time Prepared: To 12/31/2020 | Part II | To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/2020 | Part II | Prepared: To 12/31/

					7/13/2021 4: 2	26 pm
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11. 00	13. 00	14. 00	15. 00	16. 00	
192.0019200 PHYSICIANS' PRIVATE OFFICES	0	0	77, 168	20	0	192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	0	119	0	0	193. 01
193. 02 19302 WHITE HOSPITAL	5, 665	0	0	0	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPITAL	3, 770	0	0	0	0	193. 04
194. 00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0	0	0	0	201. 00
202.00   TOTAL (sum lines 118 through 201)	432, 817	568, 448	1, 661, 791	373, 389	0	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS IU HEALTH ARNETT HOSPITAL

Provi der CCN: 15-0173

COS.L. CONTO DESCRIPTION  COS.L. CONTO DESCRIPTION  COS.L. SERVICE  COS.L. SER					o 12/31/2020	Date/lime Pro   7/13/2021 4:2	
Cost Center Description				INTERNS &	RESI DENTS		
TIMESCRIPT   PROM.   SERVICE COSTS   PROM.   COSTS   PROM.	Cost Contor Deceription	COCLAL SERVICE		CEDVICES SALAR	CEDVI CES OTHER	DADAMED ED	
SERVICES   17.00   18.00   21.00   22.00   23.00	cost center bescription	BUCIAL SERVICE					
EMERICAL SERVICE COST CENTERS   1.00   1.0				I a rances	1 KGM. 00010		
1.00   00100 CAP REL COSTS-BLOG & FIXT - NONHOSP   1.00   00100 CAP REL COSTS INTEREST EXPENSE   1.00   1.00   00100 CAP REL COSTS INTEREST EXPENSE   1.00   00100 CAP REL COSTS INTEREST EXPENSE   1.00   00100 CAP REL COSTS INTEREST EXPENSE   1.00   00100 CAP REL COSTS INTEREST EXPENSE   1.00   00100 CAP REL COSTS INTEREST EXPENSE   1.00   00100 CAP REL COSTS INTEREST EXPENSE   1.00   00100 CAP REL COSTS INTEREST EXPENSE   1.00   00100 CAP REL COSTS INTEREST REPRESE   1.00   001		17. 00	18. 00	21.00	22. 00	23. 00	
1.01   00   101   CAP REL COSTS -BLOG & FIXT - NONHOSP   1.02   00102   CAP REL COSTS - MPRILE SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   00102   CAP REL SELIP   1.02   CAP R		1		1	ı		1 00
1.0.2 OR OLD CAP REL COSTS INTEREST EXPENSE 2.0 OR OLD CAP REL COSTS MANUE FOULP - MONHOSP 2.0 OR OLD CAP REL COSTS MANUE FOULP - MONHOSP 3.0 OR OLD CAP REL COSTS MANUE FOULP - MONHOSP 3.0 OR OSS OF THER ADMINISTRATIVE & GENERAL 3.0 OR OSS OF THER ADMINISTRATIVE & GENERAL 4.0 OR OSS OF THE ADMINISTRATIVE & GENERAL 4.0 OR OSS OF THE ADMINISTRATIVE & GENERAL 5.0 OR OSS OF THE ADMINISTRATIVE & GENERAL 6.0 OR OSS							•
2.00							•
0.000   OLGO   DIFFLOYER   BENEFITS DEPARTMENT		1					2.00
5.01   0.0570   0.0590   0.0580   0.0	2. 01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
5.06   0.0500   OTHER ARM IN STRATIVE & GENERAL							4.00
2.00   07000   OPERATION OF PLANT   OWNESPITAL							5. 01
2.01 00701   OPERATION OF PLANT - MONHOSPITAL   3.00 00802   CALAMDRY & LINE SERVICE   9.00   9.00 10902   OPERATION   10.00   9.00		1					•
8.00 0800 (LAMDRY & LINEN SERVICE 90 000000 (LAMDRY & LINEN SERVICE 91 000000 00000 ) ETARY 10.00 010000 (LATERY 10.00 010000 ) ETARY 10.00 010000 (LATERY 10.00 010000 ) ETARY 11.00 011000 ) ETARY 11.00 011000 (LATERY 10.00 010000 ) ETARY 11.00 011000 ) ETARY 11.00 011000 (LATERY 10.00 010000 ) ETARY 11.00 011000 ) ETARY 11.00 01000 ) ETARY 11.00 011000 ) ETARY 11		1					•
9. 00 0900   MUSEKEEPI NG	• •						•
10. 00   1000   DI ETARY	•	1					9. 00
13.00   0300   MURSING ADMINISTRATION   14.00   1400 (CHYREAL SERVICES & SUPPLY   15.00   15.00   15.00   15.00   15.00   15.00   15.00   15.00   15.00   17.00   15.00   17	• •						10.00
14. 00   10400   PARIAMACY							11.00
15. 00   01500 PHARMARCY   16. 00   01700 MEDI CAL RECORDS & LIBRARY   16. 00   01700 MEDI CAL RECORDS & LIBRARY   16. 00   01700 SOCI AL SERVICES   0. 477   0. 17. 00   17. 00   02100 I AS SERVICES-SALARY & FEN MES APPRVD   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							13. 00
16.00   01600 MEDICAL RECORDS & LIBRARY   17.00   1705 OSCIAL SERVICE   17.70   1707 OSCIAL SERVICE   17.70   1707 OSCIAL SERVICE   18.00   18.00   18.5 EVICES   5.00   117, 346   21.00   20.00   18.5 EVICES   5.00   20.00   20.00   20.00   18.5 EVICES   5.00   20.00	•						
17. 00   01700   SOCI AL SERVI CE		1		·			1
18. 00   01850   PATIENT TRANSPORT SERVICES   0   117, 346   21. 00   220   18R SERVICES-SALARY & FRINGES APPRVD   0   0   0   7, 666   22. 00   2200   18R SERVICES-SALARY & FRINGES APPRVD   0   0   0   0   40, 661   32. 322   30   02200   18R SERVICES-SALARY & FRINGES APPRVD   0   0   0   0   3.3.272   30   02200   18R SERVICES-SOLARY & FRINGES APPRVD   0   0   0   0   3.3.272   30   02200   18R SERVICES-SOLARY & FRINGES APPRVD   0   0   0   0   3.3.272   30   02200   18R SERVICES-SOLARY & FRINGES APPRVD   0   0   0   3.3.272   30   00   30		6 471					•
21.00		1	117, 346				•
13, 372   33, 00	•	0		1			21.00
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   33.00   30.00   31.		0	0		40, 661		22. 00
30.00   03000   03000   03000   03000   03000   03000   0300   030000   03000   03000   03000   03000   03000   03000   03000   030000   03000   03000   03000   03000   03000   03000   03000   030000   030000   030000   030000   030000   030000   030000   0300000   0300000   0300000   0300000   03000000   0300000   0300000		0	0			13, 372	23. 00
33.00		T 5 07/	10.4/0	ı	ı		1
33.00   03300   BURN INTENSIVE CARE UNIT   0   0   0   33.00   35.00   02060   NEONATAL INTENSIVE CARE UNIT   354   1,092   43.50   43.00   43.00   43.00   43.50   43.50   43.50   43.00   43.00   43.50   43.50   43.50   43.00   43.00   43.50   43.50   43.50   43.00   43.00   43.50   43.50   43.50   43.00   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43.50   43.50   43.00   43.50   43				b .			1
33.01   03301   BURN INTENSIVE CARE UNIT   0 0 0   3.3		1		1			•
35.00   02060   NEONATAL INTENSIVE CARE UNIT   354   1.092   35.00   43.00   AMGILLARY SERVICE COST CENTERS   350   06300   NURSERY SERVICE COST CENTERS   50.00   50.00   05000   OPERATI IN ROM   0   7.77   52.00   05200   OPERATI IN ROM   0   7.77   52.00   05200   OPERATI IN ROM   0   7.77   52.00   05200   OPERATI IN ROM   51.00   0   7.77   52.00   05200   DELIVERY ROOM & LABOR ROOM   100   1.649   52.00   05200   DELIVERY ROOM & LABOR ROOM   100   1.786   53.00   05300   ANESTHESI OLOGY   0   2.92   53.01   05300   ANESTHESI OLOGY   0   0   0   0   0   0   0   0   0	•		Ö				33. 01
ANCILLARY SERVICE COST CENTERS   50.00   50.00   60.	•	354	1, 092				35.00
50.00   0500		350	262				43. 00
51.00   05100   RECOVERY ROOM   100   1,649   52.00   105.200		1		1	1		ļ
52.00   05200   DELI VERY ROOM & LABOR ROOM   100   1, 649   52.00   53.00							
53.00   05300   ABESTHESI OLOGY   0   1,786   53.00     53.01   05300   ASESTHESI OLOGY   0   292   53.01     54.00   05400   RADI OLOGY-DI AGNOSTI C   0   0   6,764   55.00     55.00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   0     55.00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   0     59.00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   0     59.00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   0     59.00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   0     59.00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   0     60.00   06000   LABORATORY   0   4,921   0   0     63.00   06300   BLOOD STORI NG, PROCESSI NG & TRANS.   0   377   0   63.00     65.00   06500   RESPIRATORY THERAPY   0   0   1,073   0   65.00     66.00   06600   RADI RATORY THERAPY   0   0   271   0   0     66.00   06600   RADI RATORY THERAPY   0   0   271   0   0     66.00   06600   ELECTROCARDI OLOGY   0   149   0   0     67.00   06700   CELECTROCARDI OLOGY   0   149   0   0     68.00   06600   ELECTROCARDI OLOGY   0   112   0   0     69.00   06600   ELECTROCARDI OLOGY   0   2,121   0   0     71.00   07000   ELECTROCARDI OLOGY   0   2,121   0   0     71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0     72.00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0     73.00   07300   DRUGS CHARGED TO PATI ENTS   0   1,5963   73.00     73.00   07300   DRUGS CHARGED TO PATI ENTS   0   1,44   0     75.00   07500   ASC (NON-DI STI NCT PART)   0   0   0     76.01   03951   OUTPATI ENT SUUND CARE CENTER   0   229   0   0     76.01   03951   OUTPATI ENT SUUND CARE CENTER   0   299   0   0     90.00   09000   OUTPATI ENT SUUND CARE CENTER   0   299   0     90.00   09000   ANTI COAGULATI ON CLINIC   0   299   0   0     90.00   09000   ANTI COAGULATI ON CLINIC   0   22   90.00     90.01   04950   SLEEP CLINIC   0   28   90.00     90.01   04950   SLEEP CLINIC   0   28   90.00     90.01   04950   OUTPATI ENT SERVICE COST CENTERS   0   0   0     90.00   09000   ANTI COAGULATI ON ELDS (IDSTINCT PART)   0   0   0     90.00   09	•						•
53.01   05301   ASC ANESTHESI OLOGY   0   292   53.01   54.00   05500   RADI OLOGY-DI AGNOSTI C   0   0   6, 764   55.00   55.00   05500   RADI OLOGY-DI AGNOSTI C   0   0   0   0   56.00   05500   RADI OLOGY-DI AGNOSTI C   0   0   0   0   56.00   05500   CARDI AC CATHETERI ZATI ON   0   3, 881   55.00   60.00   06000   CABOLA C CATHETERI ZATI ON   0   3, 881   59.00   60.00   06000   CABOLA C CATHETERI ZATI ON   0   4, 921   60.00   63.00   06300   BLOOD STORI NG, PROCESSI NG & TRANS.   0   377   63.00   65.00   06500   RSSPI RATORY THERAPY   0   1, 073   65.00   66.00   06600   ONGOOD   CABOLA THERAPY   0   1, 073   65.00   67.00   06500   RSSPI RATORY THERAPY   0   1, 073   65.00   68.00   06600   PHYSI CAL THERAPY   0   112   68.00   68.00   06600   DHYSI CAL THERAPY   0   112   68.00   69.00   06900   ELECTROCARDI OLOGY   0   112   68.00   69.00   06900   ELECTROCARDI OLOGY   0   2, 121   68.00   70.00   07000   ELECTROCARDI OLOGY   0   112   68.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   6, 545   72.00   07200   MPL. DEV. CHARGED TO PATI ENTS   0   6, 545   73.00   07300   ORGOS CHARGED TO PATI ENTS   0   144   74.00   75.01   07500   ASC (NON-DI STI NCT PART)   0   0   144   75.00   07500   ASC (NON-DI STI NCT PART)   0   0   229   76.01   76.01   07501   ASC (NON-DI STI NCT PART)   0   0   299   76.01   07507   ASC (NON-DI STI NCT PART)   0   0   299   76.01   07507   ASC (NON-DI STI NCT PART)   0   0   299   76.01   07507   ASC (NON-DI STI NCT PART)   0   0   299   76.01   07507   ORGOS CHARGED TO PATI ENTS   0   0   299   76.01   07507   ASC (NON-DI STI NCT PART)   0   0   299   76.01   07507   ASC (NON-DI STI NCT PART)   0   0   299   76.01   07507   ASC (NON-DI STI NCT PART)   0   0   299   76.01   07507   ASC (NON-DI STI NCT PART)   0   0   299   76.01   07507   ASC (NON-DI STI NCT PART)   0   0   290   77.00   07500   ANTICOAGULATI ON CLINIC   0   299   77.00   07500   ANTICOAGULATI ON CLINIC   0   290   77.00   07507   ASC (NON-DI STI NCT PART)   0   0   0   77.00   07507   A							
55. 00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   55. 00   56. 00   05500   RADI OLOGY-THERAPEUTI C   0   945   56. 00   59. 00   05900   CARDI AC CATHETERI ZATI ON   0   3, 881   59. 00   60. 00   06000   LABORATORY   0   4, 921   60. 00   63. 00   06300   BLODD STORI NG   PROCESSI NG & TRANS.   0   377   65. 00   65. 00   06500   RESPI RATORY THERAPY   0   1, 073   65. 00   66. 00   066500   RESPI RATORY THERAPY   0   2711   66. 00   67. 00   066700   OCCUPATI ONAL THERAPY   0   149   67. 00   68. 00   06600   PHYSI CAL THERAPY   0   112   68. 00   69. 00   066900   ELECTROCARDI OLOGY   0   112   68. 00   69. 00   066900   ELECTROCARDI OLOGY   0   112   69. 00   69. 00   066900   ELECTROCARDI OLOGY   0   2, 121   69. 00   70. 00   07000   ELECTROCREPHALOGRAPHY   0   61   70. 00   71. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   0   3, 550   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   6, 545   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   15, 963   73. 00   74. 00   07400   REMAL DIALYSIS   0   144   74. 00   75. 00   07500   ASC (NON-DISTI NCT PART)   0   8, 247   75. 01   75. 01   07501   ASC (NON-DISTI NCT PART)   0   8, 247   75. 01   76. 00   039950   CARDIA CATHERI ZATI ON   0   0   0   76. 01   03951   OUTPATI ENT WOUND CARE CENTER   0   229   76. 01   76. 07   07607   CARDIA CREHABIL LIATION   0   0   76. 07   07607   CARDIA CREHABIL LIATION   0   299   90. 00   76. 01   076950   SLEEP CLINIC   0   299   90. 00   76. 02   09000   ANRITI CANCER CARE CENTER   0   1, 796   90. 03   77. 00   0700	•	0					53. 01
56. 00   05600   RADI OI SOTOPE   0   945   55. 00	54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	6, 764				54.00
59.00   05900   CARDI AC CATHETERI ZATI ON   0   3,881     59.00   60.00   6		0					55.00
60. 00   06000   LABORATORY   0   4,921   60. 00   63. 00   63.00   06300   BLOOD STORI NG, PROCESSING & TRANS.   0   3.77   63. 00   63. 00   66. 00   06500   RESPIRATORY THERAPY   0   1,073   65. 00   06600   PHYSI CAL THERAPY   0   271   66. 00   06600   PHYSI CAL THERAPY   0   149   67. 00   67. 00   06700   0CCUPATI ONAL THERAPY   0   149   67. 00   68. 00   06800   SPEECH PATHOLOGY   0   112   68. 00   06900   ELECTROCARDI OLOGY   0   2,121   69. 00   06900   ELECTROCARDI OLOGY   0   2,121   69. 00   07. 00   07.000   ELECTROCARDI OLOGY   0   61   70. 00   71. 00   07.100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   61   70. 00   72. 00   07.200   IMPL. DEV. CHARGED TO PATI ENTS   0   6,545   72. 00   73. 00   70300   RURGS CHARGED TO PATI ENTS   0   6,545   73. 00   73. 00   70300   RURGS CHARGED TO PATI ENTS   0   144   74. 00   74. 00   74. 00   74. 00   74. 00   75. 01	• • • • • • • • • • • • • • • • • • •	0					•
63.00   06300   BLODD STORING, PROCESSING & TRANS.   0   377     65.00   65.00   06500   RESPIRATORY THERAPY   0   1,073     65.00   66.00   06600   PHYSI CAL THERAPY   0   271     66.00   67.00   06700   0CCUPATI ONAL THERAPY   0   149     67.00   68.00   08600   SPECER PATHOLOGY   0   112     68.00   69.00   06900   ELECTROCAGDI OLOGY   0   112     69.00   70.00   07000   ELECTROENCEPHALLOGRAPHY   0   61   70.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   3,550   71.00   72.00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   6,545   72.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   0   15,963   73.00   74.00   07400   RENAL DI ALYSI S   0   144   74.00   75.00   07500   ASC (NON-DI STI NCT PART)   0   0   0   75.01   07501   ASC (NON-DI STI NCT PART)   0   0   8,247   75.01   76.01   03950   CARDI AC CATHERI ZATI ON   0   5   76.97   07697   CARDI AC REHABI LI TATI ON   0   5   76.97   07697   CARDI AC REHABI LI TATI ON   0   229   90.00   90.01   04950   SLEEP CLI NI C   0   229   90.00   90.02   09001   ANTI COAGULATI ON CLI NI C   0   229   90.00   90.03   09002   ANRETT CANCER CARE CENTER   0   1,796   90.00   90.04   09003   OUTPATI ENT I NEUSION CENTER   0   28   90.04   91.00   09002   BRESERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   92.01   09201   DSSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   92.01   09201   DSSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   92.01   09201   DSSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   92.01   09201   DSSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   93.00   09501   DSSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   94.01   04951   OTHER OUTPATI ENT SERVICES   0   0   0   95.01   04951   OTHER OUTPATI ENT SERVICES   0   0   0   95.01   04951   OTHER OUTPATI ENT SERVICES   0   0   0   95.01   04951   OTHER OUTPATI ENT SERVICES   0   0   0   95.01   04951   OTHER OUTPATI ENT SERVICES   0   0   0   95.01   04951   OTHER OUTPATI ENT SERVICES   0   0   0   95.01   04951   OTHER OUTPATI ENT SERVICES   0   0   0				1			
65. 00   06500   RESPI RATORY THERAPY   0   1,073   65. 00   66. 00   06600   PHYSI CAL THERAPY   0   271   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   0   149   67. 00   68. 00   06800   SPEECH PATHOLOGY   0   112   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0   112   69. 00   67. 00   07000   ELECTROCARDI OLOGY   0   112   69. 00   67. 00   07000   ELECTROCARDI OLOGY   0   112   69. 00   67. 00   07000   ELECTROENCEPHALOGRAPHY   0   61   70. 00   67. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   0   3, 550   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   6, 545   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   15, 963   73. 00   74. 00   07400   RENAL DI ALYSI S   0   144   74. 00   75. 00   07500   ASC (NON-DI STI NCT PART)   0   0   0   75. 01   07501   ASC (NON-DI STI NCT PART)   0   8, 247   75. 01   76. 00   03951   0UTPATI ENT SERVI CE COST CENTER   0   229   76. 01   76. 97   07697   CARDI AC CATHERI ZATI ON   0   229   76. 01   76. 90   0.00   09000   CLINI C   0   299   90. 00   90. 01   04950   SLEEP CLINI C   0   299   90. 00   90. 02   09001   ANTI COAGULATION CLINI C   0   299   90. 00   90. 03   09002   ANSERTT CANCER CARE CENTER   0   1,796   90. 03   90. 04   09003   0UTPATI ENT I INFUSI ON CENTER   0   1,796   90. 03   90. 04   09003   0UTPATI ENT I INFUSI ON CENTER   0   1,796   90. 03   90. 04   09003   0UTPATI ENT I INFUSI ON CENTER   0   2,20   90. 05   09000							•
66. 00 6600 PHYSICAL THERAPY 0 271 66. 00 67. 00 66700 OCCUPATIONAL THERAPY 0 149 67. 00 68. 00 06800 SPEECR PATHOLOGY 0 112 68. 00 69. 00 66900 ELECTROCARDIOLOGY 0 112 69. 00 70. 00 07000 ELECTROENCEPHALOGRAPHY 0 61 70. 00 71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 3. 550 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 6. 545 72. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 15. 963 73. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 15. 963 73. 00 75. 01 07400 RENAL DI ALYSI S 0 144 74. 00 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 76. 00 03950 CARDIA C CATHERIZATION 0 0 76. 00 03951 OUTPATIENT WOUND CARE CENTER 0 229 76. 01 76. 97 07697 CARDIA C REHABILITATION 0 5 76. 97 07000 CARDIA C CATHERIZATION 0 5 90. 00 90. 01 04950 SLEEP CLINIC 0 229 90. 01 90. 02 09001 ANTI-CAGULATION CLINIC 0 229 90. 03 09002 ARNETT CANCER CARE CENTER 0 1,796 90. 02 90. 04 09003 OUTPATIENT INFUSION CENTER 0 1,796 90. 03 90. 04 09003 OUTPATIENT INFUSION CENTER 0 28 90. 00 09001 ANTI-CAGULATION SEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 OBSERVATION BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 OBSERVATION BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 OBSERVATION BEDS (NON-DISTINCT PART) 92. 01 93. 00 95ECIAL PURPOSE COST CENTERS		l ő					65. 00
68. 00	66. 00 06600 PHYSI CAL THERAPY	0					66.00
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROCARDI OLOGY 70. 00 07000 ELECTROCROCEPHALOGRAPHY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 73. 00 07300 DRUGS CHARGED TO PATIENTS 74. 00 07400 RENAL DI ALYSIS 75. 00 07500 ASC (NON-DI STI NCT PART) 76. 00 07500 ASC (NON-DI STI NCT PART) 76. 00 07500 ASC (NON-DI STI NCT PART) 76. 01 07501 ASC (NON-DI STI NCT PART) 76. 00 03950 CARDIA C CATHERI ZATI ON 76. 01 03951 OUTPATI ENT WOUND CARE CENTER 76. 97 07697 CARDIA C REHABI LITATI ON 76. 97 07697 CARDIA C REHABI LITATI ON 76. 01 04950 SLEEP CLI NI C 76. 02 09001 ANTI COAGULATI ON CLI NI C 77. 03 09002 ARNETT CANCER CARE CENTER 78. 04 09003 OUTPATI ENT INFUSI ON CENTER 79. 05 09003 OUTPATI ENT INFUSI ON CENTER 79. 00 09000 OU		0		b .			67.00
70. 00   07000   ELECTROENCEPHALOGRAPHY   0   61   70. 00   711. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   0   3, 550   71. 00   72. 00   07200   IMPL DEV. CHARGED TO PATI ENTS   0   6, 545   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   15, 963   73. 00   74. 00   07400   RENAL DI ALYSI S   0   144   74. 00   07500   ASC (NON-DI STI NCT PART)   0   0   0   0   0   0   0   0   0		0					68. 00
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   3, 550   71. 00   72. 00   77. 0		0		1			
72. 00				b .			
73. 00 74. 00 74. 00 74. 00 74. 00 75. 00 76. 00 75. 01 76. 00 76. 01 76. 01 76. 01 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 76. 07 77 78 78 79 79 70 70 70 70 70 70 70 70 70 70 70 70 70				1			
74. 00		0					73. 00
75. 01   07501   ASC (NON-DISTINCT PART)   0   8, 247   75. 01   76. 00   3950   CARDI AC CATHERIZATION   0   0   0   0   0   0   0   0   0	74.00 07400 RENAL DIALYSIS	0					74.00
76. 00 03950 CARDIAC CATHERIZATION 0 0 0 76. 00 76. 01 03951 OUTPATIENT WOUND CARE CENTER 0 229 76. 01 76. 97 07697 CARDIAC REHABILITATION 0 5 76. 00  OUTPATIENT SERVICE COST CENTERS  90. 00 09000 CLINIC 0 0 90. 00 90. 01 04950 SLEEP CLINIC 0 299 90. 01 90. 02 09001 ANTI COAGULATION CLINIC 0 229 90. 02 90. 03 09002 ARNETT CANCER CARE CENTER 0 1,796 90. 03 90. 04 09003 OUTPATIENT INFUSION CENTER 0 28 90. 04 91. 00 09100 EMERGENCY 0 13, 185 91. 00 92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 OBSERVATION BEDS (DISTINCT PART) 0 0 0 9200 OBSERVATION BEDS (DISTINCT PART) 92. 00 93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 SPECIAL PURPOSE COST CENTERS		0	ľ	l .			75. 00
76. 01 03951 OUTPATI ENT WOUND CARE CENTER 0 229 76. 01 76. 97 07697 CARDI AC REHABI LI TATI ON 0 5 76. 97  OUTPATI ENT SERVI CE COST CENTERS  90. 00 09000 CLI NI C 0 0 90. 01 04950 SLEEP CLI NI C 0 299 90. 01 90. 01 04950 SLEEP CLI NI C 0 229 90. 02 90. 03 09001 ANTI COAGULATI ON CLI NI C 0 22 90. 02 90. 03 09002 ARNETT CANCER CARE CENTER 0 1,796 90. 03 90. 04 09003 OUTPATI ENT I NFUSI ON CENTER 0 28 90. 04 91. 00 09100 EMERGENCY 0 13, 185 91. 00 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 92. 00 92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) 92. 00 93. 00 04951 OTHER OUTPATI ENT SERVI CES 0 0 93. 00 SPECIAL PURPOSE COST CENTERS		0		1			75. 01
76. 97   O7697   CARDI AC REHABILITATION   O   5		0		l .			•
OUTPATIENT SERVICE COST CENTERS   OUTPATIENT SERVICE COST CENTERS     90. 00   09000   CLINIC   OUTPATIENT   COAGULATION CLINIC   OUTPATIENT SERVICE   OUTPATIENT SERVICE   OUTPATIENT SERVICE   OUTPATIENT SERVICES   OUT			229	1			
90. 00   09000   CLINIC   0   0   0   90. 00   90. 01   04950   SLEEP CLINIC   0   299   90. 01   90. 02   09001   ANTI COAGULATI ON CLINIC   0   22   90. 03   09002   ARNETT CANCER CARE CENTER   0   1,796   90. 03   90. 04   09003   0UTPATI ENT INFUSION CENTER   0   28   90. 04   91. 00   09100   EMERGENCY   0   13, 185   91. 00   92. 01   09201   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 01   09201   0BSERVATION BEDS (DISTINCT PART)   0   0   0   92. 01   09201   0THER OUTPATIENT SERVICES   0   0   93. 00   SPECIAL PURPOSE COST CENTERS				1			1 /0. //
90. 01   04950   SLEEP CLINIC   0   299   90. 01   90. 02   90. 01   90. 02   90. 03   9002   ANTI COAGULATI ON CLINIC   0   22   90. 03   90902   ARNETT CANCER CARE CENTER   0   1,796   90. 03   90. 04   90. 03   00TPATI ENT INFUSION CENTER   0   28   90. 04   91. 00   9100   EMERGENCY   0   13, 185   91. 00   92. 00   909200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 01   09201   0BSERVATI ON BEDS (DISTINCT PART)   0   0   0   92. 01   93. 00   04951   OTHER OUTPATI ENT SERVICES   0   0   93. 00   SPECIAL PURPOSE COST CENTERS		0	0	İ			90.00
90. 03   09002   ARNETT CANCER CARE CENTER   0   1,796   90. 03   90. 04   09003   0UTPATI ENT INFUSION CENTER   0   28   90. 04   91. 00   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00   09200   OBSERVATION BEDS (DISTINCT PART)   0   0   0   93. 00   04951   OTHER OUTPATI ENT SERVICES   0   0   0   93. 00   OTHER OUTPATI ENT SERVICES   0   0   0   0   0   0   0   0   0		0		•			90. 01
90. 04   09003   0UTPATIENT INFUSION CENTER   0   28   90. 04   91. 00   9100   EMERGENCY   0   13, 185   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00   09201   OBSERVATION BEDS (DISTINCT PART)   0   0   92. 01   09201   OTHER OUTPATIENT SERVICES   0   0   93. 00   SPECIAL PURPOSE COST CENTERS		0					90. 02
91. 00   09100   EMERGENCY   0   13, 185   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 01   09201   OBSERVATION BEDS (DISTINCT PART)   0   0   93. 00   04951   OTHER OUTPATIENT SERVICES   0   0   93. 00   SPECIAL PURPOSE COST CENTERS		0		1			90. 03
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   92. 01   09201   0BSERVATI ON BEDS (DISTINCT PART)   0   0   0   92. 01   093. 00   04951   0THER OUTPATI ENT SERVI CES   0   0   93. 00   0   95PECI AL PURPOSE COST CENTERS							
92. 01   09201   0BSERVATI ON BEDS (DI STINCT PART)   0   0   0   92. 01   93. 00   04951   0THER OUTPATI ENT SERVI CES   0   0   93. 00   SPECI AL PURPOSE COST CENTERS	• • • • • • • • • • • • • • • • • • •	1	13, 185	1			•
93.00 O4951 OTHER OUTPATIENT SERVICES 0 0 93.00 SPECIAL PURPOSE COST CENTERS		0	0				92.00
SPECIAL PURPOSE COST CENTERS			-	1			93. 00
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   6,471   98,084   0   0   0   118.00	SPECIAL PURPOSE COST CENTERS						
	118.00 SUBTOTALS (SUM OF LINES 1 through 117	6, 471	98, 084	C	0	0	118.00

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lieu	of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der C		Peri od: From 01/01/2020	Worksheet B Part II	
					Date/Time Pre	
		OTHER GENERAL SERVICE	INTERNS	& RESI DENTS		
Cost Center Description	SOCIAL SERVICE		SERVI CES-SALA	RSERVI CES-OTHER	PARAMED ED	
		TRANSPORT	Y & FRINGES	PRGM. COSTS	PRGM -	
	17. 00	SERVI CES 18. 00	21. 00	22. 00	PHARMACY 23. 00	
NONREI MBURSABLE COST CENTERS						
190.0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	)			190. 00
191. 00 19100 RESEARCH	0	0	)			191. 00
192. 00 19200 PHYSICIANS' PRIVATE OFFICES	0	18, 822				192. 00
193. 00 19300 NONPALD WORKERS	0	0	)			193. 00
193. 01 19301 RETAIL PHARMACY	0	440	)			193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0	)			193. 02
193. 03 19303 H0SPI CE	0	0	)			193. 03
193. 04 19304 FRANKFORT HOSPITAL	0	0	)[			193. 04
194. 00 07950 MARKETI NG/PUBLIC RELATIONS	0	0	)[			194. 00
200.00 Cross Foot Adjustments			7, 66	6 40, 661	13, 372	200. 00
201.00 Negative Cost Centers	0	0	)	0 0	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	6, 471	117, 346	7, 66	6 40, 661	13, 372	202. 00

Health Financial Systems IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173
Period: From 01/c01/2020 Part II
To 12/21/2020 Part Of The Propagation

Cost Center Description					From 01/01/2020 Part 11 To 12/31/2020 Date/Time Pro 7/13/2021 4:2	
B Post   STEPPING	Cost Center Description	Subtotal		Total	1771372021 4.2	20 piii
STREPADOR   Adjustments   24.00   25.00   26.00						
1.00   100			Stepdown			
SERBAL SERVICE COST CENTERS		24. 00	<del></del>	26. 00	-	
1.01   1.02   1.01   2.02   2.02   2.02   REL COSTS - HURBEST EXPENSES   1.02   2.02			1			1 00
2.00   00000 CAP REL COSTS-MANEL FOULP   0.00000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00000   0.0000   0.00000   0.00000   0.00000   0.000000   0.00000000						•
2.01 00201 CAP RFIL COSTS-MINELF FOULP — NOMINISPS 4.00 00400 EMPLYONE BENEFITS DEPARTMENT 4.00 00400 EMPLYONE BENEFITS DEPARTMENT 4.00 00400 EMPLYONE BENEFITS DEPARTMENT 4.00 00400 EMPLYONE BENEFITS DEPARTMENT 4.00 00400 EMPLYONE BENEFITS DEPARTMENT 4.00 00400 EMPLYONE BENEFITS DEPARTMENT 4.00 00400 EMPLYONE BENEFITS DEPARTMENT 4.00 00400 EMPLYONE BENEFITS DEPARTMENT 4.00 00400 EMPLYONE BENEFITS BENEFITS BENEFITS 4.00 00400 EMPLYONE BENEFITS BENEFI			1			•
4.00   0.000   DIPLOVER BENEFITS DEPARTMENT   4.00   5.01   0.0570   OTHER ADMINISTRATIVE & GENERAL   5.01   0.0570   OTHER ADMINISTRATIVE & GENERAL   5.01   0.0570   OTHER ADMINISTRATIVE & GENERAL   5.00   0.000   DIPLATI - NON-HOSPITAL   7.01   0.0770   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   0.000   DIPLATI - NON-HOSPITAL   8.00   DIPL					†	
5.06   0.050G OTHER ARMINISTRATIVE & GENERAL	4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4. 00
2.00   0.0700   OPERATION OF PLANT   NONHOSPITAL						•
B. OO   OOSOO   LAUNDRY & LINEN SERVICE	7.00 00700 OPERATION OF PLANT		]		İ	7. 00
9.00   000000						•
11. 0.0   11.00 (CAFETERIA     11. 0.0   13.00   13.00 (MIRSIN ART SHEN)   14. 0.0   1			1		1	•
13.00   0300   MURSING ADMINISTRATION     12.00						
15.00			1			
16.00   10600   MEDICAL RECORDS & LIBRARY     11.00   17.00   170.00   170.00   170.00   170.00   170.00   18.5 EVICES - \$1.7.00   18.00   18.5 EVICES - \$1.8.00   18.00   18.5 EVICES - \$1.8.00   18.00   18.5 EVICES - \$1.00   19.00   18.7 EVICES - \$1.00   19.00   18.7 EVICES - \$1.00   19.00   18.7 EVICES - \$1.00   19.00   18.7 EVICES - \$1.00   19.00   18.7 EVICES - \$1.00   19.00   18.7 EVICES - \$1.00   19.00   18.7 EVICES - \$1.00   19.00   18.7 EVICES - \$1.00   19.00   18.7 EVICES - \$1.00   19.00						•
18. 00   01850   PATIENT TRANSPORT SERVICES	•				i	1
21.00	•					•
22. 00   02200   RAR SERVICES-OTHER PROM. COSTS APPRIVD   23. 00   03. 00   03.00   PARAMED ED PERM PIRMARCY   23. 00   03. 00   03.00   OUT.S & PEDIA ATRICES   10. 164, 515   30. 00   31. 00   03.100   OUT.S & PEDIA ATRICES   10. 164, 515   0   10. 164, 515   33. 00   33. 00   33.00   OUT.S & PEDIA ATRICES   0   0   0   0   33. 00   33. 00   33.00   OUT.S & PEDIA ATRICES   0   0   0   0   33. 01   33. 01   33.00   OUT.S & PEDIA ATRICES   0   0   0   0   0   33. 01   33. 01   33.00   OUT.S & PEDIA ATRICES   0   0   0   0   0   33. 01   33. 01   33.00   OUT.S & PEDIA ATRICES   0   0   0   0   0   33. 01   33. 01   33.00   OUT.S & PEDIA ATRICES   0   0   0   0   0   33. 01   33. 01   33.00   OUT.S & PEDIA ATRICES   0   0   0   0   0   33. 01   33. 01   33.00   OUT.S & PEDIA ATRICES   0   0   0   0   0   33. 01   33. 01   33.00   OUT.S & PEDIA ATRICES   0   0   0   0   0   338, 10.02   43. 00   0   0   0   0   0   0   0   0   33. 01	· · · · · · · · · · · · · · · · · · ·		1		•	
INPATIENT ROUTINE SERVICE COST CENTERS   30.00   30.00   30.00   30.10   ADULTS & PEDIATRIC S   30.00   31.0	22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		1			22. 00
30.00   03000   ADULTS & PEDI ATRICS   10, 164, 515   0   10, 164, 515   33.00   33.00   33.00   INTENSIVE CARE UNIT   1, 010, 064   0   33.00   33.						23.00
33. 00 03300 BURN INTERISIVE CARE UNIT 0 0 0 33. 01 35. 00 35. 00 02060 BURN INTERISIVE CARE UNIT 754, 846 0 754, 846 35. 00 43. 00 4300 MURSERY 58 10 10 10 10 10 10 10 10 10 10 10 10 10	30. 00 03000 ADULTS & PEDI ATRI CS		1		•	•
33. 01   03301   BURN INTERSIVE CARE UNIT   754, 846   35, 00   43. 00   43		1,010,064	0	1, 010, 064	1	
ABOON   OBSTRETY   ABOON   OBSTRETY   ABOON   OBSTRETY   ABOON   OBSTRETY	, , , , , , , , , , , , , , , , , , ,	754.046	0	754 044		
ANCILLARY SERVICE COST CENTERS   S0. 00	, , , , , , , , , , , , , , , , , , ,		1		•	
S1-00   OS-100   RECOVERY ROOM   348, 423   0   348, 423   51, 00   52. 0		2 440 772		2 440 77		
53.00   05300   AISSTHESI OLOGY			1		•	•
53.01   53.01   53.01   53.01   53.01   53.01   53.01   53.00   54.00   54.00   54.00   54.00   54.00   55.0			1		•	
55. 00   05500   RADI OLOGY-THERAPEUTI C   0   0   0   55. 00   56. 00   05500   RADI OLOGY-THERAPEUTI C   154, 817   0   154, 817   56. 00   59. 00   05900   CARDI AC CATHETERI ZATI ON   648, 490   0   648, 490   59. 00   60. 00   06000   LABORATORY   823, 004   0   823, 004   60. 00   63. 00   06300   BLOOD STORI NG   PROCESSI NG & TRANS.   57. 674   0   57, 674   63. 00   65. 00   06500   RESPI RATORY THERAPY   120, 781   0   120, 781   65. 00   66. 00   06600   PHYSI CAL THERAPY   62, 978   0   62, 978   66. 00   67. 00   06700   0CCUPATI ONAL THERAPY   34, 843   0   34, 843   67. 00   68. 00   06800   SPEECH PATHOLOGY   26, 138   0   26, 138   68. 00   69. 00   06900   ELECTROCARDI OLOGY   200, 227   0   200, 227   69. 00   69. 00   06900   ELECTROCARDI OLOGY   200, 227   0   200, 227   69. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   615, 552   0   615, 552   72. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   615, 552   0   615, 552   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   528, 188   0   528, 188   73. 00   74. 00   07400   RENAL DIALYSIS   122, 776   0   122, 776   74. 00   75. 01   07501   ASC (NON-DISTI NCT PART)   0   0   0   0   76. 01   03951   OUTPATI ENT WOUND CARE CENTER   114, 893   0   114, 893   76. 01   76. 97   07697 CARDI AC REHABILITATI ON   58, 536   0   58, 536   76. 97   90. 01   04950   SLEEP CLINIC   71, 767   90. 01   90. 02   09001   ANTI COAGULATI ON CLINIC   33, 275   0   0   49, 921   90. 04   91. 00   09000   04951   OUTPATI ENT NEWLOW CENTER   49, 921   0   49, 921   90. 04   91. 00   09001   OUTPATI ENT NEWLOW CENTER   49, 921   0   49, 921   90. 04   91. 00   09001   OUTPATI ENT NEWLOW CENTER   49, 921   0   49, 921   90. 04   91. 00   09001   OUTPATI ENT SERVICE COST CENTER   49, 921   0   49, 921   90. 04   91. 00   09001   OUTPATI ENT SERVICE SENTER   40, 921   0   49, 921   90. 04   91. 00   09001   OUTPATI ENT SERVICE SENTER   40, 921   0   49, 921   90. 04   92. 01   09200   OSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0	, , , , , , , , , , , , , , , , , , ,		1		•	•
56. 00   05600   RADI AC CATHETER I ZATI ON   648, 490   0   648, 490   59. 00   60. 00   6000   LABORATORY   823, 004   0   823, 004   60. 00   6000   LABORATORY   823, 004   0   823, 004   60. 00   6000   LABORATORY   823, 004   0   823, 004   60. 00   60. 00   60500   RESPI RATORY THERAPY   120, 781   0   120, 781   65. 00   60500   RESPI RATORY THERAPY   120, 781   0   120, 781   65. 00   60500   RESPI RATORY THERAPY   62, 978   0   62, 978   66. 00   60	•	1, 338, 343	0	1, 338, 343	3	
59.00   05900   CARDIAC CATHETERIZATION   648, 490   0 648, 490   0 600   640, 490, 490   640, 490, 490   640, 490, 490, 490, 490, 490, 490, 490, 4		154, 817	0	154, 817	) 7	
63. 00   06300   BLODD STORI NG, PROCESSI NG & TRANS.   57, 674   0   57, 674   66. 00   06500   RESPI RATORY THERAPY   120, 781   0   120, 781   66. 00   06600   PHYSI CAL THERAPY   62, 978   0   62, 978   0   66. 00   06600   PHYSI CAL THERAPY   34, 843   0   34, 843   67. 00   67. 00   06700   0CCUPATI ONAL THERAPY   34, 843   0   34, 843   67. 00   68. 00   06800   SPEECH PATHOLOGY   26, 138   0   26, 138   0   26, 138   69. 00   06900   ELECTROCARDI OLOGY   200, 227   0   200, 227   0   200, 227   0   07000   ELECTROENCEPHALDGRAPHY   939   0   939   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   616, 552   0   615, 552   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   518, 188   0   528, 188   73. 00   07400   RENAL DI ALYSI S   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   122, 776   0   0   0   0   0   0   0   0   0	59.00 05900 CARDI AC CATHETERI ZATI ON	648, 490	1	648, 490		
65. 00   06500   RESPI RATORY THERAPY   120, 781   0   120, 781   66. 00   66. 00   06600   PHYSI CAL THERAPY   62, 978   0   62, 978   66. 00   67. 00   06700   OCCUPATI ONAL THERAPY   34, 843   0   34, 843   67. 00   68. 00   06800   SPEECH PATHOLOGY   26, 138   0   26, 138   68. 00   69. 00   06900   ELECTROCARDI OLOGY   200, 227   0   200, 227   69. 00   70. 00   07000   ELECTROCARDI OLOGY   939   0   939   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   466, 667   0   466, 667   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   615, 552   0   615, 552   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   528, 188   0   528, 188   73. 00   74. 00   07400   RENAL DI ALYSIS   122, 776   0   122, 776   74. 00   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   75. 00   75. 01   07501   ASC (NON-DISTINCT PART)   801, 864   0   801, 864   75. 01   76. 01   03951   OUTPATIENT SERVICE COST CENTER   114, 893   0   114, 893   0   76. 97   00. 00   09000   CLINIC   0   0   0   0   00. 00   00000   CLINIC   0   0   0   00. 01   04950   SLEEP CLINIC   71, 767   0   71, 767   90. 01   09. 01   04950   SLEEP CLINIC   33, 275   0   33, 275   90. 02   09. 02   09000   ANTICOAGULATION CLINIC   33, 275   0   33, 275   90. 02   09. 03   09000   CLINIC   0   0   0   0   0   09. 04   09003   OUTPATIENT   NUBLATION CENTER   49, 921   0   49, 921   90. 04   09. 04   09003   OUTPATIENT   NUBLATION CENTER   49, 921   0   49, 921   90. 04   09. 04   09003   OUTPATIENT   NUBLATION CENTER   49, 921   0   49, 921   90. 04   09. 04   09003   OUTPATIENT   NUBLATION CENTER   49, 921   0   49, 921   90. 04   09. 04   09003   OUTPATIENT   NUBLATION CENTER   49, 921   0   49, 921   90. 04   09. 04   09003   OUTPATIENT   NUBLATION CENTER   49, 921   0   49, 921   90. 04   09. 04   09003   OUTPATIENT   NUBLATION CENTER   49, 921   0   49, 921   90. 04   09. 01   09004   DERGENCY   1, 670, 521   0   1, 670, 521   91. 00   09. 01   09004   OUTPATIENT   SERVICES   0   0   0   0   0   09. 01   09005   OUTPATIENT			1			•
67. 00   06700   OCCUPATI ONAL THERAPY   34, 843   0   34, 843   68. 00   06800   SPECCH PATHOLOGY   26, 138   0   26, 138   68. 00   06900   ELECTROCARDI OLOGY   200, 227   0   200, 227   69. 00   07000   ELECTROCARDI OLOGY   939   0   939   70. 00   71. 00   07000   ELECTROCEPHALOGRAPHY   939   0   939   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   466, 667   0   466, 667   71. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   615, 552   0   615, 552   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   528, 188   0   528, 188   73. 00   74. 00   07400   RENAL DI ALYSIS   122, 776   0   122, 776   74. 00   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0	65.00 06500 RESPIRATORY THERAPY	120, 781	0	120, 781	ıİ	65. 00
68. 00 06800 SPEECH PATHOLOGY 26, 138 0 20, 138 68. 00 69. 00 06900 ELECTROCARDI OLOGY 200, 227 0 200, 227 69. 00 71. 00 07000 ELECTROCARDI PALOGRAPHY 939 0 939 0 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 466, 667 0 466, 667 71. 00 72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 615, 552 0 615, 552 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 528, 188 0 528, 188 73. 00 74. 00 07400 RENAL DI ALYSI S 122, 776 0 122, 776 74. 00 75. 00 07500 ASC (NON-DI STI NCT PART) 0 0 0 0 75. 00 75. 01 07501 ASC (NON-DI STI NCT PART) 801, 864 0 801, 864 75. 01 76. 00 03950 CARDI AC CATHERI ZATI ON 0 0 0 0 76. 00 76. 01 03951 OUTPATI ENT WOUND CARE CENTER 114, 893 0 114, 893 76. 01 76. 97 07697 CARDI AC REHABI LI TATI ON 58, 536 0 71, 767 90. 01 90. 01 04950 SLEEP CLI NI C 71, 767 0 71, 767 90. 01 90. 02 09001 ANTI COAGULATI ON CLI NI C 33, 275 00. 02 90. 03 09002 ARNETT CANCER CARE CENTER 49, 921 0 49, 921 90. 04 90. 04 09003 OUTPATI ENT I NFUSI ON CENTER 49, 921 0 49, 921 90. 04 91. 00 09000 BESRVATI ON BEDS (NON-DI STI NCT PART) 0 1, 670, 521 91. 00 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 0 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 0 0 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 0 0 0 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 0 0 0 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 0 92. 01 09201 OBSERVATI ON BEDS (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						•
70. 00   07000   ELECTROENCEPHALOGRAPHY   939   0   939   70. 00   71. 00   77100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   466, 667   0   466, 667   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   615, 552   0   615, 552   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   528, 188   0   528, 188   73. 00   74. 00   07400   RENAL DI ALYSI S   122, 776   0   122, 776   74. 00   75. 00   75. 00   07500   ASC (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0	•		1	26, 138	3	•
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   466, 667   0   466, 667   72. 00   72. 00   772. 00   772. 00   772. 00   773. 00   774. 00   774. 00   775. 00   775. 00   775. 00   775. 00   775. 00   775. 00   775. 01   775.						
73. 00			1		•	•
74. 00			1			
75. 01   07501   ASC (NON-DISTINCT PART)   801, 864   0   801, 864   75. 01   76. 00   03950   CARDI AC CATHERIZATION   0   0   0   0   0   0   0   0   0					•	
76. 00		001.0(4	0	001.04		
76. 01 03951 OUTPATI ENT WOUND CARE CENTER 114, 893 0 114, 893 76. 01 76. 97 OUTPATI ENT SERVI CE COST CENTERS  90. 00 09000 CLI NI C 0 0 0 71, 767 90. 01 90. 01 90. 01 90. 01 90. 01 90. 01 90. 02 90. 01 90. 02 90. 01 ANTI COAGULATI ON CLI NI C 33, 275 0 33, 275 90. 02 90. 03 90. 02 ARNETT CANCER CARE CENTER 291, 368 0 291, 368 90. 03 90. 04 90. 03 OUTPATI ENT INFUSI ON CENTER 49, 921 0 49, 921 90. 04 91. 00 09100 EMERGENCY 1,670, 521 0 1,670, 521 92. 00 90. 09. 00 0		801, 864 0	0	801, 864	1	
OUTPATIENT SERVICE COST CENTERS   O	76.01 03951 OUTPATIENT WOUND CARE CENTER					76. 01
90. 00   09000   CLINI C   0   0   0   0   90. 00   90. 01   04950   SLEEP CLINI C   71, 767   0   71, 767   90. 01   90. 02   09001   ANTI COAGULATI ON CLINI C   33, 275   0   33, 275   90. 02   90. 03   09002   ARNETT CANCER CARE CENTER   291, 368   0   291, 368   90. 03   90. 04   09003   0UTPATI ENT INFUSI ON CENTER   49, 921   0   49, 921   90. 04   91. 00   09100   EMERGENCY   1, 670, 521   0   1, 670, 521   91. 00   92. 01   09200   OBSERVATI ON BEDS (NON-DI STINCT PART)   0   0   0   0   92. 01   93. 00   04951   OTHER OUTPATI ENT SERVI CES   0   0   0   0   93. 00   SPECI AL PURPOSE COST CENTERS		58, 536	0]	58, 536	<u> </u>	76. 97
90. 02   09001   ANTI COAGULATI ON CLINIC   33, 275   0   33, 275   90. 02   90. 03   09002   ARNETT CANCER CARE CENTER   291, 368   0   291, 368   90. 03   90. 04   09003   OUTPATI ENT INFUSION CENTER   49, 921   0   49, 921   90. 04   91. 00   09100   EMERGENCY   1, 670, 521   0   1, 670, 521   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   92. 01   92. 01   09201   OBSERVATI ON BEDS (DISTINCT PART)   0   0   0   93. 00   04951   OTHER OUTPATI ENT SERVI CES   0   0   0   SPECIAL PURPOSE COST CENTERS	90. 00 09000 CLINIC					
90. 03   09002   ARNETT CANCER CARE CENTER   291, 368   0   291, 368   90. 03   90. 04   90. 03   0017pATI ENT I NFUSI ON CENTER   49, 921   0   49, 921   90. 04   91. 00   09100   EMERGENCY   1, 670, 521   0   1, 670, 521   91. 00   92. 00   09200   0BSERVATI ON BEDS (NON-DI STI NCT PART)   0   0   0   0   0   0   0   0   0					•	•
91. 00   09100   EMERGENCY   1,670,521   0   1,670,521   91. 00   92. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0   0   0	90.03 09002 ARNETT CANCER CARE CENTER	291, 368	0	291, 368	3	90. 03
92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   92. 01   09201   OBSERVATI ON BEDS (DISTINCT PART)   0   0   0   0   0   92. 01   093. 00   04951   OTHER OUTPATI ENT SERVICES   0   0   0   0   93. 00   0   0   0   0   0   0   0   0   0	•				•	
93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 93. 00 SPECIAL PURPOSE COST CENTERS		1,070,521		1,070,021		
SPECIAL PURPOSE COST CENTERS		0	0	(		•
118.00   SUBTOTALS (SUM OF LINES 1 through 117)   24,711,608   0   24,711,608   118.00	SPECIAL PURPOSE COST CENTERS		ı 9		4	1
	118.00   SUBTOTALS (SUM OF LINES 1 through 117)	24, 711, 608	0	24, 711, 608	3	<b> </b> 118. 00

Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der CC	F	Period: Worksheet B Part II Pa
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24. 00	25. 00	26. 00	
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	193, 867	0	193, 867	
191. 00 19100  RESEARCH	0	0	C	[191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5, 845, 954	0	5, 845, 954	192.00
193. 00 19300 NONPALD WORKERS	0	0	C	193.00
193. 01 19301 RETALL PHARMACY	103, 057	0	103, 057	193. 01
193. 02 19302 WHI TE HOSPI TAL	190, 746	0	190, 746	193. 02
193. 03 19303 HOSPI CE	8	0	8	193. 03
193. 04 19304 FRANKFORT HOSPITAL	158, 714	0	158, 714	193. 04
194. 0007950 MARKETING/PUBLIC RELATIONS	0	0	C	194. 00
200.00 Cross Foot Adjustments	61, 699	0	61, 699	200.00
201.00 Negative Cost Centers	0	0	. (	201.00
202.00 TOTAL (sum lines 118 through 201)	31, 265, 653	0	31, 265, 653	•

		040			7/13/2021 4:2	
		CAP	ITAL RELATED C	0515		
Cost Center Description	BLDG & FLXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
	1. 00	1. 01	(SQUARE FEET) 1.02	2. 00	2. 01	
GENERAL SERVICE COST CENTERS			1	1	1	
1.00   00100 CAP REL COSTS-BLDG & FIXT 1.01   00101 CAP REL COSTS-BLDG & FIXT - NONHOSF 1.02   00102 CAP REL COSTS   INTEREST EXPENSE 2.00   00200 CAP REL COSTS-MVBLE EQUIP	C	1	397, 789	397, 789		1. 00 1. 01 1. 02 2. 00
2. 01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSF 4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 01 00570 ADMITTING 5. 06 00590 OTHER ADMINISTRATIVE & GENERAL	2, 753 11, 443					2. 01 4. 00 5. 01 5. 06
7. 00   00700   OPERATION OF PLANT 7. 01   00701   OPERATION OF PLANT - NONHOSPITAL 8. 00   00800   LAUNDRY & LINEN SERVICE 9. 00   00900   HOUSEKEEPING	74, 083 0 0 5, 405	1, 681 0	0	0	1, 681 0	7. 01 8. 00
10. 00   01000 DI ETARY 11. 00   01100 CAFETERI A 13. 00   01300 NURSI NG ADMINI STRATI ON 14. 00   01400 CENTRAL SERVI CES & SUPPLY	9, 533 5, 576 6, 859 20, 955	0	5, 576 6, 859	5, 576 6, 859	0	11. 00 13. 00
15.00   01500   PHARMACY 16.00   01600   MEDI CAL RECORDS & LI BRARY 17.00   01700   SOCI AL SERVI CE 18.00   01850   PATI ENT TRANSPORT   SERVI CES	4, 280 0 0 1, 389	50 0 0		4, 280 0 0	50 0 0	15. 00
21.00   02100   LAR SERVICES-SALARY & FRINGES APPRV   22.00   02200   LAR SERVICES-OTHER PRGM. COSTS APPR   23.00   02300   PARAMED ED PRGM - PHARMACY   INPATIENT ROUTINE SERVICE COST CENTERS	D C	0 1, 782	0	0	0 1, 782	21. 00 22. 00
30.00   03000   ADULTS & PEDIATRICS 31.00   03100   INTENSIVE CARE UNIT 33.00   03300   BURN   INTENSIVE CARE UNIT 33.01   03301   BURN   INTENSIVE CARE UNIT	113, 429 11, 076		113, 429 11, 076 0			
35.00 02060 NEONATAL INTENSIVE CARE UNIT 43.00 04300 NURSERY ANCILLARY SERVICE COST CENTERS	8, 934 4, 150	0	., ., .,	4, 150	0	35. 00 43. 00
50. 00   05000   OPERATI NG   ROOM   51. 00   05100   RECOVERY   ROOM   52. 00   05200   DELI VERY   ROOM   & LABOR   ROOM   53. 00   05300   ANESTHESI OLOGY	28, 394 4, 200 14, 309 1, 263	0 0 0 153	4, 200 14, 309 1, 263	4, 200 14, 309	0 0 153	51. 00 52. 00 53. 00
53. 01   05301   ASC   ANESTHESI OLOGY 54. 00   05400   RADI OLOGY-DI AGNOSTI C 55. 00   05500   RADI OLOGY-THERAPEUTI C 56. 00   05600   RADI OI SOTOPE	15, 709 15, 709 1, 921	0	0 15, 709 0 1, 921	0	0	55. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON   60. 00   06000   LABORATORY   63. 00   06300   BLOOD   STORI NG,   PROCESSI NG & TRANS.   65. 00   06500   RESPI RATORY   THERAPY	7, 845 9, 531 700 1, 012	1, 224 0	7, 845 9, 531 700 1, 012	9, 531 700	1, 224 0	60. 00 63. 00
66. 00   06600 PHYSI CAL THERAPY 67. 00   06700 OCCUPATI ONAL THERAPY 68. 00   06800 SPEECH PATHOLOGY 69. 00   06900 ELECTROCARDI OLOGY	723 397 300 2, 248	0	723 397 300 2, 248	397 300	0	
70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	C		0 0	0 0 0 0	0 0 0	70.00 71.00 72.00 73.00
74.00 07400 RENAL DIALYSIS 75.00 07500 ASC (NON-DISTINCT PART) 75.01 07501 ASC (NON-DISTINCT PART) 76.00 03950 CARDIAC CATHERIZATION	1, 544 0 0	0 0 33, 980	1, 544 0 0	1, 544 0 0	0 0 33, 980 0	74. 00 75. 00 75. 01
76. 01 03951 OUTPATIENT WOUND CARE CENTER 76. 97 07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	C	5, 505 2, 846	1	0	5, 505 2, 846	76. 01 76. 97
90.00   09000   CLINI C 90.01   04950   SLEEP CLINI C 90.02   09001   ANTI COAGULATI ON CLINI C 90.03   09002   ARNETT CANCER CARE CENTER 90.04   09003   OUTPATIENT INFUSION CENTER	638		0 0 638		1, 536 12, 690 0	
91.00   09100   EMERGENCY 92.00   09200   OBSERVATION   BEDS   (NON-DISTINCT   PART 92.01   09201   OBSERVATION   BEDS   (DISTINCT   PART) 93.00   04951   OTHER   OUTPATIENT   SERVICES	18, 672	0 0	18, 672 0 0	18, 672 0 0		92. 00 92. 01
SPECIAL PURPOSE COST CENTERS  118.00 SUBTOTALS (SUM OF LINES 1 through 1	17) 389, 407	85, 892	389, 407	389, 407	85, 892	118. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS	Provi der CCN: 15-0173	Period: Worksheet B-1 From 01/01/2020

				Т		Date/Time Pre 7/13/2021 4:2	epared: 26 pm
		CAPITAL RELATED COSTS					
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	INTEREST	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1. 00	1. 01	1. 02	2. 00	2. 01	
NOI	NREIMBURSABLE COST CENTERS	1,00	11.01	11.02	2.00	2.0.	
190. 00 19	000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 490	0	2, 490	2, 490	0	190. 00
	100 RESEARCH	0	0	C	0		191. 00
	200 PHYSICIANS' PRIVATE OFFICES	1, 246	263, 375	1, 246	1, 246		
	300 NONPALD WORKERS	0	0	C	0		193. 00
	301 RETAIL PHARMACY	1, 098		1, 098			193. 01
	302 WHI TE HOSPI TAL	1, 940	1, 434	1, 940	1, 940		193. 02
	303 HOSPI CE	0	0	0	0		193. 03
	304 FRANKFORT HOSPI TAL	1, 608	1, 318	1, 608	1, 608		193. 04
	950 MARKETI NG/PUBLI C RELATI ONS	0	0	C	0		194. 00
200. 00	Cross Foot Adjustments						200.00
201. 00	Negative Cost Centers		0 505 (00	11 0/5 700	7 212 000		201. 00
202. 00	Cost to be allocated (per Wkst. B, Par	t 6, 170, 861	2, 595, 682	11, 065, 720	7, 313, 990	4, 119, 400	202.00
203. 00	Unit cost multiplier (Wkst. B, Part I)	15. 512900	7. 373699	27. 818064	18. 386607	11. 702209	203 00
204. 00	Cost to be allocated (per Wkst. B, Par		7.373077	27.010004	10. 300007	•	204.00
204.00							204.00
205. 00	Unit cost multiplier (Wkst. B, Part II	)					205. 00
206. 00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						

Health Financial Systems	IU HEALTH ARNE				of Form CMS-2	
COST ALLOCATION - STATISTICAL BASIS		Provi der CC	CN: 15-0173   Po	eriod: rom 01/01/2020	Worksheet B-1	l
			T <sub>1</sub>	o 12/31/2020	Date/Time Pre 7/13/2021 4:2	
Cost Center Description	EMPLOYEE		Reconciliation		OPERATION OF	J
	BENEFITS DEPARTMENT	(PATI ENT CHARGES)		ADMI NI STRATI VE & GENERAL	PLANT (SQUARE FEET)	
	(GROSS	CHARGES)		(ACCUM. COST)	(SQUARE FEET)	
	SALARI ES)			,		
GENERAL SERVICE COST CENTERS	4. 00	5. 01	5A. 06	5. 06	7. 00	
1. 00 O0100 CAP REL COSTS-BLDG & FLXT						1.00
1. 01 O0101 CAP REL COSTS-BLDG & FLXT - NONHOSP						1. 01
1. 02 00102 CAP REL COSTS INTEREST EXPENSE 2. 00 00200 CAP REL COSTS-MVBLE EQUIP						1. 02 2. 00
2. 01   00200 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2.00
4. 00   00400 EMPLOYEE BENEFITS DEPARTMENT	187, 863, 089					4.00
5. 01 00570 ADMITTING		1, 566, 003, 124	05 455 045	0/0 500 4/0		5. 01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL 7.00 00700 OPERATION OF PLANT	7, 176, 548 1, 549, 035	0	-85, 455, 065 0	360, 502, 469 15, 138, 601	309, 510	5. 06 7. 00
7. 01   00700 OF ERATION OF PLANT - NONHOSPITAL	317, 615	0	0	3, 972, 036		•
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	4, 782	0	
9. 00   00900   HOUSEKEEPI NG 10. 00   01000   DI ETARY	2, 648, 872	0	0	5, 024, 987	5, 405	1
10. 00   01000   DI ETARY 11. 00   01100   CAFETERI A	542, 620 335, 491	0	0	2, 448, 222 520, 362	9, 533 5, 576	
13. 00 O1300 NURSI NG ADMINI STRATI ON	3, 435, 924	Ö	0	5, 387, 518	·	1
14. 00 01400 CENTRAL SERVICES & SUPPLY	325, 536	0	0	12, 337, 091	20, 955	1
15. 00   01500   PHARMACY 16. 00   01600   MEDI CAL RECORDS & LI BRARY	3, 389, 070 0	0	0	4, 927, 836 0	4, 280 0	15. 00 16. 00
17. 00 01700 SOCI AL SERVI CE	557, 172	Ö	0	728, 248	0	•
18.00 01850 PATIENT TRANSPORT SERVICES	502, 412	0	0	864, 820		18. 00
21.00   02100   1 &R SERVICES-SALARY & FRINGES APPRVD   22.00   02200   1 &R SERVICES-OTHER PRGM. COSTS APPRVD	0 757, 617	0	0	727, 882 1 112 934	0	•
23. 00   02300   PARAMED ED PRGM - PHARMACY	219, 320	0	0	1, 112, 836 267, 915		
INPATIENT ROUTINE SERVICE COST CENTERS		-1				]
30. 00   03000   ADULTS & PEDI ATRI CS	25, 792, 770	139, 586, 238	0	34, 995, 198	113, 429	
31.00 03100 INTENSIVE CARE UNIT 33.00 03300 BURN INTENSIVE CARE UNIT	2, 505, 589 0	18, 457, 339 0	0	4, 848, 405 0	11, 076 0	•
33. 01   03301   BURN   INTENSIVE CARE UNIT	0	Ö	0	0	0	•
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	3, 048, 505	14, 564, 009	0	3, 609, 162	8, 934	
43.00 O4300 NURSERY ANCI LLARY SERVI CE COST CENTERS	641, 535	3, 494, 583	0	1, 106, 240	4, 150	43. 00
50. 00 05000 OPERATI NG ROOM	4, 386, 959	129, 132, 515	0	8, 119, 237	28, 394	50.00
51.00 05100 RECOVERY ROOM	580, 304	10, 356, 131	0	1, 048, 690	4, 200	
52.00   05200   DELI VERY ROOM & LABOR ROOM   53.00   05300   ANESTHESI OLOGY	2, 286, 786 9, 321, 076	21, 988, 055 23, 810, 047	0	3, 956, 978 3, 625, 008		•
53. 01 05301 ASC ANESTHESI OLOGY	9, 321, 070	3, 897, 251	0	13, 945		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	3, 689, 032	90, 180, 257	0	6, 220, 528	15, 709	1
55. 00   05500   RADI OLOGY-THERAPEUTI C	0	0	0	0	0	
56. 00   05600  RADI 0I SOTOPE 59. 00   05900  CARDI AC   CATHETERI ZATI ON	232, 116 1, 268, 818	12, 603, 366 51, 743, 874	0	471, 030 2, 566, 730		56. 00 59. 00
60. 00   06000   LABORATORY	0	65, 609, 336	Ō	10, 074, 773		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	5, 020, 782	0	771, 879		63.00
65. 00   06500   RESPI RATORY   THERAPY 66. 00   06600   PHYSI CAL   THERAPY	1, 723, 879 619, 213	14, 312, 444 3, 611, 427	0	2, 360, 224 853, 416		1
67. 00 06700 OCCUPATI ONAL THERAPY	353, 393	1, 981, 273	0	529, 862	397	•
68.00 06800 SPEECH PATHOLOGY	264, 281	1, 496, 794	0	377, 638		68. 00
69. 00 06900 ELECTROCARDI OLOGY	1, 063, 182	28, 286, 622	0	1, 863, 904 101, 344		•
70.00 07000 ELECTROENCEPHALOGRAPHY 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	76, 259 0	809, 948 47, 332, 137	0	7, 055, 546	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	87, 268, 168	0	9, 293, 210	0	1
73. 00 O7300 DRUGS CHARGED TO PATIENTS	0	212, 839, 236	0	39, 706, 859		
74.00   07400   RENAL DI ALYSI S 75.00   07500   ASC (NON-DI STI NCT PART)	0	1, 915, 897 0	0	787, 123 0	1, 544 0	1
75. 01 07501 ASC (NON-DISTINCT PART)	3, 168, 057	109, 959, 812	0	5, 607, 342	0	•
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0	
76. 01   03951   OUTPATIENT WOUND CARE CENTER 76. 97   07697   CARDIAC REHABILITATION	98, 752 303, 535	3, 046, 831 64, 006	0	338, 116 561, 692	0	
OUTPATIENT SERVICE COST CENTERS	303, 333	04, 000	J	301, 072	0	70. 77
90. 00 09000 CLINIC	0	0	0	0	0	
90. 01   04950   SLEEP CLINIC	369, 824	3, 990, 185	0	588, 229	0	•
90.02 09001 ANTI COAGULATION CLINIC 90.03 09002 ARNETT CANCER CARE CENTER	467, 659 923, 076	291, 769 23, 951, 335	0	829, 262 1, 857, 324	0	
90.04 09003 OUTPATIENT INFUSION CENTER	10, 053	368, 990	0	58, 284	638	1
91. 00 09100 EMERGENCY	4, 721, 236	175, 794, 825	0	9, 222, 897	18, 672	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.01 09201 OBSERVATION BEDS (DISTINCT PART)	O	o	0	0	0	92. 00 92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	1
SPECIAL PURPOSE COST CENTERS	00.70: 77	1 207 7/5 :25	05 455 535	01/ 002 27	00: :::	1
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	92, /34, /51	1, 307, 765, 482	-vo, 455, U65	216, 883, 211	301, 128	li 18.00

Health Fina	ncial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lieu	u of Form CMS-2	2552-10
COST ALLOCA	ATION - STATISTICAL BASIS		Provi der C		Peri od:	Worksheet B-1	
						Date/Time Pre 7/13/2021 4:2	
	Cost Center Description	EMPLOYEE		Reconciliatio		OPERATION OF	
		BENEFI TS	(PATI ENT		ADMI NI STRATI VE		
		DEPARTMENT	CHARGES)		& GENERAL	(SQUARE FEET)	
		(GROSS			(ACCUM. COST)		
		SALARI ES)	F 04	54 O/	5.04	7.00	
NOND	TIMPUDCADI E COCT CENTEDO	4. 00	5. 01	5A. 06	5. 06	7. 00	
	EIMBURSABLE COST CENTERS DIGIFT, FLOWER, COFFEE SHOP & CANTEEN	32, 395		1	275, 037	2 400	190. 00
191. 00 1910		32, 393	0		2/5,03/		190.00
	PHYSICIANS' PRIVATE OFFICES	92, 572, 957	252, 366, 205		133, 620, 574		191.00
	NONPALD WORKERS	72, 372, 737 O	232, 300, 203		133, 020, 374		193.00
	1 RETAIL PHARMACY	627, 932	5, 871, 437		5, 898, 284		193. 01
	2 WHI TE HOSPI TAL	1, 142, 085	0,07.1,107		2, 290, 425		193. 02
193. 031930		0	0		2,670		193. 03
193. 041930	FRANKFORT HOSPITAL	752, 969	0		1, 532, 268		193. 04
	MARKETING/PUBLIC RELATIONS	0	0		0 0	0	194. 00
200. 00	Cross Foot Adjustments						200. 00
201. 00	Negative Cost Centers				I		201. 00
202. 00	Cost to be allocated (per Wkst. B, Par	t 40, 210, 609	4, 571, 384		85, 455, 065	18, 727, 116	202. 00
203. 00	Unit cost multiplier (Wkst. B, Part I)	0. 214042	0. 002919		0. 237044	60. 505690	203. 00
204. 00	Cost to be allocated (per Wkst. B, Par	t 0	227, 593		1, 021, 196	4, 629, 800	204. 00
	11)						
205. 00	Unit cost multiplier (Wkst. B, Part II	0. 000000	0. 000145		0. 002833	14. 958483	205. 00
206. 00	NAHE adjustment amount to be allocated						206. 00
	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
l	Parts III and IV)						

	Financial Systems LOCATION - STATISTICAL BASIS	IU HEALTH ARNE			Period: From 01/01/2020	of Form CMS-2 Worksheet B-1	
					To 12/31/2020	Date/Time Pre 7/13/2021 4:2	epared:
	Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT DAYS)		DI ETARY (PATI ENT DAYS)	CAFETERIA (FTES)	О ріп
- La	PENEDAL CEDIMOE COCT CENTERS	7. 01	8. 00	9. 00	10. 00	11. 00	
1. 00	GENERAL SERVICE COST CENTERS  D01000 CAP REL COSTS-BLDG & FIXT  D01010 CAP REL COSTS-BLDG & FIXT - NONHOSP  D0102 CAP REL COSTS-BLDG & FIXT - NONHOSP  D0102 CAP REL COSTS-MVBLE EQUIP  D0200 CAP REL COSTS-MVBLE EQUIP - NONHOSP  D0201 CAP REL COSTS-MVBLE EQUIP - NONHOSP  D0201 CAP REL COSTS-MVBLE EQUIP - NONHOSP  D0201 CAP REL COSTS-MVBLE EQUIP - NONHOSP  D0201 CAP REL COSTS-MVBLE EQUIP - NONHOSP  D0201 CAP REL COSTS-MVBLE EQUIP - NONHOSP  D0205 ON ADMITTING  D0205 ON THER ADMINISTRATIVE & GENERAL  D0200 OPERATION OF PLANT - NONHOSPITAL  D0200 OPERATION OF PLANT - NONHOSPITAL  D0200 HOUSEKEEPING  D1000 DIETARY  D1100 CAFETERIA  D1300 NURSING ADMINISTRATION  D1400 CENTRAL SERVICES & SUPPLY  D1500 PHARMACY  D1600 MEDICAL RECORDS & LIBRARY  D1700 SOCIAL SERVICE  D1700 I&R SERVICES-SALARY & FRINGES APPRVD  D1200 I&R SERVICES-OTHER PRGM. COSTS APPRVD  D1200 PARAMED ED PRGM - PHARMACY  NPATIENT ROUTINE SERVICE COST CENTERS  D3000 DURSERY  NNCILLARY SERVICE COST CENTERS  D4300 NURSERY  NNCILLARY SERVICE COST CENTERS	330, 033 0 155 0 0 0 79 50 0 0 0 1, 782 34	46, 368 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	633, 98 9, 53 5, 57 6, 85 21, 03 4, 33 1, 78 17 113, 42 11, 07	3 3 3 41, 325 6 0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	92, 296 4, 818 778 3, 907 0 940 1, 586 1, 195 441 302 29, 450 3, 344 0 0 0 2, 995 878	13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 21. 00 22. 00 23. 00 30. 00 31. 00 33. 00 33. 01 35. 00 43. 00
50. 00 6 51. 00 6 52. 00 6 53. 00 6 55. 00 6 55. 00 6 65. 00 66. 00 66. 00 66. 00 66. 00 67. 00 68. 00 67.	05000 OPERATING ROOM 05100 RECOVERY ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY 05301 ASC ANESTHESIOLOGY 05400 RADIOLOGY-DIAGNOSTIC 05500 RADIOLOGY-THERAPEUTIC 05600 RADIOISOTOPE 05900 CARDIAC CATHETERIZATION 06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY 06600 PHYSICAL THERAPY 06600 PHYSICAL THERAPY 06900 ELECTROCARDIOLOGY 07000 ELECTROCARDIOLOGY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART) 07501 ASC (NON-DISTINCT PART) 07509 CARDIAC CATHERIZATION 07509 CARDIAC CATHERIZATION 07509 CARDIAC CATHERIZATION 07509 CARDIAC REHABILITATION	352 0 0 153 118 0 0 0 0 1, 224 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 716 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4, 20 14, 30 1, 41 11 15, 70 1, 92 7, 84 10, 75 70 1, 01 72 39 30 2, 24 1, 54 33, 98 5, 50	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6, 257 851 3, 193 3, 301 0 4, 953 0 2, 960 790 461 320 1, 863 101 0 0 0 0	53. 00 53. 01 54. 00 55. 00 59. 00 60. 00 63. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 71. 00 72. 00 73. 00
90. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	09000 CLINIC 04950 SLEEP CLINIC 09001 ANTICOAGULATION CLINIC 09002 ARNETT CANCER CARE CENTER 09003 OUTPATIENT INFUSION CENTER 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 09201 OBSERVATION BEDS (DISTINCT PART) 04951 OTHER OUTPATIENT SERVICES	0 3, 402 1, 536 12, 690 0 0	0 0 0 0 0	3, 40 1, 53 12, 69 63 18, 67	6 0 0 0 8 0	0 0 1,339 12 7,572	90. 04 91. 00 92. 00 92. 01
118. 00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1 through 117)	63, 906	46, 368	359, 47	3 41, 325	90, 184	

63, 906

0

359, 473

2, 490

46, 368

0

0

90, 184 118. 00

100 190. 00

118.00 SUBTOTALS (SUM OF LINES 1 through 117)
NONREI MBURSABLE COST CENTERS

190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lieu	of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der C	CN: 15-0173		Worksheet B-1	
				From 01/01/2020		
			-	Γo 12/31/2020	Date/Time Pre	pared:
					7/13/2021 4: 2	.6 pm
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	PLANT -	LINEN SERVICE	(SQUARE FEET)	(PATIENT DAYS)	(FTES)	
	MONHOCDI TAI	(DATLENT DAVE)				

			'	0 12/31/2020	7/13/2021 4: 2	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A	
	PLANT -	LINEN SERVICE	(SQUARE FEET)	(PATIENT DAYS)	(FTES)	
	NONHOSPI TAL	(PATIENT DAYS)				
	(SQUARE FEET)					
	7. 01	8. 00	9. 00	10. 00	11. 00	
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	263, 375	0	264, 621	0	0	192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	0	1, 098			193. 01
193. 02 19302 WHI TE HOSPI TAL	1, 434	0	3, 375	0		193. 02
193. 03 19303 HOSPI CE	0	0	0	0		193. 03
193. 04 19304 FRANKFORT HOSPITAL	1, 318	0	2, 926	0		193. 04
194. 00 07950 MARKETI NG/PUBLIC RELATIONS	0	0	0	0		194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B, Par	t 4, 913, 583	5, 916	6, 545, 471	3, 703, 781	1, 038, 660	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	14. 888157	0. 127588	10. 324364	89. 625675	11. 253575	203. 00
204.00 Cost to be allocated (per Wkst. B, Par			431, 648			
[11)	,		,	,	,	
205.00 Unit cost multiplier (Wkst. B, Part II	0. 131257	0. 000302	0. 680851	18. 012825	4. 689445	205. 00
206.00 NAHE adjustment amount to be allocated						206. 00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,						207. 00
Parts III and IV)						

COST   CONTROL	Health Financial Systems	IU HEALTH ARNE	TT HOSPLTAL		In lie	u of Form CMS-2	2552-10
To 12/31/200   Property of Control Property		TO TIEMETH MINE		CN: 15-0173	Peri od:	Worksheet B-1	
SERVICES AS PROVIDED RECORD FOR PLANT - MORROSP   13.00   14.00   15.00   16.00   17.00						Date/Time Pre	
Company	Cost Center Description	ADMINI STRATION	SERVICES & SUPPLY (COSTED	(COSTED	RECORDS & LI BRARY (PATI ENT	SOCIAL SERVICE	
0.00   0.000   CAP REL COSTS-RELEG & FIXT - MONHOSP   1.00   1.00   0.0010   CAP REL COSTS-RELEG & FIXT - MONHOSP   1.00   1.0	CENEDAL CEDVICE COST CENTEDS	13. 00		15. 00	16. 00	17. 00	
INPATIENT ROUTINE SERVICE COST CENTERS   2, 047   2, 063, 633   141, 077   139, 586, 238   37, 810   30. 00   330. 00   20LUTS & PEDIATRIC SS   21, 047   2, 063, 633   141, 077   139, 586, 238   37, 810   30. 00   330. 00	1.00   00100   CAP   REL   COSTS-BLDG & FIXT   1.01   00101   CAP   REL   COSTS-BLDG & FIXT   NONHOSP   1.02   00102   CAP   REL   COSTS   INTEREST   EXPENSE   2.00   00200   CAP   REL   COSTS-MVBLE   EQUI   P   2.01   00201   CAP   REL   COSTS-MVBLE   EQUI   P   NONHOSP   4.00   00400   EMPLOYEE   BENEFITS   DEPARTMENT   00570   ADMITTING   00570   ADMITTING   00590   OTHER   ADMINISTRATIVE   & GENERAL   00700   OPERATION   OF PLANT   NONHOSPITAL   00701   OPERATION   OF PLANT   NONHOSPITAL   00800   LAUNDRY   & LINEN   SERVICE   9.00   00900   HOUSEKEEPING   10.00   01000   DIETARY   11.00   01100   CAFETERIA   13.00   01300   NURSING   ADMINISTRATION   14.00   01400   CENTRAL   SERVICES   & SUPPLY   15.00   01500   PHARMACY   16.00   01500   PHARMACY   17.00   01700   SOCIAL   SERVICE   SERVICES   21.00   02100   & R   SERVICES-SALARY   & FRINGES   APPRVD   22.00   02200   & R   SERVICES-OTHER   PRGM.   COSTS   APPRVD   22.00   02200   & R   SERVICES-OTHER   PRGM.   COSTS   APPRVD   2000   10	42 0 0 0 0 0 0	143, 085 0 0 178 0 0			0 0 0	1. 02 2. 00 2. 01 4. 00 5. 01 5. 06 7. 00 7. 01 8. 00 9. 00 10. 00 11. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 21. 00 22. 00
13.1 00   03100   INTENSIVE CARE UNIT	INPATIENT ROUTINE SERVICE COST CENTERS	-	_	141 07	7 139 586 238		
33.01	31.00 03100 INTENSIVE CARE UNIT	2, 815	444, 492	26, 46	3 18, 457, 339	2, 799	31.00
A3. 00   O4300   NURSERY   COST CENTERS		0	0		0 0		
ANCILLARY SERVICE COST CENTERS			·				
S1-00   OSTOON RECOVERY ROOM   S1-00   S2-00   S2-00   DELIVERY ROOM & LABOR ROOM   S2-00   S2-00   DELIVERY ROOM & LABOR ROOM   S2-00   S2-00   DELIVERY ROOM & LABOR ROOM   S2-00   S2-00   DELIVERY ROOM & LABOR ROOM   S2-00   S2-00   DELIVERY ROOM & LABOR ROOM   S2-00   S2-00   S2-00   DELIVERY ROOM & LABOR ROOM   S2-00	ANCILLARY SERVICE COST CENTERS	2 247	1 044 401	22.44			FO 00
S2.00   05200   DELIVERY ROOM & LABOR ROOM   2, 137   241, 237   1, 369   21, 988, 055   716   52.00							
53.01   05301   ASC ANESTHESI OLOGY	52.00 05200 DELIVERY ROOM & LABOR ROOM	2, 137	241, 237	1, 36	9 21, 988, 055		
54.00   05400   RADI OLOGY-DI AGNOSTI C   638   838, 584   36, 497   90, 180, 257   0   54.00   0   0   0   0   0   0   0   0   0							
55.00   05500   RADI OLOGY-THERAPEUTI C		_					
59.00   05900   CARDI AC CATHETERI ZATION   1,005   0   17,593   51,743,874   0   99.00	55. 00 05500 RADI OLOGY-THERAPEUTI C	0				0	55. 00
60.00   06000   LABORATORY   0 0 0 0   65, 609, 336   0   60.00   63.00   063000   BLOOD STORING, PROCESSING & TRANS.   0 0 3, 665   0 5, 020, 782   0 63.00   65.00   06500   RESPIRATORY THERAPY   0 0 325, 895   10, 842   14, 312, 444   0   65.00   66.00   06600   PHYSI CAL THERAPY   0 0 2, 077   0 3, 611, 427   0   66.00   66.00   06700   0CCUPATI ONAL THERAPY   0 0 517   0 1, 981, 273   0   67.00   68.00   06800   SPEECH PATHOLOGY   0 489   0 1, 496, 794   0   68.00   69.00   06900   ELECTROCARDI OLOGY   344   17, 237   3, 216   28, 286, 622   0   69.00   70.00   07000   ELECTROCARDI OLOGY   344   17, 237   3, 216   28, 286, 622   0   69.00   71.00   07000   ELECTROCROEPHALOGRAPHY   0 0   0 0   0   809, 948   0   70.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   6, 917, 383   0   47, 332, 137   0   71.00   72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   6, 917, 383   0   47, 332, 137   0   71.00   73.00   07300   DRUGS CHARGED TO PATIENTS   0   0   39, 085, 581   212, 839, 236   0   73.00   74.00   07400   RENAL DI ALYSIS   0   10, 235   4, 160   1, 915, 897   0   74.00   75.01   07501   ASC (NON-DI STI NCT PART)   0   1, 353, 554   66, 409   109, 959, 812   0   75.01   76.01   03951   OUTPATIENT WOUND CARE CENTER   0   59, 885   302   3, 046, 831   0   76.01   76.01   03951   OUTPATIENT WOUND CARE CENTER   0   59, 885   302   3, 046, 831   0   76.01   76.01   03950   CARDI AC CATHERI ZATI ON   0   0   0   0   0   0   76.01   03950   CARDI AC REHABL LI TATI ON   0   5, 212   0   64, 006   0   76.97   76.00   09000   010   01   01   05, 212   0   064, 006   0   0   0   76.01   03950   OUTPATIENT WOUND CARE CENTER   0   59, 885   302   3, 046, 831   0   76.01   76.01   03950   OUTPATIENT WOUND CARE CENTER   0   4, 955   0   291, 769   0   90.01   76.01   09000   09000   00000   00000   00000   00000   00000   00000   76.01   09000   09000   09000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   090000   0900000000		1 005					
63.00   06300   BLOOD STORI NG, PROCESSI NG & TRANS.   0   3, 665   0   5, 020, 782   0   63.00   65.00   06500   RESPIRATORY THERAPY   0   325,895   10, 842   14, 312, 444   0   65.00   66.00   06600   PHYSI CAL THERAPY   0   2, 077   0   3, 611, 427   0   66.00   67.00   06700   0CCUPATI ONAL THERAPY   0   517   0   1, 981, 273   0   67.00   68.00   06600   PHYSI CAL THERAPY   0   0   489   0   1, 496, 794   0   68.00   69.00   06900   ELECTROCARDI OLOGY   344   17, 237   3, 216   28, 286, 622   0   69.00   69.00   06900   ELECTROENCEPHALIOGRAPHY   0   0   0   809, 948   0   70.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   6, 917, 383   0   47, 332, 137   0   71.00   72.00   07200   IMPL DEV. CHARGED TO PATI ENTS   0   9, 038, 474   0   87, 268, 168   0   72.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   0   9, 038, 474   0   87, 268, 168   0   72.00   74.00   07400   RENAL DI ALYSI S   0   10, 235   4, 160   1, 915, 897   0   74.00   75.00   07500   ASC (NON-DI STI NCT PART)   0   0   0   0   0   0   76.01   03950   CARDI AC CATHERI ZATI ON   0   1, 353, 554   66, 409   109, 959, 812   0   75.00   76.01   03951   OUTPATI ENT WOUND CARE CENTER   0   59, 885   302   3, 046, 831   0   76.01   76.01   03951   OUTPATI ENT WOUND CARE CENTER   0   59, 885   302   3, 046, 831   0   76.01   76.01   04950   SLEEP CLI NI C   0   4, 955   0   291, 769   0   90.00   79.02   09001   ANTI COAGULATI ON CLI NI C   0   4, 955   0   291, 769   0   90.00   79.03   09002   ARNETT CANCER CARE CENTER   12   1, 376   390   368, 990   0   90.00   79.04   09003   OUTPATI ENT INUSION CENTER   12   1, 376   390   368, 990   0   90.00   79.00   09100   EMERGENCY   4, 092   1, 048, 285   57, 458   175, 794, 825   0   91.00   79.01   04950   OBSERVATI ON BEDS (DI STI NCT PART)   0   0   0   0   0   0   0   79.02   09401   OBSERVATI ON BEDS (DI STI NCT PART)   0   0   0   0   0   0   0   79.03   O4951   OTHER OUTPATI ENT SERVICES   0   0   0   0   0   0   79.04   04951   OTHER OUTPATI ENT SERVICES   0   0   0   0   0		1,005	0	17, 59			60.00
66.00   06600   PHYSICAL THERAPY   0   2,077   0   3,611,427   0   66.00   67.00   06700   0CCUPATI ONAL THERAPY   0   517   0   1,981,273   0   67.00   68.00   06800   SPEECH PATHOLOGY   0   489   0   1,496,794   0   68.00   69.00   06900   ELECTROCARDI OLOGY   344   17,237   3,216   28,286,622   0   69.00   70.00   07000   ELECTROENCEPHALOGRAPHY   0   0   0   809,948   0   70.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   6,917,383   0   47,332,137   0   71.00   72.00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   6,917,383   0   47,332,137   0   71.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   0   9,038,474   0   87,268,168   0   72.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   0   10,235   4,160   1,915,897   0   74.00   75.00   07500   ASC (NON-DI STI NCT PART)   0   1,353,554   66,409   109,959,812   0   75.00   76.00   03950   CARDI AC CATHERIZATI ON   0   0   0   0   0   0   76.01   03951   OUTPATI ENT WOUND CARE CENTER   0   59,885   302   3,046,831   0   76.01   76.97   07697   CARDI AC REHABI LITATI ON   0   5,212   0   64,006   0   76.97   79.00   09000   OUTPATI ENT SERVICE COST CENTERS   0   4,955   0   291,769   0   90.00   79.01   04950   SLEEP CLI NI C   0   4,955   0   291,769   0   90.00   79.02   09001   ANTI COAGULATI ON CLI NI C   0   4,955   0   291,769   0   90.00   79.03   09002   ANRETT CANCER CARE CENTER   686   188,100   42,479   23,951,335   0   90.00   79.04   09003   OUTPATI ENT I NFUSI ON CENTER   12   1,376   390   368,990   0   90.00   79.04   09003   OUTPATI ENT I NFUSI ON CENTER   12   1,376   390   368,990   0   90.00   79.05   09000   OBSERVATI ON BEDS (DI STI NCT PART)   0   0   0   0   0   0   0   79.01   09200   OBSERVATI ON BEDS (DI STI NCT PART)   0   0   0   0   0   0   79.01   09450   OBSERVATI ON BEDS (DI STI NCT PART)   0   0   0   0   0   0   79.01   09450   OBSERVATI ON BEDS (DI STI NCT PART)   0   0   0   0   0   0   79.01   09450   OBSERVATI ON BEDS (DI STI NCT PART)   0   0   0   0   0   0   79.01   09450   OBSERVATI ON BEDS (DI STI		0					63.00
67.00   06700   OCCUPATI ONAL THERAPY   0   517   0   1, 981, 273   0   67.00   68.00   06800   SPECCH PATHOLOGY   344   17, 237   3, 216   28, 286, 622   0   69.00   70.00   07000   ELECTROCARDI OLOGY   344   17, 237   3, 216   28, 286, 622   0   69.00   71.00   07000   ELECTROENCEPHALOGRAPHY   0   0   0   0   809, 948   0   70.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   6, 917, 383   0   47, 332, 137   0   71.00   72.00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   9, 038, 474   0   87, 268, 168   0   72.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   0   9, 038, 474   0   87, 268, 168   0   72.00   74.00   07400   RENAL DI ALYSI S   0   10, 235   4, 160   1, 915, 897   0   74.00   75.00   07500   ASC (NON-DI STI NCT PART)   0   0   0   0   0   0   76.01   03951   OUTPATI ENT WOUND CARE CENTER   0   59, 885   302   3, 046, 831   0   76.01   76.97   07697 CARDI AC REHABL LI TATI ON   0   5, 212   0   64, 006   0   76.97   79.00   09000   CLINI C   0   24, 795   0   3, 990, 185   0   90.01   79.01   04950   SLEEP CLI NI C   0   24, 795   0   3, 990, 185   0   90.01   79.02   09000   ANTI COAGULATION CLI NI C   0   24, 795   0   3, 990, 185   0   90.01   79.03   09002   ANRETT CANCER CARE CENTER   12   1, 376   390   368, 990   0   90.00   79.04   09003   OUTPATI ENT INFUSION CENTER   12   1, 376   390   368, 990   0   90.00   79.04   09003   OUTPATI ENT INFUSION CENTER   12   1, 376   390   368, 990   0   90.00   79.05   09000   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   0   79.01   09201   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   79.01   09201   OBSERVATI ON BEDS (DISTINCT PART)   0   0   0   0   0   0   79.01   09501   ATTURI ENT SERVICES   0   0   0   0   0   79.01   09501   OSPECIAL PURPOSE COST CENTERS		0		10, 84 I			
69. 00   06900   ELECTROCARDI OLOGY   344   17, 237   3, 216   28, 286, 622   0   69. 00   70. 00   70000   ELECTROCARDI OLOGY   0   0   0   809, 948   0   70. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   71. 00   72. 00   72. 00   72. 00   72. 00   73. 00   74. 00		0					67. 00
70. 00   07000   ELECTROENCEPHALOGRAPHY   0   0   0   809, 948   0   70. 00   71. 00   71. 00   71. 00   71. 00   71. 00   72.	•	0		0.04			68. 00
71. 00		344	17, 237	3, 21			
73. 00		0	6, 917, 383				71.00
74. 00		0	9, 038, 474				72. 00
75. 00		0	0 10 225				
75. 01   07501   ASC (NON-DISTINCT PART)   0   1,353,554   66,409   109,959,812   0   75. 01   76. 00   03950   CARDI AC CATHERI ZATI ON   0   0   0   0   0   0   0   76. 00   0   0   0   0   0   0   0   0   0		0	10, 233	4, 10	0 1, 913, 897		75. 00
76. 01	75.01 07501 ASC (NON-DISTINCT PART)	0	1, 353, 554	66, 40	9 109, 959, 812		
76. 97		0	0 50 995	30	0 0		
90. 00   0000   0000   0000   00   00		0		1			76. 97
90. 01   04950   SLEEP CLINIC   0   24,795   0   3,990,185   0   90. 01   90. 02   09001   ANTI COAGULATI ON CLINIC   0   4,955   0   291,769   0   90. 02   90. 03   09002   ARNETT CANCER CARE CENTER   686   188,100   42,479   23,951,335   0   90. 03   90. 04   09003   OUTPATI ENT   INFUSION CENTER   12   1,376   390   368,990   0   90. 04   91. 00   09100   EMERGENCY   4,092   1,048,285   57,458   175,794,825   0   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   93. 00   04951   OTHER OUTPATI ENT SERVI CES   0   0   0   0   0   SPECIAL PURPOSE COST CENTERS	OUTPATIENT SERVICE COST CENTERS				-1		
90. 02   09001   ANTI COAGULATI ON CLINI C   0   4, 955   0   291, 769   0   90. 02   90. 03   09002   ARNETT CANCER CARE CENTER   686   188, 100   42, 479   23, 951, 335   0   90. 03   90. 04   09003   0UTPATI ENT I NFUSI ON CENTER   12   1, 376   390   368, 990   0   90. 04   91. 00   09100   EMERGENCY   4, 092   1, 048, 285   57, 458   175, 794, 825   0   91. 00   92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   93. 00   04951   OTHER OUTPATI ENT SERVI CES   0   0   0   0   0   93. 00   OUTPATI ENT SERVI CES   0   0   0   0   0   94. 00   09201   0BSERVATI ON BEDS (DISTINCT PART)   0   0   0   0   95. 00   00   00   00   00   00   95. 00   00   00   00   00   96. 00   00   00   00   00   97. 00   00   00   00   00   98. 00   00   00   00   00   99. 00   00   00   00   99. 00   00   00   00   00   99. 00   00   00   00   00   99. 00   00   00   00   99. 00   00   00   00   00   99. 00   00   00   00   00   99. 00   00   00   00   00   99. 00   00   00   00   00   99. 00   00   00   00   00   99. 00   00		0	0 24 795		0 0 3 990 185		
90. 04   09003 OUTPATIENT INFUSION CENTER   12   1, 376   390   368, 990   0   90. 04   91. 00   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 01   09201 OBSERVATION BEDS (DISTINCT PART)   0   0   0   0   0   0   92. 01   93. 00   04951 OTHER OUTPATIENT SERVICES   0   0   0   0   0   0   93. 00   SPECIAL PURPOSE COST CENTERS	•	0					90. 02
91. 00   09100   EMERGENCY   4, 092   1, 048, 285   57, 458   175, 794, 825   0   91. 00   92. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   0   0   0   0   0   0   92. 01   09201   OBSERVATI ON BEDS (DISTINCT PART)   0   0   0   0   0   0   92. 01   0930   04951   OTHER OUTPATI ENT SERVICES   0   0   0   0   0   0   93. 00   SPECIAL PURPOSE COST CENTERS	90.03 09002 ARNETT CANCER CARE CENTER	1	188, 100		9 23, 951, 335	0	90. 03
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   92. 01   09201   0BSERVATI ON BEDS (DISTINCT PART)   0   0   0   0   0   92. 01   93. 00   04951   0THER OUTPATI ENT SERVICES   0   0   0   0   0   93. 00   SPECIAL PURPOSE COST CENTERS							
92. 01   09201   0BSERVATI ON BEDS (DI STI NCT PART)   0   0   0   0   0   0   92. 01   93. 00   04951   0THER OUTPATI ENT SERVI CES   0   0   0   0   0   93. 00   SPECI AL PURPOSE COST CENTERS		4, 092	1, 048, 285	57,45	175, 794, 825		91.00
SPECIAL PURPOSE COST CENTERS	92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0		92. 01
		. 0	0		<u>0</u> 0	0	93. 00
		39, 328	25, 123, 927	39, 561, 90	1 1, 307, 765, 482	46, 368	118. 00

Health Fina	ncial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lieu	u of Form CMS-2	552-10
COST ALLOCA	ATION - STATISTICAL BASIS		Provi der C		eri od:	Worksheet B-1	
					rom 01/01/2020 o 12/31/2020		pared.
						7/13/2021 4: 2	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY		SOCIAL SERVICE	
		ADMI NI STRATI ON		(COSTED		(PATIENT DAYS)	
		(FTES)	SUPPLY	REQUIS.)	LI BRARY		
			(COSTED		(PATI ENT		
			REQUI S. )		CHARGES)		
		13. 00	14. 00	15. 00	16. 00	17. 00	
	EIMBURSABLE COST CENTERS			r		_	
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	C	0		190. 00
191. 00 1910		0	0		0		191. 00
	PHYSICIANS' PRIVATE OFFICES	0	1, 223, 565	2, 071	252, 366, 205		192.00
	NONPAI D WORKERS	0	0		0		193. 00
	1 RETAIL PHARMACY	0	1, 890		5, 871, 437		193. 01
	2 WHI TE HOSPI TAL	0	0		0		193. 02
193. 03 1930		0	0		0		193. 03
	4 FRANKFORT HOSPITAL	0	0		0		193. 04
	MARKETI NG/PUBLI C RELATI ONS	0	0	C	) U		194. 00
200. 00	Cross Foot Adjustments						200.00
201. 00	Negative Cost Centers	7 004 (44	1/ 7/4 000	/ 505 0/5			201. 00
202. 00	Cost to be allocated (per Wkst. B, Pa	rt 7, 204, 641	16, 764, 209	6, 535, 365	o o	911, 453	202.00
203. 00	Unit cost multiplier (Wkst. B, Part I	183, 193679	0. 636228	0. 165185	0. 000000	19. 656940	203. 00
204. 00	Cost to be allocated (per Wkst. B, Pa		1, 661, 791	373, 389			204. 00
			, ,			-,	
205. 00	Unit cost multiplier (Wkst. B, Part I	1) 14. 454028	0. 063068	0. 009438	0. 000000	0. 139557	205. 00
206. 00	NAHE adjustment amount to be allocate						206. 00
	(per Wkst. B-2)						
207. 00	NAHE unit cost multiplier (Wkst. D,						207. 00
	Parts III and IV)						
•	•			•	•		

Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	IU HEALTH ARNI	ETT HOSPITAL Provider C	CN: 15_0173   D	In Lieu eriod:	of Form CMS-2 Worksheet B-1	
COST ALECCATION - STATISTICAL BASIS		Trovider c	F T	rom 01/01/2020		
	OTHER GENERAL	INTERNS &	RESI DENTS	12, 01, 2020	7/13/2021 4: 2	
Ocat Ocaton December	SERVI CE			DADAMED ED		
Cost Center Description	PATI ENT TRANSPORT	Y & FRINGES	SERVICES-OTHER PRGM. COSTS	PARAMED ED PRGM -		
	SERVI CES (PATI ENT	(ASSI GNED TIME)	(ASSI GNED TIME)	PHARMACY (ASSI GNED		
	CHARGES)	ŕ	Ĺ	TIME)		
GENERAL SERVICE COST CENTERS	18. 00	21. 00	22. 00	23. 00		
1.00 O0100 CAP REL COSTS-BLDG & FLXT						1.00
1. 01   00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1. 02   00102 CAP REL COSTS INTEREST EXPENSE						1. 01 1. 02
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01   00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 4.00   00400 EMPLOYEE BENEFITS DEPARTMENT						2. 01 4. 00
5. 01   00570   ADMI TTI NG						5. 01
5. 06 O0590 OTHER ADMINISTRATIVE & GENERAL 7. 00 O0700 OPERATION OF PLANT						5. 06 7. 00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL						7. 01
8.00   00800   LAUNDRY & LINEN SERVICE 9.00   00900   HOUSEKEEPING						8. 00 9. 00
10. 00 01000 DI ETARY						10.00
11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG   ADMI NI STRATI ON						11. 00 13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY						14. 00
15. 00 01500 PHARMACY						15.00
16.00   01600   MEDICAL RECORDS & LIBRARY 17.00   01700   SOCIAL SERVICE						16. 00 17. 00
18. 00 01850 PATIENT TRANSPORT SERVICES	1, 566, 003, 124					18.00
21.00   02100   I&R SERVI CES-SALARY & FRINGES APPRVD 22.00   02200   I&R SERVI CES-OTHER PRGM. COSTS APPRVD	0		9, 271			21. 00 22. 00
23.00 02300 PARAMED ED PRGM - PHARMACY	0		,	100		23. 00
30.00 O3000 ADULTS & PEDIATRICS	139, 586, 238	7, 479	7, 479	O		30. 00
31.00 03100 INTENSIVE CARE UNIT	18, 457, 339		0	0		31. 00
33.00 03300 BURN INTENSIVE CARE UNIT 33.01 03301 BURN INTENSIVE CARE UNIT	0	0	0	0		33. 00 33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	14, 564, 009		251	0		35. 00
43. 00 O4300 NURSERY ANCI LLARY SERVI CE COST CENTERS	3, 494, 583	0	0	O O		43. 00
50. 00 05000 OPERATING ROOM	129, 132, 515		439	0		50.00
51.00   05100   RECOVERY ROOM 52.00   05200   DELIVERY ROOM & LABOR ROOM	10, 356, 131 21, 988, 055		0 814	0		51. 00 52. 00
53. 00 05300 ANESTHESI OLOGY	23, 810, 047	0	0	0		53.00
53. 01   05301   ASC ANESTHESI OLOGY 54. 00   05400   RADI OLOGY-DI AGNOSTI C	3, 897, 251 90, 180, 257	0	0	0		53. 01 54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0		55. 00
56. 00   05600   RADI 01 SOTOPE 59. 00   05900   CARDI AC   CATHETERI ZATI ON	12, 603, 366 51, 743, 874		0	0		56. 00 59. 00
60. 00 06000 LABORATORY	65, 609, 336	0	Ö	0		60.00
63. 00   06300   BLOOD STORING, PROCESSING & TRANS. 65. 00   06500   RESPIRATORY THERAPY	5, 020, 782 14, 312, 444		0	0		63. 00 65. 00
66. 00 06600 PHYSI CAL THERAPY	3, 611, 427	0	Ö	Ö		66. 00
67. 00   06700   OCCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY	1, 981, 273 1, 496, 794		0	0		67. 00 68. 00
69. 00 06900 ELECTROCARDI OLOGY	28, 286, 622		Ö	0		69. 00
70.00   07000   ELECTROENCEPHALOGRAPHY 71.00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS	809, 948 47, 332, 137		0	0		70. 00 71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	87, 268, 168		0	0		72.00
73.00   07300   DRUGS CHARGED TO PATIENTS 74.00   07400   RENAL DIALYSIS	212, 839, 236	0	0	100		73.00
75. 00 07500 ASC (NON-DISTINCT PART)	1, 915, 897 0	0	0	0		74. 00 75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	109, 959, 812	0	0	0		75. 01
76. 00   03950   CARDI AC CATHERI ZATI ON 76. 01   03951   OUTPATI ENT WOUND CARE CENTER	3, 046, 831	0	0	0		76. 00 76. 01
76. 97 O7697 CARDI AC REHABI LI TATI ON	64, 006	0	0	0		76. 97
90. 00 09000 CLINIC	0	0	0	0		90. 00
90. 01 04950 SLEEP CLINIC	3, 990, 185		Ō	Ō		90. 01
90. 02   09001   ANTI COAGULATI ON CLI NI C 90. 03   09002   ARNETT CANCER CARE CENTER	291, 769 23, 951, 335		0	0 0		90. 02 90. 03
90.04 09003 OUTPATIENT INFUSION CENTER	368, 990	0	0	O		90. 04
91. 00   09100   EMERGENCY 92. 00   09200   OBSERVATI ON BEDS (NON-DI STINCT PART)	175, 794, 825	288	288	0		91. 00 92. 00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0		92. 01
93.00  04951 0THER OUTPATIENT SERVICES	0	0	0	0		93. 00

	ancial Systems	IU HEALTH ARNI			In Lieu	of Form CMS-2552-10
COST ALLOC	ATION - STATISTICAL BASIS		Provi der C		Peri od:	Worksheet B-1
					From 01/01/2020 o 12/31/2020	Date/Time Prepared:
					0 12/31/2020	7/13/2021 4: 26 pm
		OTHER GENERAL	INTERNS &	RESI DENTS		
		SERVI CE				
	Cost Center Description			SERVI CES-OTHE		
		TRANSPORT	Y & FRINGES	PRGM. COSTS	PRGM -	
		SERVI CES	(ASSI GNED	(ASSI GNED	PHARMACY	
		(PATI ENT	TIME)	TIME)	(ASSI GNED	
		CHARGES)			TIME)	
		18. 00	21. 00	22. 00	23. 00	
	IAL PURPOSE COST CENTERS	1 007 7/5 400	0.074		100	110.00
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	1, 307, 765, 482	9, 271	9, 271	100	118. 00
	EIMBURSABLE COST CENTERS	1		\ <u> </u>	\	100.00
190. 001900	O GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190. 00 191. 00
	O PHYSICIANS' PRIVATE OFFICES	252, 366, 205				192.00
	ONONPALD WORKERS	232, 300, 203				192.00
	1 RETAIL PHARMACY	5, 871, 437				193.00
	2 WHI TE HOSPI TAL	5,671,437				193. 02
193. 031930		0				193. 02
	4 FRANKFORT HOSPITAL	0				193. 04
	OMARKETING/PUBLIC RELATIONS	0				194. 00
200. 00	Cross Foot Adjustments			1	1	200.00
201. 00	Negative Cost Centers			•		201.00
202. 00	Cost to be allocated (per Wkst. B, Par	t 1, 186, 164	913, 870	1, 426, 519	345, 312	202.00
202.00	(ps: mist: s, ra.	.,	7.07070	1, 120, 01.	0.0,012	[52. 55
203. 00	Unit cost multiplier (Wkst. B, Part I)	0. 000757	98. 572969	153. 868946	3, 453. 120000	203. 00
204. 00	Cost to be allocated (per Wkst. B, Par					204.00
		,	,			
205. 00	Unit cost multiplier (Wkst. B, Part II	0. 000075	0. 826880	4. 385827	133. 720000	205. 00
206. 00	NAHE adjustment amount to be allocated				0	206. 00
	(per Wkst. B-2)					
207. 00	NAHE unit cost multiplier (Wkst. D,				0. 000000	207. 00
	Parts III and IV)					
'	'	•		•	•	•

Health Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	IU HEALTH ARNI		CN: 15-0173	Peri od:	u of Form CMS-2 Worksheet C	2332-10
COMPONENTIAL OF COSTS TO GRANGES		Trovider c	CN. 13-0173	From 01/01/2020		epared: 26 pm
		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		2,00	0.00		0.00	
30. 00 03000 ADULTS & PEDI ATRI CS	61, 090, 584		61, 090, 58	34 0	61, 090, 584	30.00
31.00 03100 INTENSIVE CARE UNIT	7, 942, 906		7, 942, 90	99, 860	8, 042, 766	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0			0 0	0	33.00
33. 01 03301 BURN INTENSIVE CARE UNIT	0			0 0	0	33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	5, 630, 355		5, 630, 35	55 0	5, 630, 355	
43. 00 04300 NURSERY	1, 835, 515		1, 835, 51	15 0	1, 835, 515	43. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	14, 014, 581		14, 014, 58		14, 014, 581	
51. 00   05100   RECOVERY   ROOM	1, 788, 091		1, 788, 09		1, 788, 091	•
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 584, 571		6, 584, 57		6, 584, 571	1
53. 00   05300   ANESTHESI OLOGY	4, 797, 393		4, 797, 39		4, 797, 393	1
53. 01 05301 ASC ANESTHESI OLOGY	68, 273		68, 27		68, 273	
54. 00   05400   RADI OLOGY-DI AGNOSTI C 55. 00   05500   RADI OLOGY-THERAPEUTI C	9, 588, 179		9, 588, 17	0 0	9, 588, 179 0	•
56. 00   05600   RADI OLOGY - THEKAPEUTT C	739, 236		739, 23	-	739, 236	•
59. 00   05900   CARDI AC   CATHETERI ZATI ON	3, 976, 869		3, 976, 86		3, 976, 869	
60. 00 06000 LABORATORY	13, 262, 682		13, 262, 68		13, 262, 682	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1, 010, 562		1, 010, 56		1, 010, 562	•
65. 00 06500 RESPI RATORY THERAPY	3, 240, 160				3, 240, 160	1
66. 00 06600 PHYSI CAL THERAPY	1, 119, 869				1, 119, 869	•
67. 00 06700 OCCUPATI ONAL THERAPY	690, 600				690, 600	
68. 00 06800 SPEECH PATHOLOGY	493, 449				493, 449	
69. 00 06900 ELECTROCARDI OLOGY	2, 581, 852		2, 581, 85	52 0	2, 581, 852	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	127, 117		127, 11	17 0	127, 117	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13, 164, 884		13, 164, 88	34 0	13, 164, 884	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	17, 312, 696		17, 312, 69	96 0	17, 312, 696	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	56, 081, 906		56, 081, 90	06	56, 081, 906	73. 00
74.00 07400 RENAL DIALYSIS	1, 091, 717		1, 091, 7	17 0	1, 091, 717	
75. 00 07500 ASC (NON-DISTINCT PART)	0			0 0	0	
75. 01 07501 ASC (NON-DISTINCT PART)	8, 748, 630		8, 748, 63	30 0	8, 748, 630	
76. 00 03950 CARDI AC CATHERI ZATI ON	507.51/		507.5	0	0	
76. 01 03951 OUTPATIENT WOUND CARE CENTER	597, 516		597, 5		597, 516	•
76. 97 O7697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	769, 957		769, 95	0/	769, 957	76. 97
90. 00 09000 CLINIC	0		l .	ol ol	0	90.00
90. 01 04950 SLEEP CLINIC	832, 234		832, 23	~I	832, 234	•
90. 02 09001 ANTI COAGULATION CLINIC	1, 067, 934		1, 067, 93		1, 067, 934	
90. 03 09002 ARNETT CANCER CARE CENTER	2, 903, 101		2, 903, 10		2, 903, 101	
90. 04 09003 OUTPATIENT INFUSION CENTER	120, 841		120, 84			
91. 00 09100 EMERGENCY	14, 376, 025		14, 376, 02		14, 666, 237	•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	6, 577, 355		6, 577, 35		6, 577, 355	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0			0 0		92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0			0 0		93. 00
	1 0/4 007 /40		1 264 227 6	10 200 073		
200.00 Subtotal (see instructions)	264, 227, 640	0	264, 227, 64	40 390, 072	264, 617, 712	200.00
200.00 Subtotal (see instructions) 201.00 Less Observation Beds 202.00 Total (see instructions)	6, 577, 355 257, 650, 285		6, 577, 35 257, 650, 28	55	6, 577, 355 258, 040, 357	201. 00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lieu	of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 15-0173	From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared:

			T	o 12/31/2020	Date/Time Pre 7/13/2021 4:2	epared:
		Ti +l c	· XVIII	Hospi tal	7/13/2021 4: 2 PPS	26 pili
		Charges	AVIII	nospi tai	113	
Cost Center Description	Inpatient	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
out contain book per on	patront	output ont	+ col . 7)	Ratio	Inpatient	
			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		Ratio	
	6. 00	7. 00	8.00	9. 00	10. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	105, 343, 590		105, 343, 590			30.00
31.00 03100 INTENSIVE CARE UNIT	18, 457, 339		18, 457, 339			31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		0			33.00
33. 01 03301 BURN INTENSIVE CARE UNIT	0		0			33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	12, 154, 124		12, 154, 124			35. 00
43. 00 04300 NURSERY	3, 494, 583		3, 494, 583			43.00
ANCILLARY SERVICE COST CENTERS						1
50.00 05000 OPERATING ROOM	56, 645, 929	72, 486, 586	129, 132, 515	0. 108529	0. 000000	50.00
51.00 05100 RECOVERY ROOM	4, 053, 018	6, 303, 113	10, 356, 131	0. 172660	0. 000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	20, 598, 482	1, 389, 573	21, 988, 055	0. 299461	0. 000000	52.00
53. 00   05300   ANESTHESI OLOGY	3, 724, 714	4, 056, 200	7, 780, 914	0. 616559	0. 000000	53.00
53. 01 05301 ASC ANESTHESI OLOGY	4, 858	3, 892, 393	3, 897, 251	0. 017518	0. 000000	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	37, 566, 869	52, 613, 388	90, 180, 257	0. 106322	0. 000000	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0	0. 000000	0. 000000	55.00
56. 00 05600 RADI 0I SOTOPE	1, 871, 014	10, 732, 352	12, 603, 366	0. 058654	0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	25, 612, 853	26, 131, 021	51, 743, 874	0. 076857	0. 000000	59. 00
60. 00 06000 LABORATORY	28, 824, 477	36, 291, 054	65, 115, 531	0. 203679	0. 000000	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	3, 969, 375	1, 051, 407	5, 020, 782	0. 201276	0. 000000	63.00
65. 00 06500 RESPIRATORY THERAPY	13, 494, 107	818, 337	14, 312, 444	0. 226388	0. 000000	65.00
66. 00 06600 PHYSI CAL THERAPY	3, 250, 199	361, 228	3, 611, 427	0. 310090	0. 000000	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	1, 800, 771	180, 502	1, 981, 273		0. 000000	67. 00
68.00 06800 SPEECH PATHOLOGY	1, 343, 017	153, 777	1, 496, 794	0. 329671	0. 000000	68. 00
69. 00 06900 ELECTROCARDI OLOGY	15, 648, 084	12, 638, 538	28, 286, 622	0. 091275	0. 000000	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	599, 865	210, 083	809, 948	0. 156945	0. 000000	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21, 905, 533	25, 426, 604	47, 332, 137	0. 278138	0. 000000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	43, 497, 118	43, 771, 050	87, 268, 168	0. 198385	0. 000000	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	62, 132, 479	150, 706, 757			0. 000000	
74.00 07400 RENAL DIALYSIS	1, 615, 932	299, 965	1, 915, 897	0. 569820	0. 000000	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0. 000000	0. 000000	
75.01 07501 ASC (NON-DISTINCT PART)	119, 320	109, 840, 492	109, 959, 812	0. 079562	0. 000000	
76.00 03950 CARDIAC CATHERIZATION	0	0	_	0. 000000	0. 000000	
76.01 03951 OUTPATIENT WOUND CARE CENTER	21, 936	3, 024, 895		0. 196111	0. 000000	•
76. 97 07697 CARDI AC REHABI LI TATI ON	44, 106	19, 900	64, 006	12. 029450	0. 000000	76. 97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0	0	_	0. 000000	0. 000000	
90. 01 04950 SLEEP CLINIC	0	3, 990, 185		0. 208570	0. 000000	
90. 02 09001 ANTI COAGULATI ON CLI NI C	624	291, 145			0. 000000	
90.03 09002 ARNETT CANCER CARE CENTER	156, 898	23, 794, 437		0. 121208	0. 000000	
90.04 09003 OUTPATIENT INFUSION CENTER	15, 719	353, 271	368, 990	0. 327491	0. 000000	
91. 00 09100 EMERGENCY	42, 749, 378	133, 045, 008		0. 081777	0. 000000	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	609, 182	23, 694, 598			0. 000000	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0. 000000	0. 000000	
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0. 000000	0. 000000	
200.00 Subtotal (see instructions)	531, 325, 493	747, 567, 859	1, 278, 893, 352			200.00
201.00 Less Observation Beds						201.00
202.00   Total (see instructions)	531, 325, 493	/4/, 567, 859	1, 278, 893, 352	l		202. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN: 15	For iod: Worksheet C From 01/01/2020 Part I To 12/31/2020 Date/Time Prepared: 7/13/2021 4:26 pm

				7/13/2021 4:26 pm
		Title XVIII	Hospi tal	PPS
Cost Center Description	PPS Inpatient			
	Ratio			
	11. 00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDI ATRI CS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
33.00 03300 BURN INTENSIVE CARE UNIT				33. 00
33.01 03301 BURN INTENSIVE CARE UNIT				33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT				35. 00
43. 00 04300 NURSERY				43. 00
ANCILLARY SERVICE COST CENTERS				
50. 00 05000 OPERATI NG ROOM	0. 108529			50.00
51. 00 05100 RECOVERY ROOM	0. 172660			51.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM	0. 299461			52.00
53. 00 05300 ANESTHESI OLOGY	0. 616559			53.00
53. 01 05301 ASC ANESTHESI OLOGY	0. 017518			53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 106322			54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			55. 00
56. 00 05600 RADI 0I SOTOPE	0. 058654			56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 076857			59.00
60. 00   06000   LABORATORY	0. 203679			60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 201276			63.00
65. 00 06500 RESPI RATORY THERAPY	0. 226388			65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 310090			66.00
67. 00   06700   0CCUPATI ONAL THERAPY 68. 00   06800   SPEECH PATHOLOGY	0. 348564 0. 329671			67.00
69. 00 06900 ELECTROCARDI OLOGY	0. 091275			68. 00 69. 00
70. 00 07000 ELECTROCARDI OLOGI 70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 041275			70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 130743			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 198385			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 146363			73.00
74. 00 07400 RENAL DIALYSIS	0. 569820			74.00
75. 00 07500 ASC (NON-DISTINCT PART)	0. 000000			75. 00
75. 01   07501   ASC (NON-DISTINCT PART)	0. 079562			75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0. 000000			76. 00
76. 01 03951 OUTPATIENT WOUND CARE CENTER	0. 196111			76. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	12. 029450			76. 97
OUTPATIENT SERVICE COST CENTERS	121 027 100			, 0
90. 00 09000 CLINIC	0. 000000			90.00
90. 01 04950 SLEEP CLINIC	0. 208570			90. 01
90. 02 09001 ANTI COAGULATI ON CLI NI C	3. 660204			90. 02
90. 03 09002 ARNETT CANCER CARE CENTER	0. 121208			90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	0. 327491			90. 04
91. 00 09100 EMERGENCY	0. 083428			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 270631			92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000			92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0. 000000			93. 00
200.00 Subtotal (see instructions)				200. 00
201.00 Less Observation Beds	[			201. 00
202.00 Total (see instructions)	1			202. 00
	•			•

Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In lieu	of Form CMS-2	2552_10
COMPUTATION OF RATIO OF COSTS TO CHARGES	TO HEALITY ANNE		<u> </u>	Period: From 01/01/2020	Worksheet C	epared:
		Ti tl	e XIX	Hospi tal	PPS	- D
				Costs		
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B,	Adj .		Di sal I owance		
	Part I, col.					
	26)					
	1.00	2. 00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	61, 090, 584		61, 090, 584		61, 090, 584	
31.00 03100 INTENSIVE CARE UNIT	7, 942, 906		7, 942, 906	99, 860	8, 042, 766	
33.00 03300 BURN INTENSIVE CARE UNIT	0			0	0	33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT	0		(	0	0	
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	5, 630, 355		5, 630, 355		5, 630, 355	
43. 00 04300 NURSERY	1, 835, 515		1, 835, 515	0	1, 835, 515	43. 00
ANCILLARY SERVICE COST CENTERS				.1		
50. 00 05000 OPERATI NG ROOM	14, 014, 581		14, 014, 581		14, 014, 581	50.00
51. 00   05100   RECOVERY   ROOM	1, 788, 091		1, 788, 091		1, 788, 091	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 584, 571		6, 584, 571		6, 584, 571	
53. 00 05300 ANESTHESI OLOGY	4, 797, 393		4, 797, 393		4, 797, 393	1
53. 01 05301 ASC ANESTHESI OLOGY	68, 273		68, 273		68, 273	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	9, 588, 179		9, 588, 179		9, 588, 179	•
55. 00 05500 RADI OLOGY-THERAPEUTI C	700 004		700 00	0	0	
56. 00 05600 RADI 0I SOTOPE	739, 236		739, 236		739, 236	
59. 00 05900 CARDI AC CATHETERI ZATI ON	3, 976, 869		3, 976, 869		3, 976, 869	
60. 00   06000   LABORATORY	13, 262, 682		13, 262, 682		13, 262, 682	•
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1, 010, 562	0	1, 010, 562		1, 010, 562	
65. 00 06500 RESPI RATORY THERAPY	3, 240, 160	0			3, 240, 160	
66. 00   06600   PHYSI CAL THERAPY	1, 119, 869	0			1, 119, 869	
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	690, 600	0		1	690, 600	•
68. 00   06800   SPEECH PATHOLOGY 69. 00   06900   ELECTROCARDI OLOGY	493, 449 2, 581, 852	Ü			493, 449	
70. 00   07000  ELECTROCARDI OLOGY	127, 117		2, 581, 852 127, 117		2, 581, 852 127, 117	•
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13, 164, 884		13, 164, 884	1	13, 164, 884	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	17, 312, 696		17, 312, 696		17, 312, 696	
73.00 07300 DRUGS CHARGED TO PATIENTS	56, 081, 906		56, 081, 906		56, 081, 906	
74.00 07400 RENAL DIALYSIS	1, 091, 717		1, 091, 717		1, 091, 717	
75. 00 07500 ASC (NON-DISTINCT PART)	1,071,717		1,071,717		1, 071, 717	10
75. 01 07501 ASC (NON-DISTINCT PART)	8, 748, 630		8, 748, 630	1 1	8, 748, 630	
76. 00 03950 CARDI AC CATHERI ZATI ON	0, 7 10, 000		0,710,000	ol ol	0, 710, 000	76. 00
76. 01 03951 OUTPATIENT WOUND CARE CENTER	597, 516		597, 516	-	597, 516	
76. 97 07697 CARDI AC REHABI LI TATI ON	769, 957		769, 957		769, 957	
OUTPATIENT SERVICE COST CENTERS	107, 737		107, 737	<u> </u>	107, 731	70.77
90. 00 09000 CLINIC	0		(	0	0	90.00
90. 01 04950 SLEEP CLINIC	832, 234		832, 234	1	832, 234	•
90. 02 09001 ANTI COAGULATI ON CLINI C	1, 067, 934		1, 067, 934		1, 067, 934	
90. 03 09002 ARNETT CANCER CARE CENTER	2, 903, 101		2, 903, 101		2, 903, 101	
90. 04 09003 OUTPATIENT INFUSION CENTER	120, 841		120, 841		120, 841	90. 04
91. 00 09100 EMERGENCY	14, 376, 025		14, 376, 025		14, 666, 237	•
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	6, 577, 355		6, 577, 355		6, 577, 355	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0			ol o	0	1
93. 00 04951 OTHER OUTPATIENT SERVICES	o			ol o	0	
200.00 Subtotal (see instructions)	264, 227, 640	0	264, 227, 640	390, 072	264, 617, 712	•

264, 227, 640

6, 577, 355 257, 650, 285

264, 617, 712 200. 00

6, 577, 355 201. 00 258, 040, 357 202. 00

264, 227, 640 6, 577, 355 257, 650, 285

390, 072

390, 072

200. 00 201. 00 202. 00

Subtotal (see instructions)

Less Observation Beds Total (see instructions)

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lieu	of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 15-0173	From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared:

			[ ]	0 12/31/2020	Date/IIme Pre   7/13/2021 4:2	
		Ti tl	e XIX	Hospi tal	PPS	Орш
		Charges				
Cost Center Description	I npati ent	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
		·	+ col. 7)	Ratio	Inpati ent	
					Rati o	
	6.00	7. 00	8. 00	9. 00	10. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	105, 343, 590		105, 343, 590			30.00
31.00 03100 INTENSIVE CARE UNIT	18, 457, 339		18, 457, 339	1		31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		C	1		33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT	0		C	1		33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	12, 154, 124		12, 154, 124			35. 00
43. 00 04300 NURSERY	3, 494, 583		3, 494, 583			43. 00
ANCILLARY SERVICE COST CENTERS	F/ /4F 000	70 407 507	100 100 515	0.100500	0.000000	F0 00
50. 00 05000 OPERATING ROOM	56, 645, 929	72, 486, 586			0. 000000	
51. 00 05100 RECOVERY ROOM	4, 053, 018	6, 303, 113		0. 172660	0. 000000	
52.00   05200   DELI VERY ROOM & LABOR ROOM 53.00   05300   ANESTHESI OLOGY	20, 598, 482	1, 389, 573			0. 000000 0. 000000	•
53. 00   05300   ANESTHESI OLOGY 53. 01   05301   ASC   ANESTHESI OLOGY	3, 724, 714	4, 056, 200				
54. 00 05400 RADI OLOGY-DI AGNOSTI C	4, 858 37, 566, 869	3, 892, 393 52, 613, 388			0. 000000 0. 000000	
55. 00 05500 RADI OLOGY-THERAPEUTI C	37, 300, 609	02,013,300	90, 160, 237	0. 100322	0. 000000	
56. 00   05600 RADI OI SOTOPE	1, 871, 014	10, 732, 352	12, 603, 366		0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	25, 612, 853	26, 131, 021			0. 000000	
60. 00 06000 LABORATORY	28, 824, 477	36, 291, 054			0. 000000	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	3, 969, 375	1, 051, 407			0. 000000	
65. 00 06500 RESPIRATORY THERAPY	13, 494, 107	818, 337			0. 000000	
66. 00 06600 PHYSI CAL THERAPY	3, 250, 199	361, 228		1	0. 000000	•
67. 00 06700 OCCUPATI ONAL THERAPY	1, 800, 771	180, 502			0. 000000	
68.00 06800 SPEECH PATHOLOGY	1, 343, 017	153, 777			0. 000000	
69. 00 06900 ELECTROCARDI OLOGY	15, 648, 084	12, 638, 538			0. 000000	
70. 00 07000 ELECTROENCEPHALOGRAPHY	599, 865	210, 083			0.000000	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21, 905, 533	25, 426, 604	47, 332, 137	0. 278138	0. 000000	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	43, 497, 118	43, 771, 050	87, 268, 168	0. 198385	0. 000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	62, 132, 479	150, 706, 757	212, 839, 236	0. 263494	0. 000000	73. 00
74.00 07400 RENAL DIALYSIS	1, 615, 932	299, 965	1, 915, 897		0. 000000	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	) C	0. 000000	0. 000000	
75.01 07501 ASC (NON-DISTINCT PART)	119, 320	109, 840, 492	109, 959, 812		0. 000000	•
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0	) C	0. 000000	0. 000000	
76.01 03951 OUTPATIENT WOUND CARE CENTER	21, 936	3, 024, 895		0. 196111	0. 000000	
76. 97 O7697 CARDI AC REHABI LI TATI ON	44, 106	19, 900	64, 006	12. 029450	0. 000000	76. 97
OUTPATIENT SERVICE COST CENTERS			1			
90. 00 09000 CLINIC	0	0	1	0.00000	0. 000000	
90. 01 04950 SLEEP CLINIC	0	3, 990, 185			0. 000000	
90. 02 09001 ANTI COAGULATI ON CLI NI C	624	291, 145			0. 000000	
90. 03 09002 ARNETT CANCER CARE CENTER	156, 898	23, 794, 437			0. 000000	•
90. 04 09003 OUTPATIENT INFUSION CENTER	15, 719	353, 271			0. 000000	
91. 00 09100 EMERGENCY	42, 749, 378	133, 045, 008		1	0. 000000	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	609, 182	23, 694, 598			0. 000000	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0.000000	0. 000000	•
93.00 04951 OTHER OUTPATIENT SERVICES 200.00 Subtotal (see instructions)	521 225 402	747 E47 0E0	1 270 002 252	0. 000000	0. 000000	93. 00 200. 00
201. 00   Subtotal (see Instructions) 201. 00   Less Observation Beds	531, 325, 493	141, 301, 859	1, 278, 893, 352			200. 00 201. 00
202.00 Total (see instructions)	531, 325, 493	747 567 950	1, 278, 893, 352			201.00
202. oq   Total (300 HISTI UCTI OHS)	1 331, 323, 493	141, 301, 039	1 1, 210, 073, 332	· I I		F02.00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu	of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES	Provi der CCN	From 01/01/2020	Worksheet C Part I Date/Time Prepared: 7/13/2021 4:26 pm

				7/13/2021 4: 26 pm
		Title XIX	Hospi tal	PPS
Cost Center Description	PPS Inpatient			
	Ratio			
	11. 00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDIATRICS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
33.00 03300 BURN INTENSIVE CARE UNIT				33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT				33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT				35. 00
43. 00 04300 NURSERY				43. 00
ANCILLARY SERVICE COST CENTERS				
50. 00 05000 OPERATI NG ROOM	0. 108529			50.00
51. 00 05100 RECOVERY ROOM	0. 172660			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 299461			52. 00
53. 00 05300 ANESTHESI OLOGY	0. 616559			53.00
53. 01 05301 ASC ANESTHESI OLOGY	0. 017518			53. 01
54. 00   05400 RADI OLOGY-DI AGNOSTI C	0. 106322			54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			55. 00
56. 00   05600   RADI 01 SOTOPE	0. 058654			56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 076857			59. 00
60. 00   06000   LABORATORY	0. 203679			60. 00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 201276			63. 00
65. 00 06500 RESPIRATORY THERAPY	0. 226388			65. 00
66.00 06600 PHYSI CAL THERAPY	0. 310090			66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 348564			67. 00
68.00 06800 SPEECH PATHOLOGY	0. 329671			68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 091275			69. 00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 156945			70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 278138			71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 198385			72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 263494			73. 00
74.00 07400 RENAL DIALYSIS	0. 569820			74. 00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000			75. 00
75.01 07501 ASC (NON-DISTINCT PART)	0. 079562			75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0. 000000			76. 00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0. 196111			76. 01
76. 97 O7697 CARDI AC REHABI LI TATI ON	12. 029450			76. 97
OUTPATIENT SERVICE COST CENTERS				
90. 00 09000 CLINIC	0. 000000			90.00
90. 01 04950 SLEEP CLINIC	0. 208570			90. 01
90. 02 09001 ANTI COAGULATI ON CLINI C	3. 660204			90. 02
90. 03 09002 ARNETT CANCER CARE CENTER	0. 121208			90. 03
90.04 09003 OUTPATIENT INFUSION CENTER	0. 327491			90. 04
91. 00 09100 EMERGENCY	0. 083428			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 270631			92. 00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000			92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0. 000000			93. 00
200.00 Subtotal (see instructions)				200. 00
201.00 Less Observation Beds				201.00
202.00  Total (see instructions)				202. 00

Health Financial Systems		IU HEALTI	ARNETT	HOSPI TAL		In Lieu	of Form CMS-2552-10
CALCULATION OF OUTPATIENT S REDUCTIONS FOR MEDICALD ONL	CHARGE	RATIOS NE	Γ OF	Provi der	CCN: 15-0173	From 01/01/2020	Worksheet C Part II Date/Time Prepared:

REDUCTIONS FOR MEDICALD ONLY				o 12/31/2020	Date/Time Pre 7/13/2021 4:2	epared:
		Titl	e XIX	Hospi tal	PPS	Орш
Cost Center Description	Total Cost	Capital Cost	Operating Cost	Capi tal	Operating Cost	
	(Wkst. B, Part	(Wkst. B, Part	Net of Capital	Reduction	Reduction	
	I, col. 26)	II col. 26)	Cost (col. 1 -		Amount	
			col. 2)			
	1.00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00   05000 OPERATING ROOM	14, 014, 581	2, 449, 772	11, 564, 809	0	0	50.00
51.00 O5100 RECOVERY ROOM	1, 788, 091	348, 423	1, 439, 668	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6, 584, 571	1, 197, 032	5, 387, 539		0	52.00
53. 00   05300   ANESTHESI OLOGY	4, 797, 393	147, 533	4, 649, 860	0	0	53.00
53. 01   05301   ASC   ANESTHESI OLOGY	68, 273	7, 699	60, 574	0	0	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	9, 588, 179	1, 338, 343	8, 249, 836	0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56. 00 05600 RADI OI SOTOPE	739, 236	154, 817	584, 419		0	56. 00
59. 00   05900 CARDI AC CATHETERI ZATI ON	3, 976, 869	648, 490			0	59. 00
60. 00 06000 LABORATORY	13, 262, 682	823, 004	12, 439, 678	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1, 010, 562	57, 674			0	63.00
65. 00 06500 RESPI RATORY THERAPY	3, 240, 160	120, 781	3, 119, 379	0	0	65.00
66.00 06600 PHYSI CAL THERAPY	1, 119, 869	62, 978		0	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	690, 600	34, 843	655, 757	0	0	67. 00
68.00 O6800 SPEECH PATHOLOGY	493, 449	26, 138			0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	2, 581, 852	200, 227	2, 381, 625		0	69. 00
70.00 07000 ELECTROENCEPHALOGRAPHY	127, 117	939			0	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13, 164, 884	466, 667			0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	17, 312, 696	615, 552			0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	56, 081, 906	528, 188		0	0	73. 00
74. 00 07400 RENAL DI ALYSI S	1, 091, 717	122, 776	968, 941	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	8, 748, 630	801, 864	7, 946, 766	0	0	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	507.547	0	400 (00	0	0	76.00
76. 01 03951 OUTPATIENT WOUND CARE CENTER	597, 516	114, 893	· ·	0	0	76. 01
76. 97 O7697 CARDI AC REHABI LI TATI ON	769, 957	58, 536	711, 421	0	0	76. 97
OUTPATIENT SERVICE COST CENTERS		0		1 0	1 0	00 00
90. 00 09000 CLINIC	022 224	71 7/7	7/0 4/7	0	0	, 0. 00
90. 01 04950 SLEEP CLINIC	832, 234	71, 767	· ·		0	90. 01
90. 02 09001 ANTI COAGULATI ON CLI NI C	1, 067, 934	33, 275			0	90. 02
90. 03   09002 ARNETT CANCER CARE CENTER 90. 04   09003 OUTPATIENT INFUSION CENTER	2, 903, 101	291, 368 49, 921			0	90. 03 90. 04
91. 00 09100 EMERGENCY	120, 841	•	70, 920		0	90.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	14, 376, 025 6, 577, 355	1, 670, 521 1, 094, 367	12, 705, 504 5, 482, 988		0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0, 577, 355	1, 094, 307	3, 402, 900		0	92.00
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0	0		Ĭ	
200.00 Subtotal (sum of lines 50 thru 199)	187, 728, 280	13, 538, 388	174, 189, 892		0	93. 00 200. 00
200.00 Subtotal (sull of Tries 50 thru 199) 201.00 Less Observation Beds	6, 577, 355	1, 094, 367				200.00
202.00 Total (line 200 minus line 201)	181, 150, 925					201.00
202. 04   Total (Title 200 IIIThus Title 201)	101, 150, 925	12, 444, 021	100, 700, 904	ı	ı	K02.00

Heal	th Financial Systems		IU HEALTH	ARNETT	HOSPI TAL		In Li eu	of Form CMS-2552-10
	CULATION OF OUTPATIENT ICTIONS FOR MEDICAID OF	 TO CHARGE	E RATIOS NET	OF	Provi der	CCN: 15-0173	From 01/01/2020	Worksheet C Part II Date/Time Prepared: 7/13/2021 4:26 pm

					To 12/31/20	020  Date/Time Pr   7/13/2021 4:	
			Ti tl	e XIX	Hospi tal	PPS	20 piii
	Cost Center Description	Cost Net of	Total Charges	Outpati ent			
			(Worksheet C,				
		Operating Cost		Ratio (col. (	5		
		Reducti on	8)	/ col . 7)	_		
		6. 00	7. 00	8. 00			
	ANCILLARY SERVICE COST CENTERS				al		4
	D5000 OPERATI NG ROOM	14, 014, 581					50.00
	D5100 RECOVERY ROOM	1, 788, 091		1			51.00
	D5200 DELIVERY ROOM & LABOR ROOM	6, 584, 571					52.00
	05300 ANESTHESI OLOGY	4, 797, 393					53.00
	D5301 ASC ANESTHESI OLOGY D5400  RADI OLOGY-DI AGNOSTI C	68, 273 9, 588, 179					53. 01 54. 00
	D5500 RADI OLOGY-THERAPEUTI C	9, 300, 179	90, 160, 237	0. 10032			55.00
	05600 RADI OLOGT - THEKAPEUTT C	739, 236	12, 603, 366	l b			56.00
	D5900 CARDI AC CATHETERI ZATI ON	3, 976, 869		<b>b</b>			59.00
	06000 LABORATORY	13, 262, 682		1			60.00
	06300 BLOOD STORING, PROCESSING & TRANS.	1, 010, 562		18			63.00
	06500 RESPIRATORY THERAPY	3, 240, 160					65.00
	06600 PHYSI CAL THERAPY	1, 119, 869					66.00
	06700 OCCUPATI ONAL THERAPY	690, 600					67.00
	06800 SPEECH PATHOLOGY	493, 449					68. 00
	06900 ELECTROCARDI OLOGY	2, 581, 852		1			69.00
	07000 ELECTROENCEPHALOGRAPHY	127, 117					70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13, 164, 884			•		71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	17, 312, 696					72. 00
	07300 DRUGS CHARGED TO PATIENTS	56, 081, 906					73. 00
	07400 RENAL DI ALYSI S	1, 091, 717					74. 00
75.00	07500 ASC (NON-DISTINCT PART)	0		0. 00000	o		75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	8, 748, 630	109, 959, 812	0. 07956	2		75. 01
	03950 CARDIAC CATHERIZATION	0	0	0. 00000	o		76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	597, 516	3, 046, 831	0. 19611	1		76. 01
	D7697 CARDIAC REHABILITATION	769, 957	64, 006	12. 02945	0		76. 97
	DUTPATIENT SERVICE COST CENTERS						
	09000 CLINIC	0	-		•		90. 00
	04950 SLEEP CLINIC	832, 234			- 1		90. 01
	09001 ANTI COAGULATI ON CLI NI C	1, 067, 934					90. 02
	09002 ARNETT CANCER CARE CENTER	2, 903, 101		10	•		90. 03
	09003 OUTPATIENT INFUSION CENTER	120, 841					90. 04
	09100 EMERGENCY	14, 376, 025		l b			91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6, 577, 355					92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0. 00000			92. 01
	04951 OTHER OUTPATIENT SERVICES	0	0	0. 00000	O		93. 00
200.00	Subtotal (sum of lines 50 thru 199)		1, 139, 443, 716	1	1		200.00
201.00	Less Observation Beds	6, 577, 355		1	1		201.00
202. 00	Total (line 200 minus line 201)	181, 150, 925	1, 139, 443, 716	PI .	I		202. 00

Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lieu	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE C	CAPITAL COSTS	Provi der C	F	Period: From 01/01/2020 Fo 12/31/2020	Worksheet D Part I	epared:
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	dapital Related Cost (from Wkst. B, Part II, col. 26)	Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4. 00	5. 00	
INDATIENT DOUTINE SERVICE COST CENTERS		2.00	3.00	4.00	5.00	
30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT 33.01 BURN INTENSIVE CARE UNIT 35.00 NEONATAL INTENSIVE CARE UNIT 43.00 NURSERY 200.00 Total (lines 30 through 199)  Cost Center Description	10, 164, 515 1, 010, 064 0 0 754, 846 338, 162 12, 267, 587 I npatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6) 7.00	10, 164, 515 1, 010, 064 ( ( 754, 844 338, 162 12, 267, 587	2, 799 0 0 0 0 5 2, 538 2 2, 505	0. 00 0. 00 297. 42 134. 99	31. 00 33. 00 33. 01 35. 00
INPATIENT ROUTINE SERVICE COST CENTERS		7.00				
30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT 33.00 BURN INTENSIVE CARE UNIT 33.01 BURN INTENSIVE CARE UNIT 35.00 NEONATAL INTENSIVE CARE UNIT NURSERY 200.00 Total (lines 30 through 199)	15, 266 990 0 0 0 0 0 16, 256	3, 662, 161 357, 261 0 0 0 0 4, 019, 422				30. 00 31. 00 33. 00 33. 01 35. 00 43. 00 200. 00

Health Financial Systems	III UEALTU ADMI	TT HOSDITAL		ام الما	. of Form CMC (	DEE2 10
Health Financial Systems APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	IU HEALTH ARNI TAL COSTS	Provi der C		Period: From 01/01/2020	worksheet D Part II Date/Time Pre 7/13/2021 4:2	
		Title	XVIII	Hospi tal	PPS	LO PIII
Cost Center Description	apital Relate				Capital Costs	
oost conten beschiption		(from Wkst. C,		Program	(column 3 x	
	Wkst. B, Part				col umn 4)	
	11, col. 26)	8)	2)	. ona. goo	001 4	
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	2, 449, 772	129, 132, 515	0. 01897	1 20, 900, 169	396, 497	50.00
51.00 05100 RECOVERY ROOM	348, 423				49, 646	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 197, 032				2, 203	•
53. 00 05300 ANESTHESI OLOGY	147, 533				24, 575	•
53. 01 05301 ASC ANESTHESI OLOGY	7, 699					53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 338, 343				233, 667	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0				0	55.00
56. 00 05600 RADI 0I SOTOPE	154, 817	12, 603, 366			11, 081	56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	648, 490				114, 306	59.00
60. 00 06000 LABORATORY	823, 004					•
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	57, 674				17, 885	•
65. 00 06500 RESPIRATORY THERAPY	120, 781	14, 312, 444			42, 594	•
66. 00 06600 PHYSI CAL THERAPY	62, 978					1
67. 00 06700 OCCUPATI ONAL THERAPY	34, 843					67. 00
68.00 06800 SPEECH PATHOLOGY	26, 138				11, 105	•
69. 00 06900 ELECTROCARDI OLOGY	200, 227				50, 498	
70.00 07000 ELECTROENCEPHALOGRAPHY	939					•
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	466, 667	47, 332, 137			77, 032	•
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	615, 552				122, 995	•
73.00 07300 DRUGS CHARGED TO PATIENTS	528, 188				53, 867	•
74.00 07400 RENAL DIALYSIS	122, 776				45, 223	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0. 00000		0	•
75. 01 07501 ASC (NON-DISTINCT PART)	801, 864	109, 959, 812			370	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0	0. 00000		0	76. 00
76.01 03951 OUTPATIENT WOUND CARE CENTER	114, 893	3, 046, 831			240	76. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	58, 536				13, 794	•
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0	0	0. 00000	0 0	0	90.00
90. 01 04950 SLEEP CLINIC	71, 767	3, 990, 185	0. 01798	6 0	0	90. 01
90. 02 09001 ANTI COAGULATI ON CLINIC	33, 275	291, 769	0. 11404	6 487	56	90. 02
90. 03 09002 ARNETT CANCER CARE CENTER	291, 368			5 74, 741	909	90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	49, 921	368, 990			0	90. 04
91. 00 09100 EMERGENCY	1, 670, 521				175, 474	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 094, 367				11, 290	•
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0				0	•
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0	0. 00000		0	93.00
200.00 Total (lines 50 through 199)	13, 538, 388	1, 139, 443, 716		143, 320, 772	1, 627, 570	200.00
			•			•

Health Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lieu	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH C	OSTSProvi der C		Peri od:	Worksheet D	
				From 01/01/2020 o 12/31/2020	Part III   Date/Time Pre	narod.
			'	0 12/31/2020	7/13/2021 4: 2	26 pm
	_		XVIII	Hospi tal	PPS	
Cost Center Description				Allied Health		
	Post-Stepdown		Post-Stepdown		Medical	
	Adjustments 1A	1.00	Adjustments 2A	2. 00	Education Cost 3.00	
INPATIENT ROUTINE SERVICE COST CENTERS	<u>I</u> IA	1.00	ZA	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS	0	0		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	d	Ö	0	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	l c	0	0	33. 00
33.01 03301 BURN INTENSIVE CARE UNIT	0	0	C	0	0	
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	0	0		0	0	
43. 00 04300 NURSERY	0	0		0	0	
200.00 Total (lines 30 through 199)  Cost Center Description	Swi ng-Bed	Total Costs	Total Dationt	Per Diem (col.	Inpati ent	200. 00
cost center bescription	Adjustment	(sum of cols.	Days	5 ÷ col . 6)	Program Days	
	Amount (see	1 through 3,	Days		l rogram bays	
		minus col. 4)				
	4. 00	5. 00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	-					
30. 00 03000 ADULTS & PEDIATRICS	0	0	42, 372			•
31. 00 03100 I NTENSI VE CARE UNI T		0	2, 799			
33.00 03300 BURN INTENSIVE CARE UNIT 33.01 03301 BURN INTENSIVE CARE UNIT		0		0. 00 0. 00		
35. 00 02060 NEONATAL INTENSIVE CARE UNIT		0	2, 538			
43. 00 04300 NURSERY		0	2, 505			43. 00
200.00 Total (lines 30 through 199)		0			16, 256	
Cost Center Description	Inpatient					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8) 9.00					
INPATIENT ROUTINE SERVICE COST CENTERS	7.00					
30. 00 03000 ADULTS & PEDIATRICS	0					30. 00
31.00 03100 INTENSIVE CARE UNIT	0					31. 00
33.00 03300 BURN INTENSIVE CARE UNIT	0					33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT	0					33. 01
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	0					35. 00
43.00 04300 NURSERY 200.00 Total (lines 30 through 199)						43. 00 200. 00
200. oq   Total (Titles 30 till ough 199)	1					K00.00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0173	Peri od: Worksheet D From 01/01/2020 Part IV To 12/31/2020 Date/Time Prepared:

				0 12/31/2020	7/13/2021 4: 2	
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician N	ursi na School	Nursi na School		Allied Health	
· ·		Post-Stepdown	3	Post-Stepdown		
		Adjustments		Adjustments		
	1.00	2A	2. 00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0	0	0	0	50.00
51. 00 05100 RECOVERY ROOM	0	0	0	o o	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	o o	0	52. 00
53. 00 05300 ANESTHESI OLOGY	0	0	0	o o	0	53. 00
53. 01 05301 ASC ANESTHESI OLOGY	0	0	0	o o	0	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	0	o o	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0	o o	0	55. 00
56. 00 05600 RADI OI SOTOPE	0	0	0	o o	0	56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	0	o o	0	59.00
60. 00 06000 LABORATORY	0	0	0	o o	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	o o	0	0		0	63.00
65. 00 06500 RESPIRATORY THERAPY		0	0	o o	0	65.00
66. 00 06600 PHYSI CAL THERAPY		0			0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY		0			0	67.00
68. 00 06800 SPEECH PATHOLOGY		0			0	68. 00
69. 00 06900 ELECTROCARDI OLOGY		0			0	69.00
70. 00 107000 ELECTROENCEPHALOGRAPHY		0			0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0			0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0			0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS		0			345, 312	
74.00 07400 RENAL DIALYSIS		0			0 0	1
75. 00 07500 ASC (NON-DISTINCT PART)		0	0		0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)		0			0	75. 01
76. 00 03950 CARDIAC CATHERIZATION		0	0		0	76.00
76. 01 03951 OUTPATIENT WOUND CARE CENTER		0	0		0	76. 00
76. 97 07697 CARDI AC REHABI LI TATI ON		0	0		0	76. 97
OUTPATIENT SERVICE COST CENTERS	<u> </u>	<u> </u>		<u>/                                      </u>		70. 77
90. 00 09000 CLINIC		0	0	n n	0	90.00
90. 01 04950 SLEEP CLINIC		0	0		0	90.00
90. 02 09001 ANTI COAGULATI ON CLINI C		0			0	90. 02
90. 03 09002 ARNETT CANCER CARE CENTER		0			0	90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER		0			0	90.04
91. 00 09100 EMERGENCY		0			0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		O		SI Y	0	92.00
92.01 09201 OBSERVATION BEDS (NON-DISTINCT PART)		Λ			0	
93. 00 04951 OTHER OUTPATIENT SERVICES		0			0	
200.00 Total (Lines 50 through 199)		0			345, 312	
200.09   10tal (11163 30 till bugli 177)	ı o	U	ı	<b>1</b> 9	343, 312	<u> 200.00</u>

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIEN	F ANCILLARY SERVICE OTHER PASS Provider CCN: 15-0173	Period: Worksheet D
THROUGH COSTS		From 01/01/2020 Part IV

THROUGH COSTS				From 01/01/2020 Fo 12/31/2020		epared:
			20011		7/13/2021 4:2	26 pm
	I I		XVIII	Hospi tal	PPS	
Cost Center Description	All Other	Total Cost	Total		Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
	Education Cost		Cost (sum of		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
					instructions)	
ANCILLARY SERVICE COST CENTERS	4. 00	5. 00	6. 00	7. 00	8. 00	
50. 00 05000 OPERATING ROOM	l ol	0	,	129, 132, 515	0. 000000	50. 00
51. 00   05100   RECOVERY   ROOM		0	)	10, 356, 131	1	
52.00 05200 DELIVERY ROOM & LABOR ROOM		0		21, 988, 055		
53. 00 05300 ANESTHESI OLOGY		0		7, 780, 914		
53. 01 05301 ASC ANESTHESI OLOGY	0	0		3, 897, 251		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		90, 180, 257		
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0, 100, 237	0. 000000	
56. 00 05600 RADI OI SOTOPE	0	0		12, 603, 366		
59. 00 05900 CARDI AC CATHETERI ZATI ON		0		51, 743, 874		
60. 00 06000 LABORATORY	0	0		65, 115, 531	0. 000000	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		5, 020, 782	1	
65. 00 06500 RESPIRATORY THERAPY	0	0		14, 312, 444		
66. 00 06600 PHYSI CAL THERAPY	0	0		3, 611, 427		
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		1, 981, 273		
68. 00 06800 SPEECH PATHOLOGY		0		1, 496, 794	1	
69. 00 06900 ELECTROCARDI OLOGY		0		28, 286, 622		*
70. 00 07000 ELECTROENCEPHALOGRAPHY		0		809, 948		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	١	0	ì	47, 332, 137		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	١	0	ì	87, 268, 168		
73.00 07300 DRUGS CHARGED TO PATIENTS	l ő	345, 312	345, 312			
74. 00 07400 RENAL DI ALYSI S	l ő	010, 012	010,012	1, 915, 897		
75.00 07500 ASC (NON-DISTINCT PART)	l ő	0	ì	) 1, 710, 077	0. 000000	
75. 01 07501 ASC (NON-DISTINCT PART)	l ő	0	ì	109, 959, 812		
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0	ì	0	0. 000000	
76. 01 03951 OUTPATIENT WOUND CARE CENTER	0	0	ì	3, 046, 831	0. 000000	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	ì	64, 006		
OUTPATIENT SERVICE COST CENTERS	<u> </u>			31,7000	0.00000	70.77
90. 00 09000 CLINIC	0	0	(	0	0. 000000	90. 00
90. 01 04950 SLEEP CLINIC	0	0	(	3, 990, 185	0. 000000	90. 01
90. 02 09001 ANTI COAGULATI ON CLINIC	0	0	(	291, 769	0. 000000	90. 02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	(	23, 951, 335	0. 000000	90. 03
90.04 09003 OUTPATIENT INFUSION CENTER	0	0	(	368, 990	0. 000000	90. 04
91. 00 09100 EMERGENCY	Ó	0		175, 794, 386	1	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	o	0		24, 303, 780	1	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	o	0	ĺ	0	0. 000000	
93. 00 04951 OTHER OUTPATIENT SERVICES	Ó	0		0	0. 000000	93.00
200.00 Total (lines 50 through 199)	o	345, 312	345, 312	1, 139, 443, 716		200. 00
	=					

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCI LLARY SERVI CE OTHER PASS Provi der CCN: 15-0173	Period: Worksheet D From 01/01/2020 Part IV To 12/31/2020 Date/Time Prepared:

THROUGH COSTS				o 12/31/2020	Date/Time Pre 7/13/2021 4:2	epared:
		Title	XVIII	Hospi tal	PPS	o piii
Cost Center Description	Outpati ent	İnpatient	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col.	3	Costs (col. 8		Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9. 00	10. 00	11. 00	12.00	13. 00	
ANCILLARY SERVICE COST CENTERS						
50.00   05000 OPERATING ROOM	0. 000000	20, 900, 169		15, 418, 998	0	50.00
51.00  05100 RECOVERY ROOM	0. 000000	1, 475, 632	(	1, 528, 626	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	40, 472	(	1, 346	0	52. 00
53. 00   05300   ANESTHESI OLOGY	0. 000000	1, 296, 097	(	798, 924		53.00
53. 01 05301 ASC ANESTHESI OLOGY	0. 000000	2, 166	(	746, 308	0	53. 01
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0. 000000	15, 744, 717	(	15, 047, 761	0	54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	0. 000000	0	(	0	0	55. 00
56. 00   05600   RADI 01 SOTOPE	0. 000000	902, 060	(	3, 404, 228	0	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	9, 120, 434	(	8, 734, 826	0	59. 00
60. 00 06000 LABORATORY	0. 000000	10, 338, 198	(	5, 293, 246	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	1, 557, 001	(	290, 385	0	63.00
65. 00 06500 RESPIRATORY THERAPY	0. 000000	5, 047, 311	(	146, 484	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	1, 532, 336	(	25, 862	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	829, 668	(	7, 430	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	635, 935	(	19, 843	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	7, 133, 533	(	3, 497, 011	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	243, 475	(	32, 463	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	7, 813, 361	(	7, 977, 616	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	17, 436, 261	(	11, 307, 439	0	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 001622	21, 703, 041	35, 202	55, 188, 143	89, 515	73. 00
74.00 07400 RENAL DIALYSIS	0. 000000	705, 701	(	47, 586	0	74. 00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000	0	(	0	0	75. 00
75.01 07501 ASC (NON-DISTINCT PART)	0. 000000	50, 699	(	21, 446, 921	0	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0. 000000	0		0	0	76. 00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0. 000000	6, 367		379, 534	0	76. 01
76. 97 07697 CARDIAC REHABILITATION	0. 000000	15, 083	(	324	0	76. 97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLI NI C	0. 000000	0	(	0	0	90.00
90. 01 04950 SLEEP CLINIC	0. 000000	0		828, 866	0	90. 01
90. 02 09001 ANTI COAGULATI ON CLI NI C	0. 000000	487		147, 147	0	90. 02
90.03 09002 ARNETT CANCER CARE CENTER	0. 000000	74, 741		8, 687, 512	0	90. 03
90.04 09003 OUTPATIENT INFUSION CENTER	0. 000000	0		36, 114	0	90. 04
91.00 09100 EMERGENCY	0. 000000	18, 465, 105		21, 085, 640	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	250, 722		5, 127, 117	0	92. 00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0		0	0	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0. 000000	0		0	0	93.00
200.00 Total (lines 50 through 199)		143, 320, 772	35, 202	187, 253, 700	89, 515	200.00

Health Financial	Systems				Ιl	J HEALTH	ARNETT	HOSPI TAL		In Lieu	of Form CMS-2552-10
APPORTI ONMENT OF	MEDI CAL,	OTHER	HEALTH	SERVI CES	AND	VACCI NE	COST	Provi der	CCN: 15-0173	From 01/01/2020	Worksheet D Part V Date/Time Prepared: 7/13/2021 4:26 pm

				Fo 12/31/2020	Date/Time Pre 7/13/2021 4:2	epared:
		Title	XVIII	Hospi tal	PPS	Орш
			Charges		Costs	
Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
'		Services (see	Rei mbursed	Rei mbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not	,	
	Part I, col. 9	Í	Subject To	Subject To		
			Ded. & Coins.	Ded. & Coins.		
			(see inst.)	(see inst.)		
	1.00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0. 108529	15, 418, 998	(	0	1, 673, 408	50.00
51.00 05100 RECOVERY ROOM	0. 172660	1, 528, 626		0	263, 933	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 299461	1, 346		0	403	52.00
53. 00   05300   ANESTHESI OLOGY	0. 616559	798, 924		0	492, 584	53.00
53. 01 05301 ASC ANESTHESI OLOGY	0. 017518	746, 308	(	0	13, 074	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 106322	15, 047, 761		0	1, 599, 908	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	0		0	0	55.00
56. 00 05600 RADI OI SOTOPE	0. 058654	3, 404, 228		0	199, 672	56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 076857	8, 734, 826		0	671, 333	59. 00
60. 00 06000 LABORATORY	0. 203679	5, 293, 246		0	1, 078, 123	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 201276	290, 385		0	58, 448	63.00
65.00 06500 RESPIRATORY THERAPY	0. 226388	146, 484		0	33, 162	65.00
66.00 06600 PHYSI CAL THERAPY	0. 310090	25, 862		0	8, 020	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 348564	7, 430		0	2, 590	67.00
68.00 06800 SPEECH PATHOLOGY	0. 329671	19, 843		0	6, 542	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 091275	3, 497, 011		0	319, 190	69. 00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 156945	32, 463	[	0	5, 095	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 278138	7, 977, 616		0	2, 218, 878	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 198385	11, 307, 439		0	2, 243, 226	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 263494	55, 188, 143		31, 225	14, 541, 745	
74.00 07400 RENAL DIALYSIS	0. 569820	47, 586		0	27, 115	
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000	0		0	0	75. 00
75.01 07501 ASC (NON-DISTINCT PART)	0. 079562	21, 446, 921		0	1, 706, 360	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0. 000000	0		0	0	76. 00
76.01 03951 OUTPATIENT WOUND CARE CENTER	0. 196111	379, 534		0	74, 431	76. 01
76. 97 O7697 CARDI AC REHABI LI TATI ON	12. 029450	324	(	0 0	3, 898	76. 97
OUTPATIENT SERVICE COST CENTERS			1	al a		
90. 00 09000 CLINIC	0. 000000	0	·	0	0	90.00
90. 01 04950 SLEEP CLINIC	0. 208570	828, 866		0	172, 877	
90. 02   09001   ANTI COAGULATI ON CLI NI C	3. 660204	147, 147	(	0	538, 588	
90. 03 09002 ARNETT CANCER CARE CENTER	0. 121208	8, 687, 512	(	89	1, 052, 996	•
90. 04 09003 OUTPATIENT INFUSION CENTER	0. 327491	36, 114	(	0	11, 827	
91. 00 09100 EMERGENCY	0. 081777	21, 085, 640	(	0	1, 724, 320	1
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 270631	5, 127, 117	(	0	1, 387, 557	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0	(	0	0	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0. 000000	0	1	0 0	0	93.00
200.00 Subtotal (see instructions)		187, 253, 700	1	31, 314	32, 129, 303	1
201.00 Less PBP Clinic Lab. Services-Program			· ·	<sup>0</sup> ال		201. 00
Only Charges		107 252 700		21 214	22 120 222	000 00
202.00   Net Charges (line 200 - line 201)	1 1	187, 253, 700	l (	31, 314	32, 129, 303	K05.00

	ncial Systems	IU HEALTH ARNET			of Form CMS-	2552-10
PPORTI ONME	NT OF MEDICAL, OTHER HEALTH SERVICES A	IND VACCINE COST	Provi der CCN: 15-017	From 01/01/2020	Date/Time Pro	
					7/13/2021 4: 2	26 pm
	,	01	Title XVIII	Hospi tal	PPS	
	Cost Center Description	Cost Cost Reimbursed	Cost			
	cost center bescription	Servi ces	Rei mbursed			
		Subject To Ded. S				
			Subject To			
			ed. & Coins.			
			(see inst.)			
		6. 00	7.00			
ANCI L	LARY SERVICE COST CENTERS	•	<u> </u>			
0.00 05000	OPERATING ROOM	0	0			50.00
1.00 05100	RECOVERY ROOM	0	O			51.00
2.00 05200	DELIVERY ROOM & LABOR ROOM	0	О			52.00
	ANESTHESI OLOGY	0	0			53.00
	ASC ANESTHESI OLOGY	0	0			53. 01
	RADI OLOGY-DI AGNOSTI C	0	0			54.00
	RADI OLOGY-THERAPEUTI C	0	0			55. 00
	RADI OI SOTOPE	0	0			56. 00
•	CARDI AC CATHETERI ZATI ON	0	0			59.00
	LABORATORY	0	0			60.00
	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
	RESPIRATORY THERAPY PHYSICAL THERAPY		0			65.00
	OCCUPATIONAL THERAPY	0	o			67. 00
	SPEECH PATHOLOGY		Ö			68. 00
•	ELECTROCARDI OLOGY	0	Ö			69. 00
	ELECTROENCEPHALOGRAPHY	ő	ől			70.00
•	MEDICAL SUPPLIES CHARGED TO PATIENTS	l o	ōl			71. 00
	IMPL. DEV. CHARGED TO PATIENTS	0	o			72.00
3.00 07300	DRUGS CHARGED TO PATIENTS	0	8, 228			73.00
4.00 07400	RENAL DIALYSIS	0	0			74.00
5.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
5. 01  07501	ASC (NON-DISTINCT PART)	0	0			75. 01
6. 00  03950	CARDIAC CATHERIZATION	0	0			76. 00
	OUTPATIENT WOUND CARE CENTER	0	0			76. 01
	CARDIAC REHABILITATION	0	0			76. 97
	ATIENT SERVICE COST CENTERS	1				
0.00 09000		0	0			90.00
	SLEEP CLINIC	0	0			90. 01
	ANTI COAGULATI ON CLINI C	0	11			90. 02
	ARNETT CANCER CARE CENTER OUTPATIENT INFUSION CENTER		0			90.03
	EMERGENCY					91.00
	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
•	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
	OTHER OUTPATIENT SERVICES	0	0			93. 00
00.00	Subtotal (see instructions)		8, 239			200.00

8, 239

8, 239

200. 00 201. 00

202. 00

200.00

201.00

202.00

Subtotal (see instructions)
Less PBP Clinic Lab. Services-Program

Only Charges Net Charges (line 200 - line 201)

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lieu	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CA	PITAL COSTS	Provi der C	F	Period: From 01/01/2020 To 12/31/2020		epared:
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Capital Related	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Cost (from	Adjustment	Capi tal	Days	3 / col. 4)	
	Wkst. B, Part	·	Related Cost	,		
	II, col. 26)		(col. 1 - col.			
			2)			
	1.00	2. 00	3.00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	10, 164, 515	0	10, 164, 515	42, 372	239. 89	30.00
31.00 INTENSIVE CARE UNIT	1, 010, 064		1, 010, 064	2, 799	360. 87	31. 00
33.00 BURN INTENSIVE CARE UNIT	0			0	0. 00	33. 00
33.01 BURN INTENSIVE CARE UNIT	0			o		33. 01
35.00 NEONATAL INTENSIVE CARE UNIT	754, 846		754, 846	2, 538		
43. 00 NURSERY	338, 162		338, 162			43.00
200.00 Total (lines 30 through 199)	12, 267, 587		12, 267, 587			200. 00
Cost Center Description	Inpatient	Inpatient	, , , , , ,			
,	Program days	Program				
		Capital Cost				
		$(col. 5 \times col.$				
		6)				
	6. 00	7. 00	1			
INPATIENT ROUTINE SERVICE COST CENTERS				-		
30. 00 ADULTS & PEDIATRICS	741	177, 758				30. 00
31.00 INTENSIVE CARE UNIT	394	142, 183				31. 00
33.00 BURN INTENSIVE CARE UNIT	0	0				33. 00
33.01 BURN INTENSIVE CARE UNIT	0	0				33. 01
35.00 NEONATAL INTENSIVE CARE UNIT	334	99, 338	İ			35. 00
43. 00 NURSERY	1, 195					43. 00
200.00 Total (lines 30 through 199)	2, 664					200. 00
	2,001	333,072	ı			F-0.00

Health Financial Systems	IU HEALTH ARNE	TT HOSDITAL		In Liou	u of Form CMS-2	DEE2 10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI		Provi der C		Period: From 01/01/2020	Worksheet D	
		Ti +1	e XIX	Hospi tal	PPS	zo pili
Cost Center Description	Capital Related				Capital Costs	
cost center bescriptron		(from Wkst. C,		Program	(column 3 x	
	Wkst. B, Part				col umn 4)	
	11, col. 26)	8)	2)	. Charges	COT dillit 4)	
	1.00	2.00	3.00	4. 00	5. 00	-
ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
50. 00 05000 OPERATI NG ROOM	2, 449, 772	129, 132, 515	0. 01897	1 298, 974	5, 672	50.00
51. 00   05100   RECOVERY   ROOM	348, 423					
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 197, 032					
53. 00 05300 ANESTHESI OLOGY	147, 533				349	
53. 01 05301 ASC ANESTHESI OLOGY	7, 699				0.7	•
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 338, 343				6, 989	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	1		0	•
56. 00 05600 RADI OI SOTOPE	154, 817	12, 603, 366			92	
59. 00 05900 CARDI AC CATHETERI ZATI ON	648, 490					
60. 00 06000 LABORATORY	823, 004		1			
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	57, 674		B .			
65. 00 06500 RESPIRATORY THERAPY	120, 781		1			
66. 00 06600 PHYSI CAL THERAPY	62, 978		1			
67. 00 06700 OCCUPATI ONAL THERAPY	34, 843					
68. 00 06800 SPEECH PATHOLOGY	26, 138					
69. 00 06900 ELECTROCARDI OLOGY	200, 227	28, 286, 622				
70. 00 07000 ELECTROENCEPHALOGRAPHY	939				11	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	466, 667	47, 332, 137	1			1
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	615, 552					
73. 00 07300 DRUGS CHARGED TO PATIENTS	528, 188					
74. 00 07400 RENAL DI ALYSI S	122, 776					
75. 00 07500 ASC (NON-DISTINCT PART)	0	1, 710, 077	0. 000000		2,170	
75. 01 07501 ASC (NON-DISTINCT PART)	801, 864	109, 959, 812				
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0	0. 000000		0	
76. 01 03951 OUTPATIENT WOUND CARE CENTER	114, 893	3, 046, 831			3	
76. 97 07697 CARDI AC REHABI LI TATI ON	58, 536				0	
OUTPATIENT SERVICE COST CENTERS	557 555	0.17 000	0171100	<u>, i                                     </u>		70.77
90. 00 09000 CLINIC	0	0	0. 000000	0	0	90.00
90. 01 04950 SLEEP CLINIC	71, 767	-			-	
90. 02 09001 ANTI COAGULATI ON CLINIC	33, 275		b .		0	
90.03 09002 ARNETT CANCER CARE CENTER	291, 368				0	•
90. 04 09003 OUTPATIENT INFUSION CENTER	49, 921	368, 990			Ö	
91. 00 09100 EMERGENCY	1, 670, 521				-	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 094, 367	24, 303, 780	b .			
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0		1		0	
93. 00 04951 OTHER OUTPATIENT SERVICES	n	n	0. 000000		0	
200.00 Total (lines 50 through 199)	13, 538, 388	1, 139, 443, 716	1	4, 251, 470	_	
1 1	, ,		•	, . ,	,	

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lieu	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH C	OSTSProvi der C		Peri od:	Worksheet D	
				From 01/01/2020 o 12/31/2020	Part III   Date/Time Pre	enared.
					7/13/2021 4: 2	26 pm
	1	Titl	e XIX	Hospi tal	PPS	
Cost Center Description				Allied Health	All Other	
	Post-Stepdown Adjustments		Post-Stepdown Adjustments		Medical Education Cost	
	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	1	11.00			0.00	
30. 00 03000 ADULTS & PEDIATRICS	0	0	(	0	0	
31.00 03100 INTENSIVE CARE UNIT	0	0	(	0	0	
33. 00 03300 BURN INTENSIVE CARE UNIT	0	0		0	0	
33.01   03301   BURN INTENSIVE CARE UNIT 35.00   02060   NEONATAL INTENSIVE CARE UNIT	0	0		0	0	
43. 00   02000   NEONATAL TINTENSTIVE CARE UNIT		0			0	•
200.00 Total (Lines 30 through 199)	0	0		ol o	-	200.00
Cost Center Description	Swi ng-Bed	Total Costs	Total Patient	Per Diem (col.	Inpati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
		minus col. 4)		7.00	0.00	
INPATIENT ROUTINE SERVICE COST CENTERS	4.00	5. 00	6. 00	7. 00	8. 00	
30. 00 03000 ADULTS & PEDIATRICS	0	0	42, 372	0.00	741	30.00
31. 00 03100 I NTENSI VE CARE UNI T	Ĭ	0	2, 799			
33.00 03300 BURN INTENSIVE CARE UNIT		0	. (	0.00	0	33. 00
33.01 03301 BURN INTENSIVE CARE UNIT		0	(	0.00	0	
35. 00 02060 NEONATAL INTENSIVE CARE UNIT		0	2, 538			35. 00
43.00 04300 NURSERY		0	2, 505			43. 00 200. 00
200.00 Total (lines 30 through 199)  Cost Center Description	I npati ent	0	50, 214	<u> </u>	2, 664	200.00
cost center bescription	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
LADATIENT DOUTLINE CEDALOE COCT CENTERS	9. 00					
I NPATI ENT ROUTI NE SERVI CE COST CENTERS  30. 00 03000 ADULTS & PEDI ATRI CS	1 0					30.00
31. 00   03100   NTENSI VE CARE UNIT						31.00
33. 00 03300 BURN INTENSIVE CARE UNIT	Ö					33. 00
33.01 03301 BURN INTENSIVE CARE UNIT	0					33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0					35. 00
43. 00 04300 NURSERY	0					43. 00
200.00   Total (lines 30 through 199)	1 0					200. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCI LLARY SERVI CE OTHER PASS Provi der CCN: 15-0173	Period: Worksheet D From 01/01/2020 Part IV To 12/31/2020 Date/Time Prepared: 7/13/2021 4:34 pm

				0 12/31/2020	7/13/2021 4: 2	
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description	Non Physician N	ursi na School	Nursina School		Allied Health	
· ·		Post-Stepdown	9	Post-Stepdown		
		Adjustments		Adjustments		
	1.00	2A	2. 00	3A	3. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51. 00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52. 00
53. 00 05300 ANESTHESI OLOGY	0	0	0	0	0	53. 00
53. 01 05301 ASC ANESTHESI OLOGY	0	0	0	0	0	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56. 00 05600 RADI OI SOTOPE	0	0	0	0	0	56.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	59.00
60. 00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65. 00 06500 RESPIRATORY THERAPY	Ŏ	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	1 0	68.00
69. 00 06900 ELECTROCARDI OLOGY		0	0	0	1 0	69.00
70. 00 107000 ELECTROENCEPHALOGRAPHY		0	0		0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0		0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0	0		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS		0	0		345, 312	
74. 00 07400 RENAL DI ALYSI S		0	0	0	0	1
75. 00 07500 ASC (NON-DISTINCT PART)		0	0	0	0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)		0	0	0	0	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON		0	0	0	0	76.00
76. 01 03951 OUTPATIENT WOUND CARE CENTER		0	0	0	0	76. 01
76. 97 07697 CARDI AC REHABI LI TATI ON		0	0	0	0	76. 97
OUTPATIENT SERVICE COST CENTERS	<u> </u>	<u> </u>		ı		70. 77
90. 00 09000 CLINIC	O	0	0	0	0	90.00
90. 01 04950 SLEEP CLINIC		0	0	0	0	90. 01
90. 02 09001 ANTI COAGULATI ON CLINI C		0	0	0	0	90. 02
90. 03 09002 ARNETT CANCER CARE CENTER	Ŏ	0		o O	0	90.03
90. 04 09003 OUTPATIENT INFUSION CENTER	Ŏ	0	0	o O	0	90.04
91. 00 09100 EMERGENCY	Ŏ	0	0	o O	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	١	Ŭ	0		0	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		Ω	0	n	0	
93. 00 04951 OTHER OUTPATIENT SERVICES	Ő	n	0	n	0	
200.00 Total (lines 50 through 199)		0	0	0	345, 312	
200.00g [10tal (11100 00 till ough 177)	. 4	٥	۰ ۲		0.10, 0.12	-30.00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCI LLARY SERVI CE OTHER PASS Provi der CCN: 15-0173	Period: Worksheet D From 01/01/2020 Part IV To 12/31/2020 Date/Time Prepared:

THROUGH COSTS				Fo 12/31/2020	Date/Time Pre	
		Ti tl	e XIX	Hospi tal	PPS	Орш
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
	Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		(see	
					instructions)	
	4. 00	5. 00	6. 00	7. 00	8. 00	
ANCILLARY SERVICE COST CENTERS		_	1			
50. 00 05000 OPERATING ROOM	0	0	(	129, 132, 515	0. 000000	
51. 00   O5100   RECOVERY ROOM	0	0	9	10, 356, 131	0. 000000	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0	9	21, 988, 055		
53. 00 05300 ANESTHESI OLOGY	0	0	9	7, 780, 914		
53. 01   05301   ASC   ANESTHESI OLOGY	0	0		3, 897, 251	0. 000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		90, 180, 257		
55. 00   05500   RADI OLOGY-THERAPEUTI C 56. 00   05600   RADI OI SOTOPE	0	0		12 (02 2()	0. 000000	
	0	0		12, 603, 366		
59. 00   05900 CARDI AC CATHETERI ZATI ON 60. 00   06000 LABORATORY	0	0	1	51, 743, 874	0. 000000	
	0	ŭ	·	65, 115, 531	0. 000000	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 65. 00 06500 RESPIRATORY THERAPY	0	0		5, 020, 782	0. 000000 0. 000000	
	0	0		14, 312, 444	0. 000000	
66. 00   06600 PHYSI CAL THERAPY 67. 00   06700 OCCUPATI ONAL THERAPY	0	0	}	3, 611, 427 1, 981, 273		
68. 00 06800 SPEECH PATHOLOGY	0	0	l '	1, 496, 794		*
69. 00   06900  SFEECH FATHOLOGY		0	l '	28, 286, 622	0. 000000	
70. 00 07000 ELECTROENCEPHALOGRAPHY		0	l i	809, 948		*
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	ì	47, 332, 137		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	ì	87, 268, 168		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	345, 312	345, 31			
74. 00 07400 RENAL DI ALYSI S	0	0.0,0.2	0.0,01.	1, 915, 897	0. 000000	
75. 00 07500 ASC (NON-DISTINCT PART)	0	0		0	0. 000000	
75.01 07501 ASC (NON-DISTINCT PART)	O	0		109, 959, 812	0. 000000	
76. 00 03950 CARDI AC CATHERI ZATI ON	O	0		0	0. 000000	
76.01 03951 OUTPATIENT WOUND CARE CENTER	0	0		3, 046, 831	0. 000000	76. 01
76.97 O7697 CARDIAC REHABILITATION	0	0		64, 006	0. 000000	
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		0	0. 000000	90. 00
90.01 04950 SLEEP CLINIC	0	0		3, 990, 185	0. 000000	90. 01
90.02 09001 ANTI COAGULATION CLINIC	0	0		291, 769	0. 000000	90. 02
90.03 09002 ARNETT CANCER CARE CENTER	0	0	(	23, 951, 335		
90.04 09003 OUTPATIENT INFUSION CENTER	0	0		368, 990		
91.00  09100   EMERGENCY	0	0		175, 794, 386		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	(	24, 303, 780		
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	(	0	0. 000000	
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0	(	0	0. 000000	
200.00   Total (lines 50 through 199)	0	345, 312	345, 31	2 1, 139, 443, 716		200. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCI LLARY SERVI CE OTHER PASS Provi der CCN: 15-0173	Period: Worksheet D From 01/01/2020 Part IV

Cost Center Description
Cost Center Description
Charges
Cost (col 8   Cost (col 9   X col 10)   X col 10)   X col 10   X col 12   Y col 10   X col 12   X
NOTE   CONTRICT   CO
NOTE   CONTRICT   CO
NOILLARY SERVICE COST CENTERS
50.00
51.00   05100   RECOVERY ROOM   0.000000   27, 816   0   0   0   51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM   0.000000   421, 196   0 0 0 0 52.00
53. 00   05300  ANESTHESI OLOGY
53.01   05301   ASC ANESTHESI OLOGY   0.000000   0   0   0   53.01
54.00         D6400         RADI OLOGY-DI AGNOSTI C         0.000000         470,901         0         0         54.00           55.00         OS500         RADI OLOGY-THERAPEUTI C         0.000000         0         0         0         0         0         0         55.00         <
55.00   05500   RADI OLOGY-THERAPEUTI C   0.000000   0   0   0   55.00
56, 00       05600 RADI OI SOTOPE       0.000000       7,527       0       0       0       56.00         59, 00       05900 CARDI AC CATHETRI ZATI ON       0.000000       35,153       0       0       0       59.00         60, 00       06000 LABORATORY       0.000000       516,073       0       0       0       0.00000         63, 00       06300 BLOOD STORING, PROCESSING & TRANS.       0.000000       235,691       0       0       0       63.00         65, 00       06500 RESPI RATORY THERAPY       0.000000       273,780       0       0       0       65.00         66, 00       06600 PHYSI CAL THERAPY       0.000000       29,400       0       0       0       65.00         67, 00       06700 OCCUPATI ONAL THERAPY       0.000000       16,596       0       0       0       67.00         68, 00       06800 SPECH PATHOLOGY       0.000000       159,990       0       0       0       68.00         69, 00       06900 ELECTROCARDI OLOGY       0.000000       159,990       0       0       0       69.00         70, 00       07000 ELECTROENCEPHALOGRAPHY       0.000000       158,790       0       0       0       70.00         71
59. 00         05900         CARDI AC CATHETERI ZATI ON         0.000000         35, 153         0         0         0 59.00           60. 00         06000         LABORATORY         0.000000         516, 073         0         0         0 60.00           63. 00         06300         BLODOD STORI NG, PROCESSI NG & TRANS.         0.000000         235, 691         0         0         0 63.00           65. 00         06500         RESPI RATORY THERAPY         0.000000         273, 780         0         0         0         0 65.00           66. 00         06600         PHYSI CAL THERAPY         0.000000         29, 400         0         0         0         66.00           67. 00         06700         OCCUPATI ONAL THERAPY         0.000000         29, 400         0         0         0         66.00           68. 00         06800         SPEECH PATHOLOGY         0.000000         29, 897         0         0         0         67.00           69. 00         O6900         ELECTROCARDI OLOGY         0.000000         159, 990         0         0         0         69.00           70. 00         O7100         MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         0.000000         158, 790         0         0
60. 00   06000   LABORATORY   0.000000   516, 073   0 0 0   0 60. 00   63. 00   63. 00   65. 00   06500   RESPI RATORY THERAPY   0.000000   273, 780   0 0 0   0.5. 00   065. 00   06600   06500   RESPI RATORY THERAPY   0.000000   273, 780   0 0   0   0.5. 00   066. 00   066000   066000   06600   066000   066000   066000   066000   066000   066000
63. 00
65. 00
66. 00   06600   PHYSI CAL THERAPY   0.000000   29, 400   0   0   0   66. 00   67. 00   67. 00   06700   0CCUPATI ONAL THERAPY   0.000000   16, 596   0   0   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   0.000000   29, 897   0   0   0   0   68. 00   69. 00   0   0   0   0   0   0   0   0   0
67. 00
68. 00
68. 00
70. 00         07000         ELECTROENCEPHALOGRAPHY         0.000000         9,821         0         0         70.00           71. 00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENTS         0.000000         158,790         0         0         0         71.00           72. 00         07200         I MPL. DEV. CHARGED TO PATIENTS         0.000000         157,211         0         0         0         72.00           73. 00         07300         DRUGS CHARGED TO PATIENTS         0.001622         802,398         1,301         0         0         73.00           74. 00         07400         RENAL DI ALYSIS         0.000000         34,303         0         0         0         74.00           75. 01         07500         ASC (NON-DI STI NCT PART)         0.000000         0         0         0         0         75.00           75. 01         07501         ASC (NON-DI STI NCT PART)         0.000000         0         0         0         0         0         75.01           76. 01         03950         CARDI AC CATHERI ZATI ON         0.000000         0         0         0         0         0         0         0         76.01           76. 97         O7697         CARDI AC REH
71. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   0. 000000   158, 790   0   0   0   71. 00   72. 00   72. 00   72. 00   72. 00   73. 00   73. 00   73. 00   73. 00   74. 00   74. 00   74. 00   74. 00   75. 01   75. 01   75. 01   75. 01   75. 01   75. 01   75. 01   75. 01   76. 00   75. 01   76. 01   76. 07
71. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   0. 000000   158, 790   0   0   0   71. 00   72. 00   72. 00   72. 00   72. 00   73. 00   73. 00   73. 00   73. 00   74. 00   74. 00   74. 00   74. 00   75. 01   75. 01   75. 01   75. 01   75. 01   75. 01   75. 01   75. 01   76. 00   75. 01   76. 01   76. 07
73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 001622   802, 398   1, 301   0   0   73. 00   74. 00   74. 00   74. 00   75. 00   75. 00   75. 00   75. 00   75. 01
73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 001622   802, 398   1, 301   0   0   73. 00   74. 00   74. 00   74. 00   75. 00   75. 00   75. 00   75. 00   75. 01
74. 00   07400   RENAL DI ALYSI S   0.000000   34, 303   0   0   0   74. 00   07500   ASC (NON-DI STI NCT PART)   0.000000   0   0   0   0   0   0   0
75. 00   07500   ASC (NON-DISTINCT PART)   0. 000000   0   0   0   0   75. 00   0   75. 00   0   0   0   0   0   0   0   0   0
75. 01   07501   ASC (NON-DISTINCT PART)   0.000000   10, 974   0   0   0   75. 01   76. 00   03950   CARDI AC CATHERIZATION   0.000000   0   0   0   0   76. 00   76. 00   76. 01   76. 01   76. 97   76
76. 00 03950 CARDÍ AC CATHERIZATION 0. 000000 0 0 0 0 76. 00 76. 01 03951 OUTPATI ENT WOUND CARE CENTER 0. 000000 90 0 0 0 76. 01 76. 97 07697 CARDÍ AC REHABÍ LÍ TATI ON 0. 000000 0 0 0 0 76. 97  OUTPATI ENT SERVI CE COST CENTERS  90. 00 09000 CLÍ NÍ C 0. 000000 0 0 0 0 0 90. 00 90. 01 04950 SLEEP CLÍ NÍ C 0. 000000 0 0 0 0 90. 01 90. 02 09001 ANTI COAGULATI ON CLÍ NÍ C 0. 000000 0 0 0 0 90. 02
76. 01   03951   OUTPATI ENT WOUND CARE CENTER   0. 000000   90   0   0   76. 01   76. 97   76. 97   07697   CARDI AC REHABI LI TATI ON   0. 000000   0   0   0   0   76. 97   0000000   0   0   0   0   0   0   0
76. 97   07697   CARDI AC REHABI LI TATI ON   0.000000   0   0   0   0   76. 97   0   0   0   0   0   0   0   0   0
OUTPATI ENT SERVICE COST CENTERS           90.00         09000 CLINIC         0.000000         0         0         0         0         90.00           90.01         04950 SLEEP CLINIC         0.000000         0         0         0         0         0         90.01           90.02         09001 ANTI COAGULATI ON CLINIC         0.000000         0         0         0         0         90.02
90. 01   04950   SLEEP CLINIC   0. 000000   0   0   0   90. 01   90. 02   09001   ANTI COAGULATI ON CLINIC   0. 000000   0   0   90. 02
90. 02 09001 ANTI COAGULATI ON CLI NI C 0. 000000 0 0 0 90. 02
90. 02 09001 ANTI COAGULATI ON CLI NI C 0. 000000 0 0 0 90. 02
70. OD TOTOOZIANNELI GANGEN GANE GENTEN I OL OODOON UN ON ON ON ON ON ON ON ON ON ON ON ON ON
90. 04   09003   0UTPATIENT INFUSION CENTER   0. 000000   0   0   90. 04
91.00 09100 EMERGENCY 0.000000 533, 448 0 0 0 91.00
92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   0.000000   3,050   0   0   92.00
92.01   09201   0BSERVATI ON BEDS (DI STINCT PART)   0.000000   0   0   0   92.01
93. 00   04951   OTHER OUTPATI ENT SERVI CES   0. 000000   0   0   93. 00
200.00 Total (Lines 50 through 199) 4, 251, 470 1, 301 0 0 200.00

Health Financial Systems	IU HEALTH ARNET	T HOSPITAL	In Lieu of Form CMS-2552-10
APPORTIONMENT OF MEDICAL,	OTHER HEALTH SERVICES AND VACCINE COST	Provi der CCN: 15-0173	Period: Worksheet D From 01/01/2020 Part V

					From 01/01/2020 Fo 12/31/2020	Date/Time Pre	epared:
						7/13/2021 4: 2	26 pm
			Ti tl	e XIX	Hospi tal	PPS	
				Charges		Costs	
C	ost Center Description	Cost to Charge	PS Reimbursed	Cost	Cost	PPS Services	
		Ratio From S	Services (see	Rei mbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Servi ces Not		
		Part I, col. 9		Subject To	Subj ect To		
				Ded. & Coins.	Ded. & Coins.		
				(see inst.)	(see inst.)		
		1. 00	2.00	3. 00	4. 00	5. 00	
	ARY SERVICE COST CENTERS						
	PERATING ROOM	0. 108529	0	(	0	0	50.00
	ECOVERY ROOM	0. 172660	0	(	0	0	
	ELIVERY ROOM & LABOR ROOM	0. 299461	0	(	0	0	
	NESTHESI OLOGY	0. 616559	0	(	0	0	00.00
	SC ANESTHESI OLOGY	0. 017518	0	(	0	0	
	ADI OLOGY-DI AGNOSTI C	0. 106322	0	(	0	0	54.00
	ADI OLOGY-THERAPEUTI C	0. 000000	0	(	0	0	55.00
	ADI OI SOTOPE	0. 058654	0	(	0	0	56.00
	ARDIAC CATHETERIZATION	0. 076857	0	(	0	0	59. 00
60.00 06000 L	ABORATORY	0. 203679	0	(	0	0	60.00
63.00 06300 B	LOOD STORING, PROCESSING & TRANS.	0. 201276	0	(	0	0	63.00
65.00 06500 R	ESPI RATORY THERAPY	0. 226388	0	(	0	0	65.00
66.00 06600 P	HYSI CAL THERAPY	0. 310090	0	(	0	0	66.00
67. 00 06700 0	CCUPATI ONAL THERAPY	0. 348564	0	(	0	0	67.00
68. 00 06800 S	PEECH PATHOLOGY	0. 329671	0	(	0	0	68.00
69. 00 06900 E	LECTROCARDI OLOGY	0. 091275	0	(	0	0	69. 00
70.00 07000 E	LECTROENCEPHALOGRAPHY	0. 156945	0	(	0	0	70.00
71.00 07100 M	EDICAL SUPPLIES CHARGED TO PATIENTS	0. 278138	0	(	0	0	71. 00
72. 00   07200   I	MPL. DEV. CHARGED TO PATIENTS	0. 198385	0	(	0	0	72.00
73.00 07300 D	RUGS CHARGED TO PATIENTS	0. 263494	0	(	0	0	73.00
74.00 07400 R	ENAL DIALYSIS	0. 569820	0	(	0	0	74.00
75. 00 07500 A	SC (NON-DISTINCT PART)	0. 000000	0	(	0	0	75. 00
75. 01 07501 A	SC (NON-DISTINCT PART)	0. 079562	0	(	0	0	75. 01
76.00 03950 C	ARDIAC CATHERIZATION	0. 000000	0	(	0	0	76. 00
	UTPATIENT WOUND CARE CENTER	0. 196111	0	(	0	0	76. 01
76. 97 07697 C	ARDIAC REHABILITATION	12. 029450	0	(	0	0	76. 97
OUTPATI	ENT SERVICE COST CENTERS						
90.00 09000 C	LINIC	0. 000000	0	(	0	0	90.00
90. 01 04950 S	LEEP CLINIC	0. 208570	0	(	0	0	90. 01
90. 02 09001 A	NTICOAGULATION CLINIC	3. 660204	0	(	0	0	90. 02
90. 03 09002 A	RNETT CANCER CARE CENTER	0. 121208	0	(	0	0	90. 03
90.04 09003 0	UTPATIENT INFUSION CENTER	0. 327491	0	(	0	0	90. 04
91.00 09100 E	MERGENCY	0. 081777	0	(	0	0	91.00
92.00 09200 0	BSERVATION BEDS (NON-DISTINCT PART)	0. 270631	0	(	0	0	92.00
	BSERVATION BEDS (DISTINCT PART)	0. 000000	0	(	0	0	92. 01
93.00 04951 0	THER OUTPATIENT SERVICES	0. 000000	0	(	0	0	93.00
200. 00 S	ubtotal (see instructions)		0	(	0	0	200. 00
	ess PBP Clinic Lab. Services-Program			(	0		201. 00
	nly Charges						
202. 00 N	et Charges (line 200 - line 201)		0	(	0	0	202. 00

PPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES A	AND VACCINE COST	Provi der CCN: 15-0	From 01/01/2020	Worksheet D Part V Date/Time Prepare 7/13/2021 4:26 pm
		Title XIX	Hospi tal	PPS
	Cos			
Cost Center Description	Cost Reimbursed			
	Servi ces	Rei mbursed		
	Subject To Ded.			
	& Coins. (see	Subject To		
	inst.)	Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS	0.00	7.00		
D. 00 05000 OPERATING ROOM	0	0		50.0
1.00 05100 RECOVERY ROOM	0	0		51. (
2.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.0
. 00 05300 ANESTHESI OLOGY	0	0		53.0
. 01 05301 ASC ANESTHESI OLOGY	0	0		53.0
. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		54.0
. 00   05500 RADI OLOGY-THERAPEUTI C	0	0		55.0
. 00   05600   RADI 01 SOTOPE	0	0		56.0
0.00 05900 CARDI AC CATHETERI ZATI ON	0	0		59. (
0. 00 06000 LABORATORY	0	0		60.0
3. 00   06300 BLOOD STORING, PROCESSING & TRANS. 5. 00   06500 RESPIRATORY THERAPY	0	0		63. (
0.00 06600 PHYSI CAL THERAPY		o O		65. (
7. 00 06700 OCCUPATI ONAL THERAPY		Ö		67.0
3. 00 06800 SPEECH PATHOLOGY		o o		68.0
P. 00 06900 ELECTROCARDI OLOGY	l o	ol		69. (
0. 00 07000 ELECTROENCEPHALOGRAPHY	0	O		70. (
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	O		71. (
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	O		72. (
. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		73. 0
. 00 07400 RENAL DIALYSIS	0	0		74.0
5. 00 07500 ASC (NON-DISTINCT PART)	0	0		75. (
5. 01 07501 ASC (NON-DISTINCT PART)	0	0		75. (
5. 00 03950 CARDI AC CATHERI ZATI ON	0	0		76. (
5.01   03951   OUTPATIENT WOUND CARE CENTER 5.97   07697   CARDIAC REHABILITATION	0	0		76. 0 76. 0
OUTPATIENT SERVICE COST CENTERS	1 4	U		/6. \
0.00 09000 CLINIC	0	O		90.0
0. 01 04950 SLEEP CLINIC		Ö		90.0
0. 02 09001 ANTI COAGULATI ON CLINIC		ő		90.0
0. 03 09002 ARNETT CANCER CARE CENTER	0	O		90. (
0.04 09003 OUTPATIENT INFUSION CENTER	0	0		90. 0
. 00 09100 EMERGENCY	0	0		91. (
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92. (
2.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.0
3. 00 04951 OTHER OUTPATIENT SERVICES	0	0		93. (
00.00 Subtotal (see instructions)	0	Ol		200. (

200. 00 201. 00

202.00

200.00 201.00

202.00

Subtotal (see instructions)
Less PBP Clinic Lab. Services-Program

Only Charges Net Charges (line 200 - line 201)

Heal th	Financial Systems IU HEALTH ARNETT	HOSPI TAL	In Lieu	ı of Form CMS-	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0173	Peri od: From 01/01/2020		
			To 12/31/2020	Date/Time Pr 7/13/2021 4:	
	Cost Center Description	Title XVIII	Hospi tal	PPS	
				1. 00	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS				
1. 00 2. 00	Inpatient days (including private room days and swing-bed days the lays (including private room days, excluding swing		)	42, 372 42, 372	
3. 00	Private room days (excluding swing-bed and observation bed				•
4. 00	not complete this line. Semi-private room days (excluding swing-bed and observation	bed days)		37, 810	4.00
5. 00	Total swing-bed SNF type inpatient days (including private reporting period	room days) through Dece	mber 31 of the c		•
6. 00	Total swing-bed SNF type inpatient days (including private	room days) after Decemb	er 31 of the cos	t (	6.00
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private re	oom days) through Decem	ber 31 of the co	st (	7.00
8. 00	reporting period Total swing-bed NF type inpatient days (including private re	3 ,		(	8.00
8.00	reporting period (if calendar year, enter 0 on this line)	oolii days) ai tei beceilbe	i 31 of the cost		8.00
9. 00	Total inpatient days including private room days applicable newborn days) (see instructions)	to the Program (exclud	ing swing-bed an	d 15, 266	9. 00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII	only (including private	e room days) thr	ough (	10.00
11. 00	December 31 of the cost reporting period (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII		e room days) aft	er (	11.00
12. 00	December 31 of the cost reporting period (if calendar year, Swing-bed NF type inpatient days applicable to titles V or :		vate room davs)	through (	12.00
	December 31 of the cost reporting period	3 .	•	o .	
	Swing-bed NF type inpatient days applicable to titles V or December 31 of the cost reporting period (if calendar year,	enter 0 on this line)		arter (	13. 00
	Medically necessary private room days applicable to the Pro Total nursery days (title V or XIX only)	gram (excluding swing-b	ed days)		14.00
	Nursery days (title V or XIX only)				16.00
17. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to serv	ices through December 3	1 of the cost re	porting 0.00	17. 00
18. 00	period Medicare rate for swing-bed SNF services applicable to serv	ices after December 31	of the cost repo	rting 0.00	18. 00
19. 00	period Medicaid rate for swing-bed NF services applicable to servi	ces through December 31	of the cost rep	orting 0.00	19.00
20. 00	period Medicaid rate for swing-bed NF services applicable to servi	cas after December 31 o	f the cost renor	ting 0.00	20.00
	peri od		the cost repor	Ü	
21. 00 22. 00	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through December 1.		orting period (I	61, 090, 584 ine 5 x (	21.00
23 00	line 17) Swing-bed cost applicable to SNF type services after Decemb	or 21 of the cost roper	ting ported (lin	5 6 V	23.00
	line 18)	•			
24. 00	Swing-bed cost applicable to NF type services through Decem line 19)	ber 31 of the cost repo	rting period (li	he 7 x (	24.00
25. 00	Swing-bed cost applicable to NF type services after Decembe line 20)	r 31 of the cost report	ing period (line	8 x	25. 00
26.00	Total swing-bed cost (see instructions)	t (line 21 minus line 2	4)	(1 000 E9/	
	General inpatient routine service cost net of swing-bed cos PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			61, 090, 584	
28. 00 29. 00	General inpatient routine service charges (excluding swing- Private room charges (excluding swing-bed charges)	bed and observation bed	charges)	(	28.00
30.00	Semi-private room charges (excluding swing-bed charges)			(	30.00
31.00	General inpatient routine service cost/charge ratio (line 2 Average private room per diem charge (line 29 ÷ line 3)	7 ÷ line 28)		0. 000000	31.00
	Average semi-private room per diem charge (line 30 ÷ line 4)	)			32.00
	Average per diem private room charge differential (line 32)		ructions)	0. 00	•
	Average per diem private room cost differential (line 34 x	line 31)	<i></i>		35.00
36.00	Private room cost differential adjustment (line 3 x line 35			(	36.00
37. 00	General inpatient routine service cost net of swing-bed cosminus line 36)	t and private room cost	differential (I	i ne <b>@1</b> , 090, 584	37. 00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST A				
	Adjusted general inpatient routine service cost per diem (s			1, 441. 77	•
	Program general inpatient routine service cost (line 9 x li	•	,	22, 010, 061	
	Medically necessary private room cost applicable to the Pro Total Program general inpatient routine service cost (line		,	22, 010, 061	
00	1			, 575,501	

Health Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lieu	u of Form CMS-2	<u> 2552-10</u>
COMPUTATION OF INPATIENT OPERATING COST		Provi der CCN		eriod: rom 01/01/2020 n 12/31/2020	Worksheet D-1 Date/Time Pre	
		Title		Hospi tal	7/13/2021 4: 2	
Cost Center Description	Total Inpatien Cost		Average Per	Program Days	Program Cost (col. 3 x col.	
			col . 2)		4)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3. 00 0. 00	4. 00 0	5. 00 0	42. 00
Intensive Care Type Inpatient Hospital Uni 43.00 INTENSIVE CARE UNIT	ts 8, 042, 766	2, 799	2, 873. 44	990	2, 844, 706	43 00
44.00 CORONARY CARE UNIT					, ,	44. 00
45.00 BURN INTENSIVE CARE UNIT 45.01 BURN INTENSIVE CARE UNIT	C	1 1	0. 00 0. 00	0	0	
46.00 SURGICAL INTENSIVE CARE UNIT 47.00 NEONATAL INTENSIVE CARE UNIT	5, 630, 355	2, 538	2, 218. 42	0	0	46. 00 47. 00
Cost Center Description	9, 000, 000	27000	2/2:0: :2	,		171.00
48.00 Program inpatient ancillary service cost (					1. 00 24, 546, 218	
49.00 Total Program inpatient costs (sum of line PASS THROUGH COST ADJUSTMENTS	s 41 through 48	3)(see instructi	ons)		49, 400, 985	49. 00
50.00 Pass through costs applicable to Program i					and <b>I410)</b> 19,422 II andl,662,772	
51.00 Pass through costs applicable to Program i		ary services (i	TOIII WKSt. D,	Sum of Parts		
52.00 Total Program excludable cost (sum of line 53.00 Total Program inpatient operating cost exc		related, non-ph	ysician anest	hetist, and m	5, 682, 194 edi c <b>4</b> 3, 718, 791	
education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program di scharges					0	
55.00 Target amount per discharge 56.00 Target amount (line 54 x line 55)					0. 00 0	1
57.00 Difference between adjusted inpatient oper 58.00 Bonus payment (see instructions)	ating cost and	target amount (	line 56 minus	s line 53)	0	
59.00 Lesser of lines 53/54 or 55 from the cost	reporting perio	od ending 1996,	updated and d	compounded by		•
market basket 60.00 Lesser of lines 53/54 or 55 from prior yea	r cost report,	updated by the	market basket	<u>-</u>	0. 00	60. 00
61.00 If line 53/54 is less than the lower of li						61. 00
operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						
63.00 Allowable Inpatient cost plus incentive payment (see instructions)  PROGRAM INPATIENT ROUTINE SWING BED COST  64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See 0)						
instructions)(title XVIII only) 65.00 Medicare swing-bed SNF inpatient routine of	osts after Dece	ember 31 of the	cost reportir	na period (See	0	65. 00
instructions)(title XVIII only)			•			66. 00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH 0 (see instructions)						
						67. 00
68.00 Title V or XIX swing-bed NF inpatient rout 13 x line 20)	ine costs after	December 31 of	the cost rep	orting period	(line 0	68. 00
69.00 Total title V or XIX swing-bed NF inpatier PART III - SKILLED NURSING FACILITY, OTHER					0	69. 00
70.00 Skilled nursing facility/other nursing fac	ility/ICF/IID n	outine service	cost (line 37	")		70.00
71.00 Adjusted general inpatient routine service 72.00 Program routine service cost (line 9 x line 72.00 Adjusted general inpatient routine service cost (line 9 x li		(line /U ÷ line	: 2)			71. 00 72. 00
73.00 Medically necessary private room cost appl 74.00 Total Program general inpatient routine se		•				73. 00 74. 00
75.00 Capital-related cost allocated to inpatier	•		•	Part II, colu	mn 26,	75. 00
line 45) 76.00 Per diem capital-related costs (line 75 ÷						76. 00
77.00 Program capital-related costs (line 9 x li 78.00 Inpatient routine service cost (line 74 mi	,					77. 00 78. 00
79.00 Aggregate charges to beneficiaries for exc 80.00 Total Program routine service costs for co	ess costs (from	•		nuc Lino 70)		79. 00 80. 00
81.00 Inpatient routine service cost per diem li	mi tati on		iii (TTHE 76 IIII	nus ime 79)		81. 00
82.00 Inpatient routine service cost limitation 83.00 Reasonable inpatient routine service costs						82. 00 83. 00
84.00 Program inpatient ancillary services (see	instructions)					84. 00
85.00 Utilization review - physician compensation 86.00 Total Program inpatient operating costs (s	um of lines 83	through 85)				85. 00 86. 00
PART IV - COMPUTATION OF OBSERVATION BED P 87.00 Total observation bed days (see instruction		ST			4. 562	87. 00
88.00 Adjusted general inpatient routine cost pe	r diem (line 27				1, 441. 77	88. 00
89.00   Observation bed cost (line 87 x line 88) (	see mistruction	13)			6, 577, 355	1 07. 00

Health Financial Systems	IU HEALTH	ARNETT	HOSPI TAL		In Lieu	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST			Provi der C		Peri od:	Worksheet D-1	
					From 01/01/2020 To 12/31/2020	Date/Time Pre 7/13/2021 4:2	epared: 26 pm
			Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Ro	outine Cost	column 1 ÷	Total	Observati on	
		(fi	com line 21)	column 2	Observati on	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
	1.00		2.00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST						
90.00 Capital-related cost	10, 164	515	61, 090, 584	0. 16638	4 6, 577, 355	1, 094, 367	90.00
91.00 Nursing School cost		0	61, 090, 584	0. 00000	0 6, 577, 355	0	91.00
92.00 Allied health cost		0	61, 090, 584	0. 00000	0 6, 577, 355	0	92.00
93.00 All other Medical Education		0	61, 090, 584	0. 00000	0 6, 577, 355	0	93. 00

COMPUT	Financial Systems I U HEALTH ARNETT ATION OF INPATIENT OPERATING COST	HOSPITAL Provider CCN: 15-0173	Peri od:	Workshee		
00 01			From 01/01/2020 To 12/31/2020		e Pre	epared:
		Title XIX	Hospi tal		PPS	I piii
	Cost Center Description			1.00		
	PART I - ALL PROVIDER COMPONENTS					
1. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days)	avs. excluding newborn)		42	2, 372	1.00
2.00	Inpatient days (including private room days, excluding swing	g-bed and newborn days		42	2, 372	
3. 00	Private room days (excluding swing-bed and observation bed	days). If you have only	private room da	ys, do	0	3. 00
4. 00	not complete this line. Semi-private room days (excluding swing-bed and observation	hed days)		37	, 810	4.00
5. 00	Total swing-bed SNF type inpatient days (including private		mber 31 of the c		0	
	reporting period			_		
6. 00	Total swing-bed SNF type inpatient days (including private reporting period (if calendar year, enter 0 on this line)	room days) after Decemb	er 31 of the cos	t	0	6. 00
7. 00	Total swing-bed NF type inpatient days (including private re	oom days) through Decem	ber 31 of the co	st	0	7. 00
	reporting period					
8. 00	Total swing-bed NF type inpatient days (including private re	oom days) after Decembe	r 31 of the cost		0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable	to the Program (exclud	ing swing-bed an	d	741	9.00
7. 00	newborn days) (see instructions)	to the ringram (exerta	g og boa a		,	,,,,,
10.00	Swing-bed SNF type inpatient days applicable to title XVIII	only (including privat	e room days) thr	ough	0	10.00
11. 00	December 31 of the cost reporting period (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII	only (including privat	e room days) aft	2r	0	11. 00
11.00	December 31 of the cost reporting period (if calendar year,		c room days) are	J1	Ŭ	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or	XIX only (including pri	vate room days)	through	0	12. 00
13. 00	December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or 1	VIV only (including pri	vato room days)	aftor	0	13. 00
13.00	December 31 of the cost reporting period (if calendar year,		vate room days)	ai tei	U	13.00
	Medically necessary private room days applicable to the Pro-		ed days)		0	
	Total nursery days (title V or XIX only)					15.00
	Nursery days (title V or XIX only) SWING BED ADJUSTMENT				, 195	16. 00
	Medicare rate for swing-bed SNF services applicable to serv	ices through December 3	1 of the cost re	porting	0. 00	17. 00
10 00	period Medicare rate for swing-bed SNF services applicable to serv	icos after December 21	of the cost rope	ctina	0 00	18. 00
10.00	period	ices arter becember 31	or the cost repo	triig	0.00	18.00
19. 00	Medicaid rate for swing-bed NF services applicable to servi	ces through December 31	of the cost rep	orti ng	0. 00	19. 00
20. 00	period Medicaid rate for swing-bed NF services applicable to servi	cas after Necember 31 o	f the cost renor	ti na	0 00	20. 00
20.00	period	ces arter becember 31 0	i the cost repor	triig	0.00	20.00
	Total general inpatient routine service cost (see instruction					21. 00
22. 00	Swing-bed cost applicable to SNF type services through Dece	mber 31 of the cost rep	orting period (I	ne 5 x	0	22. 00
23. 00	line 17) Swing-bed cost applicable to SNF type services after Decemb	er 31 of the cost repor	tina period (lin	e 6 x	0	23. 00
	line 18)	•				
24. 00	Swing-bed cost applicable to NF type services through December 100	ber 31 of the cost repo	rting period (li	ne 7 x	0	24. 00
25. 00	line 19) Swing-bed cost applicable to NF type services after Decembe	r 31 of the cost report	ina period (line	8 x	0	25. 00
	line 20)		3   1			
	Total swing-bed cost (see instructions)	+ (line 21 minus line 2	(4)	41 000	0	
27.00	General inpatient routine service cost net of swing-bed cos PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	t (TTHE 21 IIITHUS TTHE 2	0)	61,090	), 584	27. 00
	General inpatient routine service charges (excluding swing-	bed and observation bed	charges)			28. 00
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)				0	
	General inpatient routine service cost/charge ratio (line 2	7 ÷ line 28)		0. 00	00000	
	Average private room per diem charge (line 29 ÷ line 3)					32. 00
	Average semi-private room per diem charge (line 30 ÷ line 4)		ruoti ono)		0.00	
	Average per diem private room charge differential (line 32 Average per diem private room cost differential (line 34 x	, ,	ructions)			34. 00 35. 00
36.00	Private room cost differential adjustment (line 3 x line 35)	)			0	36. 00
37.00	General inpatient routine service cost net of swing-bed cos	t and private room cost	differential (I	ne <b>27</b> , 090	), 584	37. 00
07.00	minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY					
07.00		DILICTMENTS				1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST A	DJUSTWENTS				
38. 00	Adjusted general inpatient routine service cost per diem (se	ee instructions)				38.00
38. 00 39. 00		ee instructions) ne 38)	)		3, 352	38. 00 39. 00 40. 00

Health Financial		IU HEALTH ARNE				of Form CMS-2		
COMPUTATION OF I	INPATIENT OPERATING COST		Provider CCN		riod: com 01/01/2020 12/31/2020	Date/Time Pre	epared:	
			Title	XIX	Hospi tal	7/13/2021 4: 2 PPS	26 pm	
Cost	t Center Description	Total Inpatient Cost		Average Per	Program Days			
		1.00	2.00	col . 2) 3.00	4. 00	4) 5. 00		
	title V & XIX only)	1, 835, 515	2, 505	732. 74	1, 195	875, 624	42. 00	
	Care Type Inpatient Hospital Un		2 700	2 072 44	204	1 100 105	40.00	
43.00 I NTENSI VE 44.00 CORONARY	CARE UNIT	8, 042, 766	2, 799	2, 873. 44	394	1, 132, 135	43. 00 44. 00	
45.00 BURN INTE	NSIVE CARE UNIT	0	0	0. 00	0	0	45. 00	
	NSIVE CARE UNIT	0	0	0. 00	0	0	45. 01 46. 00	
l l	INTENSIVE CARE UNIT	5, 630, 355	2, 538	2, 218. 42	334	740, 952	•	
Cost	t Center Description					1 00		
48.00 Program i	npatient ancillary service cost	(Wkst. D-3, col.	3. line 200)	-		1. 00 835, 914	48. 00	
49.00 Total Pro	ogram inpatient costs (sum of lin			ons)		4, 652, 977	•	
	UGH COST ADJUSTMENTS  Dugh costs applicable to Program	innationt routin	o sorvicos (from	m Wket D su	m of Parts I	and 111 <b>5</b> 80, 592	50.00	
	ough costs applicable to Program					, .	•	
	ogram excludable cost (sum of lin	nes 50 and 51)				645, 467	52. 00	
	ogram inpatient operating cost ex n costs (line 49 minus line 52)	cluding capital	related, non-phy	ysician anest	hetist, and m	edi ca4, 007, 510	53. 00	
TARGET AM	OUNT AND LIMIT COMPUTATION						1	
54.00 Program d	li scharges nount per di scharge					0 00	54. 00 55. 00	
	nount (line 54 x line 55)					0.00	•	
	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							
59.00 Lesser of	0 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the 0.00							
market ba 60.00 Lesser of	isket Flines 53/54 or 55 from prior ye	ear cost report,	updated by the m	market basket		0. 00	60. 00	
61.00 If line 5	.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line							
	erwise enter zero (see instruction	ons)				0	62. 00	
63.00 Allowabie	.00 Allowable Inpatient cost plus incentive payment (see instructions)							
64.00 Medicare	PROGRAM INPATIENT ROUTINE SWING BED COST  64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See Cost)							
65.00 Medi care								
66.00 Total Med								
67.00 Title V o								
68.00 Title V o								
69.00 Total tit	13 x line 20)  Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)  PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
	ursing facility/other nursing fa				)		70. 00	
71.00 Adjusted	general inpatient routine service	ce cost per diem		•	ĺ		71. 00 72. 00	
	O Program routine service cost (line 9 x line 71) O Medically necessary private room cost applicable to Program (line 14 x line 35)							
,								
75.00 Capital-r line 45)	related cost allocated to inpatie	ent routine servi	ce costs (from V	Worksheet B,	Part II, colu	mn 26,	75. 00	
	capital -related costs (line 75 ÷						76. 00 77. 00	
	00   Program capital-related costs (line 9 x line 76) 00   Inpatient routine service cost (line 74 minus line 77)							
79.00 Aggregate	Aggregate charges to beneficiaries for excess costs (from provider records)							
	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							
	00 Inpatient routine service cost per diem limitation 00 Inpatient routine service cost limitation (line 9 x line 81)							
83. 00 Reasonabl	.00 Reasonable inpatient routine service costs (see instructions)							
	Program inpatient ancillary services (see instructions)							
	5.00 Utilization review - physician compensation (see instructions) 6.00 Total Program inpatient operating costs (sum of lines 83 through 85)							
PART IV -	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
	servation bed days (see instructi general inpatient routine cost p		÷ line 2)			4, 562 1, 441. 77	1	
1 -	on bed cost (line 87 x line 88)					6, 577, 355		

Health Financial Systems	IU HEALTH	ARNETT	HOSPI TAL		In Lieu	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST			Provi der C		Peri od:	Worksheet D-1	
				From 01/01/2020 To 12/31/2020	Date/Time Prepared: 7/13/2021 4:26 pm		
		Title XIX		Hospi tal	PPS	PPS	
Cost Center Description	Cost	Ro	outine Cost	column 1 ÷	Total	Observati on	
		(fi	com line 21)	column 2	Observati on	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
	1.00		2.00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00 Capital-related cost	10, 164	, 515	61, 090, 584	0. 16638	4 6, 577, 355	1, 094, 367	90.00
91.00 Nursing School cost		0	61, 090, 584	0. 00000	0 6, 577, 355	0	91.00
92.00 Allied health cost		0	61, 090, 584	0. 00000	0 6, 577, 355	0	92.00
93.00 All other Medical Education		0	61, 090, 584	0. 00000	0 6, 577, 355	0	93. 00

Health Financial Systems IU HEALTH ARNET	T HOSPITAL		In Lieu	ı of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provi der CCN: 15-0173		Worksheet D-3	
			From 01/01/2020 To 12/31/2020		enared.
				7/13/2021 4: 2	26 pm
	Title	XVIII	Hospi tal	PPS	_
Cost Center Description		Ratio of Cos	•	Inpatient	
		To Charges	Program Charges	Program Costs (col. 1 x col.	
			Charges	2)	
		1. 00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS			_		
30. 00   03000   ADULTS & PEDI ATRI CS			42, 506, 349		30.00
31. 00 03100 INTENSIVE CARE UNIT			6, 345, 288		31.00
33.00   03300   BURN INTENSIVE CARE UNIT 33.01   03301   BURN INTENSIVE CARE UNIT			0		33. 00 33. 01
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			0		35.00
43. 00   04300   NURSERY			Ĭ		43.00
ANCILLARY SERVICE COST CENTERS					1
50.00   05000 OPERATING ROOM		0. 10852			•
51. 00 O5100 RECOVERY ROOM		0. 17266		254, 783	•
52. 00   05200   DELI VERY ROOM & LABOR ROOM		0. 29946		12, 120	•
53. 00   05300   ANESTHESI OLOGY 53. 01   05301   ASC   ANESTHESI OLOGY		0. 61655 0. 0175		799, 120 38	1
54. 00   05400   RADI OLOGY-DI AGNOSTI C		0. 10632		1, 674, 010	
55. 00   05500 RADI OLOGY-THERAPEUTI C		0. 00000		0	55. 00
56. 00 05600 RADI 0I SOTOPE		0. 05865	902, 060	52, 909	56. 00
59. 00   05900   CARDI AC   CATHETERI ZATI ON		0. 07685		700, 969	•
60. 00   06000   LABORATORY		0. 2036		2, 105, 674	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 20127		313, 387	
65. 00   06500  RESPI RATORY THERAPY 66. 00   06600  PHYSI CAL THERAPY		0. 22638 0. 31009		1, 142, 651 475, 162	
67. 00 06700 OCCUPATI ONAL THERAPY		0. 34856		289, 192	
68. 00 06800 SPEECH PATHOLOGY		0. 32967		209, 649	1
69. 00 06900 ELECTROCARDI OLOGY		0. 0912		651, 113	
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 15694		38, 212	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 27813		2, 173, 193	
72. 00 O7200 I MPL. DEV. CHARGED TO PATIENTS		0. 19838		3, 459, 093	•
73.00   07300   DRUGS CHARGED TO PATIENTS 74.00   07400   RENAL DI ALYSIS		0. 26349 0. 56982		5, 718, 621 402, 123	
75. 00 07500 ASC (NON-DISTINCT PART)		0. 00000		402, 123	•
75. 01   07501   ASC (NON-DI STINCT PART)		0. 07956		4, 034	•
76. 00 03950 CARDÍAC CATHERIZATION Ó		0. 00000		0	76. 00
76. 01 03951 OUTPATIENT WOUND CARE CENTER		0. 1961		1, 249	
76. 97 07697 CARDI AC REHABI LI TATI ON		12. 02945	15, 083	181, 440	76. 97
OUTPATIENT SERVICE COST CENTERS  90. 00 09000 CLINIC		0.0000	00	0	90.00
90. 00   09000  CLINIC 90. 01   04950  SLEEP CLINIC		0. 00000 0. 2085		0	90.00
90. 02 09001 ANTI COAGULATI ON CLI NI C		3. 66020		1, 783	•
90. 03 09002 ARNETT CANCER CARE CENTER		0. 12120	•	9, 059	
90.04 09003 OUTPATIENT INFUSION CENTER		0. 32749		0	90. 04
91. 00 09100 EMERGENCY		0. 08342		1, 540, 507	1
92.00 O9200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 27063		67, 853	1
92. 01   09201   OBSERVATION BEDS (DISTINCT PART)		0. 00000		0	
93.00 04951 OTHER OUTPATIENT SERVICES 200.00 Total (sum of lines 50 through 94 and 96 through 98)		0. 00000	143, 320, 772	0 24, 546, 218	
201.00 Less PBP Clinic Laboratory Services-Program only char	aes (line 61	1	143, 320, 772	24, 340, 210	200.00
202.00 Net charges (line 200 minus line 201)	900 (11110 01	1	143, 320, 772		202.00
		•		•	•

Health Financial Systems IU HEALTH ARNETT HOSP	ΙΤΔΙ	Inlie	ı of Form CMS-2	2552_10
	ider CCN: 15-0173	Peri od: From 01/01/2020 To 12/31/2020	Worksheet D-3	3
		10 12/31/2020	7/13/2021 4: 2	
	Title XIX	Hospi tal	PPS	
Cost Center Description	Ratio of Cos	' '	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				
30. 00 03000 ADULTS & PEDI ATRI CS		1, 605, 809		30. 00
31.00 03100 INTENSIVE CARE UNIT		255, 313		31.00
33. 00 03300 BURN INTENSIVE CARE UNIT		0		33.00
33. 01   03301   BURN INTENSIVE CARE UNIT 35. 00   02060   NEONATAL INTENSIVE CARE UNIT		1 152 044		33. 01 35. 00
43. 00   04300  NURSERY		1, 152, 066 201, 024		43. 00
ANCI LLARY SERVI CE COST CENTERS		201,024		+3.00
50. 00 05000 OPERATI NG ROOM	0. 10852	29 298, 974	32, 447	50.00
51.00 05100 RECOVERY ROOM	0. 1726		4, 803	51.00
52.00   05200   DELIVERY ROOM & LABOR ROOM	0. 2994		126, 132	•
53. 00   05300   ANESTHESI OLOGY	0. 6165		11, 339	
53. 01   05301   ASC   ANESTHESI OLOGY	0. 0175		0	
54. 00  05400  RADI OLOGY-DI AGNOSTI C 55. 00  05500  RADI OLOGY-THERAPEUTI C	0. 10632 0. 00000		50, 067 0	1
56. 00   05600 RADI 0I SOTOPE	0. 0586!		441	1
59. 00   05900   CARDI AC   CATHETERI ZATI ON	0. 0768!		2, 702	
60. 00   06000   LABORATORY	0. 2036		105, 113	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 2012		47, 439	1
65. 00 06500 RESPI RATORY THERAPY	0. 22638		61, 981	
66. 00 06600 PHYSI CAL THERAPY	0. 3100		9, 117	•
67. 00 06700 OCCUPATI ONAL THERAPY	0. 34856		5, 785	•
68. 00   06800  SPEECH PATHOLOGY 69. 00   06900  ELECTROCARDI OLOGY	0. 3296		9, 856 14, 603	•
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 0912° 0. 15694		14, 603	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 27813		44, 166	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 19838		31, 188	
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 26349		211, 427	
74. 00   07400 RENAL DI ALYSI S	0. 56982	20 34, 303	19, 547	74. 00
75. 00 07500 ASC (NON-DISTINCT PART)	0. 00000		0	
75. 01 07501 ASC (NON-DISTINCT PART)	0. 07956		873	
76.00   03950   CARDI AC CATHERI ZATI ON 76.01   03951   OUTPATI ENT WOUND CARE CENTER	0. 00000 0. 1961		0 18	
76. 97   07697 CARDI AC REHABI LI TATI ON	12. 0294		0	
OUTPATIENT SERVICE COST CENTERS	12.0274	0	0	70. 77
90. 00 09000 CLI NI C	0.0000	00 0	0	90.00
90. 01 04950 SLEEP CLINIC	0. 2085	70 0	0	90. 01
90. 02 09001 ANTI COAGULATI ON CLI NI C	3. 66020		0	
90.03 09002 ARNETT CANCER CARE CENTER	0. 12120		0	
90. 04 09003 OUTPATIENT INFUSION CENTER	0. 32749	1	0	
91. 00 09100 EMERGENCY	0. 08342		44, 504	
92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART) 92.01   09201   OBSERVATION BEDS (DISTINCT PART)	0. 27063 0. 00000		825 0	•
93. 00 04951 OTHER OUTPATIENT SERVICES	0. 00000		0	
200.00 Total (sum of lines 50 through 94 and 96 through 98)	0.0000	4, 251, 470	835, 914	
201.00 Less PBP Clinic Laboratory Services-Program only charges (I	ine 61)	0	· ·	201. 00
202.00 Net charges (line 200 minus line 201)	1	4, 251, 470		202. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu	of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Date/Time Pre	epared:
	Title XVIII	Hospi tal	7/13/2021 4: 2 PPS	26 pm
			1 00	

DART A - IMPATIENT HOSPITAL SERVICES WINDER IPPS   0.0   1.00			Title XVIII	Hospi tal	PPS	20 piii
Ref Na - INPATENT HOSPITAL SERVICES WINDER IPPS			THE AVITE	nospi tai	110	
1.00   DRC Amounts Other than Outlier Payments for discharges occurring prior to October 1 (see Instructions) 22.911.58   0.01   1.00   DRC Amounts other than outlier payments for discharges occurring on or after October 1 (see Instructions) 7.07   1.02   1.03   DRC for Tederal specific operating payment for Model 4 BPCI for discharges occurring on or after 0-ctober 1   0.03   0.04   0.05					1. 00	
DNR amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)/27.07   1.02		PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
DNR amounts other than outlier payments for discharges occurring on or after October 1 (see instructions) (see instructions)   0.03   DNR for federal specific operating payment for Model 4 BPCI for discharges occurring on or after 0 between 1 0.104	1.00				-	
1.03   BRG for Federal specific operating payment for Model 4 BPCL for discharges occurring on or after 0 tooler 1   0   1.04	1. 01					
(see Instructions) 1. 04 DR6 for Federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 0 1.04 2.00 DR7 for Federal specific operating payment for Model 4 BPCI for discharges occurring prior 0.00 2.01 DR7 for instructions) 2.02 DR7 for instructions (see Instructions) 2.03 DR7 for discharges occurring prior to October 1 (see Instructions) 2.04 DR7 for discharges occurring prior to October 1 (see Instructions) 2.05 DR7 for discharges occurring prior to October 1 (see Instructions) 2.06 DR7 for discharges occurring prior to October 1 (see Instructions) 2.07 DR7 for discharges occurring prior to October 1 (see Instructions) 2.08 DR7 for discharges occurring prior to October 1 (see Instructions) 2.09 DR7 for discharges occurring prior to October 1 (see Instructions) 2.09 DR7 for discharges occurring prior to October 1 (see Instructions) 2.09 DR7 for discharges occurring prior to October 1 (see Instructions) 2.09 DR7 for discharges occurring on or after October 1 (see Instructions) 2.00 DR7 for discharges occurring on or after October 1 (see Instructions) 2.01 DR7 for discharges occurring on or after October 1 (see Instructions) 2.02 DR7 for discharges occurring on or after October 1 (see Instructions) 2.03 DR7 for discharges occurring on or after October 1 (see Instructions) 2.04 DR7 for discharges occurring on or after October 1 (see Instructions) 2.05 DR7 for discharges occurring on or after October 1 (see Instructions) 2.06 DR7 for discharges occurring on or after October 1 (see Instructions) 2.07 DR7 for discharges occurring on or after October 1 (see Instructions) 2.08 DR7 for discharges occurring on or after October 1 (see Instructions) 2.09 DR7 for discharges occurring on or after October 1 (see Instructions) 2.00 DR7 for discharges occurring on or after October 1 (see Instructions) 2.00 DR7 for discharges occurring on or after October 1 (see Instructions) 2.00 DR7 for discharges occurring occurring occurring occurring occurring occurring occurring occurring occurri						
1.04   Sec for Federal specific operating payment for Model 4 BPCI for discharges occurring on or after 6:tober 1   0   1.04	1. 03	, , , ,	for discharges occurrin	g prior to Octo	per 1 0	1. 03
(see instructions)						
2.00   Outlier payments for discharges (see instructions)   2.00   Outlier payment for discharges for Model 4 BPCI (see instructions)   9.40   0.20   2.02   2.02   2.02   2.02   2.02   2.03   Outlier payments for discharges occurring prior to October 1 (see instructions)   9.40   5.02   2.02   2.02   2.02   2.03   0.01   ler payments for discharges occurring prior to October 1 (see instructions)   9.40   5.02   2.02   2.02   2.02   2.02   2.03   2.04   2.04   2.05   2.04   2.05   2.04   2.05	1. 04	, , , ,	for discharges occurring	g on or after 0	ctober 1 0	1. 04
2.01   Outlier reconcilitation amount   0   2.02   2.02   Outlier payments for discharges for Model 4 BPCI (see instructions)   94,0 (so 2.02   2.03   Outlier payments for discharges occurring prior to October 1 (see instructions)   940,0 (so 2.03   2.04   Outlier payments for discharges occurring prior to October 1 (see instructions)   229,021   2.04   Outlier payments for discharges occurring on or after October 1 (see instructions)   229,021   2.04   Outlier payments for discharges occurring on or after October 1 (see instructions)   14,781,472   3.05   Outlier payments for discharges occurring on or after October 1 (see instructions)   179,03   4.00   Outlier payments for discharges occurring on or after October 1 (see instructions)   179,03   Outlier payments of the late of late of the late of the late of late of the late of late o	0.00					0.00
2.02   2.03   Outlier payments for discharges for Model 4 BPCI (see Instructions)					0	
2.03   Outlier payments for discharges occurring prior to October 1 (see instructions)   340,086   2.03			ations)			-
204   Outlier payments for discharges occurring on or after October (see instructions)   229,521   2.04		, ,	•			
Managed Care Simul ated Payments   14,781,472   3.00						
4.00			ci i (see ilisti deti olis)			
Indirect Medical Education Adjustment			porting period (see inst	ructions)		
5.00   FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or 0.00   5.00	1. 00		sorting period (see inst	1 40 (1 0113)	177.00	1.00
before 12/31/1996. (see instructions)  1.	5. 00		ost recent cost reportin	a period endina	on or 0.00	5.00
FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new 0.00 or programs in accordance with 42 cFR 413.79(e)   NAMA Section 422 reduction amount to the IME cap as specified under 42 cFR \$412.105(f)(1)(i)(8)(1)   0.00   7.00   7.01   ACA \$5503 reduction amount to the IME cap as specified under 42 cFR \$412.105(f)(1)(i)(8)(2)   1 the cost 0.00   7.00				5 1 2 2 2 3		
programs in accordance with 42 CFR 413.79(e)   7.00   MACA \$ 5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2)   Ft ecost 0.00   7.00   ACA \$ 5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2)   Ft ecost 0.00   7.01   ACA \$ 5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2)   Ft ecost 0.00   7.01   ACA \$ 5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2)   Ft ecost 0.00   7.01   ACA \$ 5503 reduction amount to the IME cap as specified under 42 CFR \$412.105(f)(1)(iv)(B)(2)   Ft ecost 0.00   7.01   ACA \$ 5503 reduction amount of increase if the hospital was awarded FIE cap slots under \$ 5503 of the ACA. If the cap 1.00   7.	6.00	FTE count for allopathic and osteopathic programs that meet	the criteria for an add	-on to the cap	for new 0.00	6.00
ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) if the cost 0.00   7.01 report straddles July 1, 2011 then see instructions.				·		
report straddles July 1, 2011 then see instructions.	7.00					7. 00
Agi ustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated   0.00   8.00	7. 01	ACA § 5503 reduction amount to the IME cap as specified unde	er 42 CFR §412.105(f)(1)	(iv)(B)(2) If t	ne cost 0.00	7. 01
programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002)  8.01 The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost cap cap cap cap cap cap cap cap cap cap						
500.69 (August 1, 2002).	8. 00	, ,		9		8. 00
8. 01   The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost   0.00   8. 01   report stradies July 1, 2011, see instructions.		, , , , , ,	v), 64 FR 26340 (May 12	, 1998), and 67	FR	
report straddles July 1, 2011, see instructions.  8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under \$ 0.00 8.02 5506 of ACA. (see instructions)  8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under \$ 0.00 8.02 5506 of ACA. (see instructions)  8.02 The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under \$ 0.00 10.00 10.00 11.	0.01	, ,		404 10 11		0.04
The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under \$ 0.00   8.02	8.01		slots under § 5503 of tr	e ACA. IT the c	DST 0.00	8.01
5506 of ACA (See instructions)   500 of ACA (See instructions)   500 of FTE count for allopathic and osteopathic programs in the current year from your records   0.00   10.00   11.00   FTE count for allopathic and osteopathic programs.   0.00   12.00   12.00   12.00   12.00   13.00   14.00   14.00   14.00   14.00   15.00   15.00   15.00   15.00   15.00   15.00   15.00   16.00	0 00	, , , , , , , , , , , , , , , , , , ,	alata from a alacad taga	hina hoonital u	ndor 6 0 00	0.00
9.00 Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8, 01 and 8, 02) (see instructions) 0.00 10.00 11.00 FTE count for allopathic programs in the current year from your records 0.00 10.00 11.00 12.00 Current year allowable FTE count for the prior year. 0.00 12.00 12.00 13.00 Total allowable FTE count for the prior year. 0.00 13.00 10.00	8. 02	· · · · · · · · · · · · · · · · · · ·	siots from a crosed teac	ning nospital u	nder § 0.00	8.02
10.00   FTE count for all opathic and osteopathic programs in the current year from your records   0.00   10.00   11.00   12.00   12.00   12.00   13.00   10.00   14.00   14.00   14.00   15.00   14.00   15.00   14.00   15.00   14.00   15.00   14.00   15	0 00		nos (9 9 01 and 9 02)	(soo instructi	one) 0.00	0 00
11.00   FTE count for residents in dental and podiatric programs.   0.00   11.00   12.00   12.00   10.00   1						•
12.00   Current year allowable FTE (see instructions)   0.00   12.00   13.00   10.00		, , , , , ,	Tent year Trom your rec	.01 03		•
13.00   Total allowable FTE count for the prior year. Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, 0.00   13.00 therwise enter zero.		, , , ,				•
14.00   Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, 0.00   14.00 otherwise enter zero.						
Otherwise enter zero.   Othe			vear ended on or after S	eptember 30. 19		•
16. 00       Adj ustment for residents in initial years of the program       11. 95       16. 00         17. 00       Adj ustment for residents displaced by program or hospital closure       0. 00       17. 00         18. 00       Adj ustment for residents displaced by program or hospital closure       11. 95       18. 00         19. 00       Current year resident to bed ratio (line 18 divided by line 4).       0. 066741       19. 00         20. 00       Prior year resident to bed ratio (see instructions)       0. 037262       20. 00         21. 00       Enter the lesser of lines 19 or 20 (see instructions)       0. 037262       21. 00         22. 00       IME payment adj ustment (see instructions)       655, 396       22. 00         10       IME payment adj ustment - Managed Care (see instructions)       297, 861       22. 01         11 Mic payment adj ustment for the Add-on for § 422 of the MMA       3.00       3.00       24. 00         23. 00       IME payment adj ustment for the Add-on for § 422 of the MMA       3.00       3.00       3.00         24. 00       IME payment adj ustment for the Add-on for § 422 of the MMA       3.00       3.00       3.00       3.00       3.00       3.00       3.00       3.00       3.00       3.00       3.00       3.00       3.00       3.00       3.00       3.00			•		•	
17.00   Adjustment for residents displaced by program or hospital closure   11.95   18.00   19.00   Adjusted rolling average FTE count   11.95   18.00   19.	15.00	Sum of lines 12 through 14 divided by 3.			0. 00	15. 00
18. 00       Adjusted rolling average FTE count       11. 95       18. 00         19. 00       Current year resident to bed ratio (see instructions)       0. 066741       19. 00         20. 00       Prior year resident to bed ratio (see instructions)       0. 037262       20. 00         21. 00       Enter the lesser of lines 19 or 20 (see instructions)       0. 037262       21. 00         22. 01       IME payment adjustment (see instructions)       297, 861       22. 01         11. ME payment adjustment - Managed Care (see instructions)       297, 861       22. 01         12. 01       Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA       297, 861       22. 01         23. 00       Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412. 105       0. 00       23. 00         (f)(1)(iv)(C).       0.       0. 00       24. 00       25. 00       16 the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see       0. 00       25. 00         25. 00       If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see       0. 00       25. 00         26. 00       If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see       0. 00       26. 00         27. 00       IME payments adjustment amount (see instructions) <t< td=""><td>16.00</td><td>Adjustment for residents in initial years of the program</td><td></td><td></td><td>11. 95</td><td>16. 00</td></t<>	16.00	Adjustment for residents in initial years of the program			11. 95	16. 00
19.00 Current year resident to bed ratio (line 18 divided by line 4). 20.00 Prior year resident to bed ratio (see instructions) 21.00 Enter the lesser of lines 19 or 20 (see instructions) 22.00 IME payment adjustment (see instructions) 22.01 IME payment adjustment - Managed Care (see instructions) 23.00 IME payment adjustment - Managed Care (see instructions) 24.00 IME payment adjustment - Managed Care (see instructions) 25.00 IME payment adjustment - Managed Care (see instructions) 26.00 IME FTE Resident Count Over Cap (see instructions) 27.00 IME FTE Resident Count Over Cap (see instructions) 28.00 IME payment adjustment - Managed Care (see instructions) 29.00 IME payment adjustment of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 29.00 IME fTE Resident Count Over Cap (see instructions) 20.00 IME payment adjustment of a count of the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 20.00 IME payment adjustment factor. (see instructions) 20.00 IME payment adjustment factor. (see instructions) 20.00 IME payment adjustment amount - Managed Care (see instructions) 20.00 IME add-on adjustment amount (see instructions) 20.00 IME add-on adjustment amount - Managed Care (see instructions) 20.00 IME payment (sum of lines 22 and 28) 20.01 IME add-on adjustment amount - Managed Care (see instructions) 20.01 IME payment - Managed Care (see instructions) 20.02 IME payment - Managed Care (see instructions) 20.03 IME payment - Managed Care (see instructions) 20.04 IME payment - Managed Care (see instructions) 20.05 IME payment - Managed Care (see instructions) 20.06 IME payment - Managed Care (see instructions) 20.07 Image	17.00	Adjustment for residents displaced by program or hospital c	osure		0. 00	17. 00
20.00   Prior year resident to bed ratio (see instructions)   0.037262   20.00					11. 95	18. 00
21.00 Enter the lesser of lines 19 or 20 (see instructions) 22.01 IME payment adjustment (see instructions) 22.01 IME payment adjustment (see instructions) 22.01 IME payment adjustment - Managed Care (see instructions) 22.01 IME payment adjustment - Managed Care (see instructions) 23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.01 IME add-on adjustment amount (see instructions) 29.00 IME add-on adjustment amount (see instructions) 20.00 IME add-on adjustment amount (see instructions) 20.00 IME payment (sum of lines 22 and 28) 29.01 Total IME payment (sum of lines 22 and 28) 29.01 Disproportionate Share Adjustment 30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 20.05 Sum of lines 30 and 31 20.06 Allowable disproportionate share percentage (see instructions) 21.00 Allowable disproportionate share percentage (see instructions) 21.00 Allowable disproportionate share percentage (see instructions) 22.00 Allowable disproportionate share percentage (see instructions) 31.00 Allowable disproportionate share percentage (see instructions) 32.00 Allowable disproportionate share percentage (see instructions) 33.00 Allowable disproportionate share percentage (see instructions) 31.00 Allowable disproportionate share percentage (see instructions) 32.00 Allowable disproportionate share percentage (see instructions) 32.00 Allowable disproportionate share percentage (see instructions)	19.00	Current year resident to bed ratio (line 18 divided by line	4).		0. 066741	19. 00
22.00 IME payment adjustment (see instructions) 22.01 IME payment adjustment - Managed Care (see instructions) 22.01 IME payment adjustment - Managed Care (see instructions) 22.01 Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.00 IME add-on adjustment amount (see instructions) 29.00 IME add-on adjustment amount (see instructions) 29.01 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.						
22. 01    IME payment adjustment - Managed Care (see instructions)   297, 861   22. 01     Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA     23. 00   Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412. 105   0.00   23. 00     (f)(1)(iv)(C)		· · · · · · · · · · · · · · · · · · ·				
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA  23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 0.00 23.00 (f)(1)(iv)(C).  24.00 IME FTE Resident Count Over Cap (see instructions) 0.00 24.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 0.00 25.00 instructions)  26.00 Resident to bed ratio (divide line 25 by line 4) 0.000000 26.00 IME payments adjustment factor. (see instructions) 0.000000 27.00 IME payments adjustment amount (see instructions) 0.000000 27.00 IME add-on adjustment amount - Managed Care (see instructions) 0.28.01 IME add-on adjustment amount - Managed Care (see instructions) 0.28.01 IME payment (sum of lines 22 and 28) 0.55, 396 29.00 Total IME payment (sum of lines 22 and 28) 0.55, 396 29.00 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 297, 861 29.01 Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 2.76 30.00 31.00 Percentage of Medicaid patient days (see instructions) 20.95 31.00 Sum of lines 30 and 31 23.71 32.00 33.00 Allowable disproportionate share percentage (see instructions) 8.78 33.00						
23.00 Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 0.00 23.00 (f) (1) (iv) (C).  24.00 IME FTE Resident Count Over Cap (see instructions) 0.00 24.00 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see 0.00 25.00 instructions)  26.00 Resident to bed ratio (divide line 25 by line 4) 0.000000 26.00 IME payments adjustment factor. (see instructions) 0.000000 27.00 IME add-on adjustment amount (see instructions) 0.000000 27.00 IME add-on adjustment amount - Managed Care (see instructions) 0.000000 28.01 IME add-on adjustment amount - Managed Care (see instructions) 0.000000 28.01 Total IME payment (sum of lines 22 and 28) 655,396 29.00 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 297,861 29.01 Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 20.95 31.00 Sum of lines 30 and 31 23.71 32.00 Sum of lines 30 and 31 33.00 Allowable disproportionate share percentage (see instructions) 8.78 33.00	22.01		122 of the MMA		297, 861	22.01
(f)(1)(iv)(C).  24.00 IME FTE Resident Count Over Cap (see instructions)  25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)  26.00 Resident to bed ratio (divide line 25 by line 4)  27.00 IME payments adjustment factor. (see instructions)  28.00 IME payments adjustment amount (see instructions)  28.01 IME add-on adjustment amount (see instructions)  28.01 IME add-on adjustment amount - Managed Care (see instructions)  29.00 Total IME payment (sum of lines 22 and 28)  29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30.00 Sum of lines 30 and 31  30.00 Allowable disproportionate share percentage (see instructions)  8.78 33.00	22 00			CED 412 105	0.00	22 00
24.00 IME FTE Resident Count Over Cap (see instructions) 25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions) 26.00 Resident to bed ratio (divide line 25 by line 4) 27.00 IME payments adjustment factor. (see instructions) 28.00 IME add-on adjustment amount (see instructions) 28.01 IME add-on adjustment amount - Managed Care (see instructions) 29.00 Total IME payment (sum of lines 22 and 28) 29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29.00 Disproportionate Share Adjustment 20.00 Sum of lines 30 and 31 30.00 Allowable disproportionate share percentage (see instructions) 20.00 24.00 25.00 26.00 27.00 28.00 29.00 29.00 29.00 29.00 29.00 29.01 29.01 29.01 29.01 29.01 29.01 20.05 20.05 20.05 21.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 20.00 21.00 22.00 23.00 24.00 25.00 25.00 26.00 26.00 27.00 28.00 28.00 28.00 29.00 29.00 29.00 29.01 29.01 29.01 29.01 29.01 29.01 29.01 29.01 20.05 20.	23.00		dent cap stots under 42	CFR 412. 103	0.00	23.00
25.00 If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)  26.00 Resident to bed ratio (divide line 25 by line 4)  27.00 IME payments adjustment factor. (see instructions)  28.00 IME add-on adjustment amount (see instructions)  28.01 IME add-on adjustment amount - Managed Care (see instructions)  29.00 Total IME payment (sum of lines 22 and 28)  29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  20.95 Sum of lines 30 and 31  31.00 Allowable disproportionate share percentage (see instructions)  8.78 33.00	24 00				0.00	24 00
Instructions			e lower of line 23 or li	ne 24 (see		1
26.00 Resident to bed ratio (divide line 25 by line 4)  27.00 IME payments adjustment factor. (see instructions)  28.00 IME add-on adjustment amount (see instructions)  28.01 IME add-on adjustment amount - Managed Care (see instructions)  28.01 Total IME payment (sum of lines 22 and 28)  29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  30.00 Percentage of Medicaid patient days (see instructions)  30.00 Sum of lines 30 and 31  30.00 Allowable disproportionate share percentage (see instructions)  30.00 Allowable disproportionate share percentage (see instructions)  30.00 Allowable disproportionate share percentage (see instructions)  30.00 Sum of lines 30 and 31  30.00 Allowable disproportionate share percentage (see instructions)  30.00 Sum of lines 30 and 31  30.00 Allowable disproportionate share percentage (see instructions)		· · · · · · · · · · · · · · · · · · ·		(		
27. 00 IME payments adjustment factor. (see instructions) 28. 00 IME add-on adjustment amount (see instructions) 28. 01 IME add-on adjustment amount - Managed Care (see instructions) 29. 00 Total IME payment (sum of lines 22 and 28) 29. 01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01) 29. 01 Disproportionate Share Adjustment  30. 00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions) 20. 01 Percentage of Medicaid patient days (see instructions) 20. 02 Sum of lines 30 and 31 20. 03 Allowable disproportionate share percentage (see instructions) 20. 00 Allowable disproportionate share percentage (see instructions) 20. 00 Sum of lines 30 and 31 21. 00 Sum of lines 30 and 31 22. 70 Sum of lines 30 and 31	26.00				0. 000000	26. 00
28.01 IME add-on adjustment amount - Managed Care (see instructions)  7 Total IME payment (sum of lines 22 and 28)  29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  8					0. 000000	27. 00
29.00 Total IME payment (sum of lines 22 and 28)  29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  31.00 Percentage of Medicaid patient days (see instructions)  32.00 Sum of lines 30 and 31  33.00 Allowable disproportionate share percentage (see instructions)  40.00 Sum of lines 30 and 31  30.00 Allowable disproportionate share percentage (see instructions)  8.78 33.00	28.00	IME add-on adjustment amount (see instructions)			0	28. 00
29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  31.00 Percentage of Medicaid patient days (see instructions)  32.00 Sum of lines 30 and 31  33.00 Allowable disproportionate share percentage (see instructions)  29.01  29.01  29.01  30.00  31.00  32.76  30.00  31.00  32.71  32.00  33.00	28. 01	IME add-on adjustment amount - Managed Care (see instruction	ns)		0	28. 01
Disproportionate Share Adjustment  30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  31.00 Percentage of Medicaid patient days (see instructions)  32.00 Sum of lines 30 and 31  33.00 Allowable disproportionate share percentage (see instructions)  30.00 2.76 30.00  20.95 31.00  32.00 33.00 Allowable disproportionate share percentage (see instructions)  8.78 33.00						
30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)  31.00 Percentage of Medicaid patient days (see instructions)  32.00 Sum of lines 30 and 31  33.00 Allowable disproportionate share percentage (see instructions)  2.76 30.00  31.00  32.00  33.00  33.00	29. 01		01)		297, 861	29. 01
31.00 Percentage of Medicaid patient days (see instructions) 20.95 31.00 32.00 Sum of lines 30 and 31 33.00 Allowable disproportionate share percentage (see instructions) 20.95 31.00 23.71 32.00 8.78 33.00						
32.00       Sum of lines 30 and 31       23.71       32.00         33.00       Allowable disproportionate share percentage (see instructions)       8.78       33.00			patient days (see instr	ructions)		
33.00 Allowable disproportionate share percentage (see instructions) 8.78 33.00						
34. 00 pi spi opoi ti onate share aujustilicht (see Histructions)			15)			
	54.00	prispriopor trollate share aujustilient (see tristructions)			113,700	I 34.00

	Financial Systems IU HEALTH ARNE			of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0173	Period: From 01/01/2020	Worksheet E Part A	
			To 12/31/2020	Date/Time Pre	
		Title XVIII	Hospi tal	7/13/2021 4: 2 PPS	26 PIII
			Prior to 10/1		
			1. 00	2. 00	
25 00	Uncompensated Care Adjustment Total uncompensated care amount (see instructions)		9 250 500 006	8, 290, 014, 521	25 00
	Factor 3 (see instructions)		0. 000233338	0. 000326093	
	Hospital uncompensated care payment (If line 34 is zero, e	enter zero on this line)			•
25 02	instructions)		1 450 704	(01, 004	25 02
	Pro rata share of the hospital uncompensated care payment Total uncompensated care (sum of columns 1 and 2 on line;		1, 458, 724 2, 140, 108	· ·	35. 03 36. 00
00.00	Additional payment for high percentage of ESRD beneficiary				00.00
	Total Medicare discharges, excluding MS-DRGs 652, 682, 68				40. 00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 683	2, 683, 684 an 685. (see	0		41. 00
41 01	instructions) Total ESRD Medicare covered and paid discharges excluding	MS-DRGs 652 682 683 6	584 an 0		41. 01
	685. (see instructions)	21.00 002, 002, 000,			''' '
	Divide line 41 by line 40 (if less than 10%, you do not qu		0. 00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, instructions)	, 682, 683, 684 an 685. (s	se <b>e</b> 0		43. 00
44. 00	Ratio of average length of stay to one week (line 43 divid	ded by line 41 divided by	7 days) 0. 000000		44. 00
45.00	Average weekly cost for dialysis treatments (see instructi	i ons)	0.00		45. 00
	Total additional payment (line 45 times line 44 times line	e 41.01)	0 000 054		46.00
	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and MDI	H emall rural hospitals (	37, 203, 254		47. 00 48. 00
40.00	instructions)	n, silari rurar nospi tars (	on y. (see		40.00
	•		·	Amount	
49.00	Total payment for inpatient operating costs (see instructi	i one)		1. 00 37, 501, 115	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt.		e)	2, 970, 443	1
	Exception payment for inpatient program capital (Wkst. L,	Pt. III, see instructions	s)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4,	, line 49 see instructions	s).	419, 845	
	Nursing and Allied Health Managed Care payment Special add-on payments for new technologies			0 214, 557	53. 00 54. 00
	Islet isolation add-on payment			0	
55 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, li	ne 69)		0	FF 00
	Cost of physicians' services in a teaching hospital (see i			-	
56.00			) through 2E)	0	56. 00
56. 00 57. 00	Routine service other pass through costs (from Wkst. D, P	t. III, column 9, lines 30	) through 35).	0	56. 00 57. 00
56. 00 57. 00 58. 00		t. III, column 9, lines 30	) through 35).	0	56. 00 57. 00 58. 00
56. 00 57. 00 58. 00 59. 00 60. 00	Routine service other pass through costs (from Wkst. D, P-Ancillary service other pass through costs from Wkst. D, I Total (sum of amounts on lines 49 through 58) Primary payer payments	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)	) through 35).	0 0 35, 202 41, 141, 162 30, 278	56. 00 57. 00 58. 00 59. 00 60. 00
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00	Routine service other pass through costs (from Wkst. D, PAncillary service other pass through costs from Wkst. D, ITotal (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)	) through 35).	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00	Routine service other pass through costs (from Wkst. D, P-Ancillary service other pass through costs from Wkst. D, I Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)	) through 35).	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00	Routine service other pass through costs (from Wkst. D, PAncillary service other pass through costs from Wkst. D, ITotal (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)	) through 35).	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00	Routine service other pass through costs (from Wkst. D, P-Ancillary service other pass through costs from Wkst. D, I Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)	t. III, column 9, lines 30 Pt. IV, col. 11 line 200) inus line 60)	) through 35).	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00	Routine service other pass through costs (from Wkst. D, P-Ancillary service other pass through costs from Wkst. D, I Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instructions)	t. III, column 9, lines 30 Pt. IV, col. 11 line 200) inus line 60)	) through 35).	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00	Routine service other pass through costs (from Wkst. D, P-Ancillary service other pass through costs from Wkst. D, I Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63)	t. III, column 9, lines 30 Pt. IV, col. 11 line 200) inus line 60) instructions)		0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 67. 00
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00	Routine service other pass through costs (from Wkst. D, P-Ancillary service other pass through costs from Wkst. D, I Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instructions)	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)  inus line 60)  instructions)  for applicable to MS-DRGs	(see instructio	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 70. 00	Routine service other pass through costs (from Wkst. D, P-Ancillary service other pass through costs from Wkst. D, I Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	t. III, column 9, lines 30 Pt. IV, col. 11 line 200) inus line 60) instructions) for applicable to MS-DRGs 96).(For SCH see instructi	(see instructio	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675 ns) 0 0	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 70. 00 70. 50	Routine service other pass through costs (from Wkst. D, PAncillary service other pass through costs from Wkst. D, ITotal (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demo	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)  inus line 60)  instructions)  for applicable to MS-DRGs 96). (For SCH see instructionstration) adjustment (see	(see instructio	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675 ns) 0 0	56. 00 57. 00 58. 00 59. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 70. 00 70. 50
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 00 70. 50 70. 87	Routine service other pass through costs (from Wkst. D, P-Ancillary service other pass through costs from Wkst. D, I Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)  inus line 60)  instructions)  for applicable to MS-DRGs 96). (For SCH see instructionstration) adjustment (seion	(see instructio	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675 ns) 0 0	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 69. 00 70. 00 70. 50 70. 87
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 70. 00 70. 50 70. 88 70. 88	Routine service other pass through costs (from Wkst. D, PAncillary service other pass through costs from Wkst. D, ITotal (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices outlier payments reconciliation (sum of lines 93, 95 and of OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration payment adjustment amount before sequestratis SCH or MDH volume decrease adjustment (contractor use only Pioneer ACO demonstration payment adjustment amount (see	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)  inus line 60)  instructions)  for applicable to MS-DRGs 96). (For SCH see instructionstration) adjustment (see instructions)  ion y) instructions)	(see instructio	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675 ns) 0 0	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 70. 00 70. 50 70. 88 70. 89
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 70. 00 70. 50 70. 87 70. 88 70. 89 70. 90	Routine service other pass through costs (from Wkst. D, PAncillary service other pass through costs from Wkst. D, ITotal (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices outlier payments reconciliation (sum of lines 93, 95 and other ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration payment adjustment amount before sequestration Pioneer ACO demonstration payment adjustment (contractor use only Pioneer ACO demonstration payment and justment amount (see instructions)	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)  inus line 60)  instructions)  for applicable to MS-DRGs 96). (For SCH see instructionstration) adjustment (see incompact) ion y) instructions) s)	(see instructio	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675 ns) 0 0	56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 64. 00 65. 00 67. 00 67. 00 70. 50 70. 87 70. 88 70. 89 70. 90
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 70. 50 70. 87 70. 88 70. 89 70. 90 70. 91	Routine service other pass through costs (from Wkst. D, PAncillary service other pass through costs from Wkst. D, PT Ancillary service other pass through costs from Wkst. D, IT Total (sum of amounts on lines 49 through 58)  Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries  Coinsurance billed to program beneficiaries  Allowable bad debts (see instructions)  Adjusted reimbursable bad debts (see instructions)  Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63)  Credits received from manufacturers for replaced devices outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  Rural Community Hospital Demonstration Project (§410A Demonstration payment adjustment amount before sequestration of the program of the progr	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)  inus line 60)  instructions)  for applicable to MS-DRGs 96). (For SCH see instructionstration) adjustment (see incompact) ion y) instructions) s)	(see instructio	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675 ns) 0 0	56. 00 57. 00 58. 00 59. 00 60. 00 62. 00 63. 00 64. 00 65. 00 67. 00 68. 00 69. 00 70. 50 70. 87 70. 88 70. 89 70. 90 70. 91
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 67. 00 68. 00 70. 00 70. 50 70. 87 70. 88 70. 89 70. 91 70. 92	Routine service other pass through costs (from Wkst. D, PAncillary service other pass through costs from Wkst. D, ITotal (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 mi Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see i Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices outlier payments reconciliation (sum of lines 93, 95 and other ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration payment adjustment amount before sequestration Pioneer ACO demonstration payment adjustment (contractor use only Pioneer ACO demonstration payment and justment amount (see instructions)	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)  inus line 60)  instructions)  for applicable to MS-DRGs 96). (For SCH see instructionstration) adjustment (see incompact) ion y) instructions) s)	(see instructio	0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675 ns) 0 0	56. 00 57. 00 58. 00 59. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 70. 00 70. 87 70. 88 70. 89 70. 91 70. 92
56. 00 57. 00 58. 00 59. 00 60. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 68. 00 69. 00 70. 50 70. 87 70. 88 70. 89 70. 91 70. 92 70. 93 70. 94	Routine service other pass through costs (from Wkst. D, PAncillary service other pass through costs from Wkst. D, Potal (sum of amounts on lines 49 through 58)  Primary payer payments Total amount payable for program beneficiaries (line 59 mideductibles billed to program beneficiaries  Coinsurance billed to program beneficiaries  Allowable bad debts (see instructions)  Adjusted reimbursable bad debts (see instructions)  Allowable bad debts for dual eligible beneficiaries (see insubstated (line 61 plus line 65 minus lines 62 and 63)  Credits received from manufacturers for replaced devices of Outlier payments reconciliation (sum of lines 93, 95 and OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)  Rural Community Hospital Demonstration Project (§410A Demo Demonstration payment adjustment amount before sequestration of MDH volume decrease adjustment (contractor use only Pioneer ACO demonstration payment adjustment amount (see instructions)  HSP bonus payment HRR adjustment amount (see instructions)	t. III, column 9, lines 30 Pt. IV, col. 11 line 200)  inus line 60)  instructions)  for applicable to MS-DRGs 96). (For SCH see instructionstration) adjustment (see incompact) ion y) instructions) s)	(see instructio	0 0 0 35, 202 41, 141, 162 30, 278 41, 110, 884 3, 414, 136 59, 620 283, 918 184, 547 76, 458 37, 821, 675 ns) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	56. 00 57. 00 58. 00 59. 00 61. 00 62. 00 63. 00 64. 00 65. 00 66. 00 67. 00 69. 00 70. 50 70. 87 70. 88 70. 89 70. 90 70. 92 70. 93

Health Financial Systems IU HEALTH AF	NETT HOSPITAL		In Lieu	of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT	Provi der C	CN: 15-0173	Period: From 01/01/2020	Worksheet E Part A Date/Time Pre	pared:
	Ti tl e	: XVIII	Hospi tal	7/13/2021 4: 2 PPS	o piii
	11110		(уууу)	Amount	
			0	1. 00	
70.96 Low volume adjustment for federal fiscal year (yyyy) (E corresponding federal year for the period prior to 10/1		the	0	0	70. 96
70.97 Low volume adjustment for federal fiscal year (yyyy) (E corresponding federal year for the period ending on or	nter in column (	the	0	0	70. 97
70.98 Low Volume Payment-3	,			0	
70.99 HAC adjustment amount (see instructions) 71.00 Amount due provider (line 67 minus lines 68 plus/minus	linos (0 % 70)			37, 693, 073	70. 99
71.00 Allount due provider (time of militus filles do prus/militus 71.01 Seguestration adjustment (see instructions)	1111es 09 & 70)			248, 774	
71.02 Demonstration payment adjustment amount after sequestra	ti on			240,774	71. 02
71.03 Seguestration adjustment-PARHM pass-throughs					71. 03
72.00 Interim payments				36, 803, 897	72. 00
72.01 Interim payments-PARHM					72. 01
73.00 Tentative settlement (for contractor use only)				0	73. 00
73.01 Tentative settlement-PARHM (for contractor use only)					73. 01
74.00 Balance due provider/program (line 71 minus lines 71.01	, /1.02, /2, and	1 /3)		640, 402	
74.01 Balance due provider/program-PARHM (see instructions) 75.00 Protested amounts (nonallowable cost report items) in a	ccordonco with	MC		886, 634	74. 01 75. 00
Pub. 15-2, chapter 1, §115.2	ccordance writh	INIS		000, 034	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00 Operating outlier amount from Wkst. E, Pt. A, line 2, o	r sum of 2.03 p	us		0	90. 00
2.04 (see instructions)				0	01 00
91.00 Capital outlier from Wkst. L, Pt. I, line 2 92.00 Operating outlier reconciliation adjustment amount (see	instructions)			0	91. 00 92. 00
93.00 Capital outlier reconciliation adjustment amount (see i				0	
94.00 The rate used to calculate the time value of money (see					94. 00
95.00 Time value of money for operating expenses (see instruc	,			0	
96.00 Time value of money for capital related expenses (see i	nstructions)		1	0	96. 00
			Prior to 10/1 1.00	2.00	
IHSP Bonus Payment Amount			1.00	2.00	
HSP Bonus Payment Amount 100.00 HSP bonus amount (see instructions)			0		100. 00
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment			0	0	
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions)			0.000000000	0. 000000000	101. 00
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100. 00 HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  101. 00 HVBP adjustment factor (see instructions)  102. 00 HVBP adjustment amount for HSP bonus payment (see instructions)  103. 00 HRR adjustment for HSP Bonus Payment  103. 00 HRR adjustment factor (see instructions)  104. 00 HRR adjustment amount for HSP bonus payment (see instructions)  105. 00 HRR adjustment amount for HSP bonus payment (see instructions)  106. 00 HRR adjustment amount for HSP bonus payment (see instructions)  207. 00 HRR adjustment amount for HSP bonus payment (see instructions)  208. 00 Lis this the first year of the current 5-year demonstrate Cures Act? Enter "Y" for yes or "N" for no.  209. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. I lieved and the payment of the paym	ctions) emonstration) Action period under  I, line 49)  N/A in first yea  4) e 205) e instructions) Pt. A, line 59)  tions)	the 21st Ce	0. 0000000000 0 0. 00000 0 0 00000 0 0 0 0	0.0000000000 0 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00
100. 00 HSP bonus amount (see instructions)  HVBP Adjustment for HSP Bonus Payment  101. 00 HVBP adjustment factor (see instructions)  102. 00 HVBP adjustment amount for HSP bonus payment (see instructions)  103. 00 HRR adjustment factor (see instructions)  104. 00 HRR adjustment factor (see instructions)  104. 00 HRR adjustment amount for HSP bonus payment (see instructions)  105. 00 HRR adjustment amount for HSP bonus payment (see instructions)  106. 01 Is this the first year of the current 5-year demonstrat Cures Act? Enter "Y" for yes or "N" for no.  107. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. Instructions)  108. 00 Medicare discharges (see instructions)  109. 00 Medicare discharges (see instructions)  109. 00 Medicare discharges (see instructions)  109. 00 Medicare target amount  109. 00 Medicare target amount  109. 00 Medicare inpatient routine cost cap (line 202 times line 202)  109. 00 Medicare inpatient routine cost cap (line 202 times line 203)  109. 00 Medicare Part A Inpatient Reimbursement  100 Medicare Part A inpatient Reimbursement  100 Medicare Part A inpatient Reimbursement  100 Medicare Part A inpatient service costs (from Wkst. E, 209. 00 Adjustment to Medicare IPPS payments (see instructions)  100 Medicare Part A inpatient Reimbursement  101. 02 Medicare Part A inpatient See instructions)  102. 03 Medicare Part A inpatient See instructions)  103. 04 Medicare Part A inpatient See instructions)  104. 05 Medicare Part A inpatient See instructions)  105 Medicare Part A inpatient See instructions)	ctions) emonstration) Action period under  I, line 49)  N/A in first yea  4) e 205) e instructions) Pt. A, line 59)  tions)	the 21st Ce	0. 0000000000 0 0. 00000 0 0 00000 0 0 0 0	0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 211. 00
100.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101.00 HVBP adjustment factor (see instructions) 102.00 HVBP adjustment amount for HSP bonus payment (see instructions) 103.00 HRR Adjustment for HSP Bonus Payment 103.00 HRR adjustment factor (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) 104.00 HRR adjustment amount for HSP bonus payment (see instructions) 105.00 HRR adjustment amount for HSP bonus payment (see instructions) 106.00 Is this the first year of the current 5-year demonstrat Cures Act? Enter "Y" for yes or "N" for no. 107.00 Medicare inpatient service costs (from Wkst. D-1, Pt. Instructions) 108.00 Medicare discharges (see instructions) 109.00 Medicare discharges (see instructions) 109.00 Medicare discharges (see instructions) 100 Medicare discharges (see instructions) 101 Medicare discharges (see instructions) 102 Medicare discharges (see instructions) 103 Medicare target amount 105 Medicare target amount 106 Medicare target amount (line 203 times line 200 Medicare inpatient routine cost cap (line 202 times line 200 Medicare inpatient routine cost cap (line 202 times line 201 Medicare inpatient routine cost cap (line 203 times line 201 Medicare Part A Inpatient Reimbursement 207 Medicare Part A Inpatient Reimbursement 207 Medicare Part A Inpatient Reimbursement 208 Medicare Part A Inpatient Reimbursement 209 Medicare Part A Inpatient Reimbursement 209 Medicare Part A Inpatient Reimbursement 209 Medicare Part A Inpatient Reimbursement 209 Medicare Part A Inpatient Reimbursement 201 Medicare Part A Inpatient Reimbursement 201 Medicare Part A Inpatient Reimbursement 202 Medicare Part A Inpatient Reimbursement 203 Medicare Part A Inpatient Reimbursement 204 Medicare Part A Inpatient Reimbursement 205 Medicare Part A Inpatient Reimbursement 207 Medicare Part A Inpatient Reimbursement 208 Medicare Part A Inpatient Reimbursement 209 Medicare Part A Inpatient Reimbursement 209 Medicare Part A Inpatient Reimbursement 209 Medicare Part	ctions) emonstration) Addition period under  I, line 49)  N/A in first yea  4) e 205) e instructions) Pt. A, line 59)  tions)  line 211)	ar of the cur	0.0000000000 0.0000 0.0000 0 ntury	0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00
100. 00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 101. 00 HVBP adjustment factor (see instructions) 102. 00 HVBP adjustment amount for HSP bonus payment (see instruktions) 103. 00 HRR adjustment factor (see instructions) 104. 00 HRR adjustment factor (see instructions) 104. 00 HRR adjustment amount for HSP bonus payment (see instructions) 104. 00 HRR adjustment amount for HSP bonus payment (see instructions) 105. 00 HRR adjustment amount for HSP bonus payment (see instructions) 106. 00 Is this the first year of the current 5-year demonstrat Cures Act? Enter "Y" for yes or "N" for no. 107. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. Instructions) 108. 00 Medicare discharges (see instructions) 109. 00 Medicare discharges (see instructions) 109. 00 Medicare target amount (line 203 times line 205 Medicare discharges (amount 105 Medicare 106 Medicare 107 Medicare 107 Medicare 108 Medicare	ctions) emonstration) Addition period under  I, line 49)  N/A in first yea  4) e 205) e instructions) Pt. A, line 59)  tions)  line 211)	ar of the cur	0.0000000000 0.0000 0.0000 0 ntury	0.0000000000 0.0000 0.0000 0	101. 00 102. 00 103. 00 104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 211. 00 212. 00 213. 00

						12/01/2020	7/13/2021 4: 2	
		IW/C E Downt A	A		XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1. 00	2.00	3. 00	4. 00	5. 00	
1. 00	DRG amounts other than outlie	1.00	0	0	C	<del> </del>	0	1.00
1. 01	payments DRG amounts other than outlie	1. 01	22, 911, 558	0	22, 911, 558	3	22, 911, 558	1. 01
1 00	payments for discharges occurring prior to October 1	1.00	0 (10 707			0 (10 707	0 (10 707	1 00
1. 02	DRG amounts other than outlie payments for discharges occurring on or after October		9, 612, 707	0		9, 612, 707	9, 612, 707	1. 02
1. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to Octob	1. 03	0	0	C		0	1. 03
1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1. 04	O	0		0	0	1. 04
2. 00	October 1 Outlier payments for discharg (see instructions)	es 2.00						2. 00
2. 01	Outlier payments for discharg for Model 4 BPCI	es 2.02	0	0	C	0	0	2. 01
2. 02	Outlier payments for discharg occurring prior to October 1 (see instructions)	es 2.03	940, 056	0	940, 056		940, 056	2. 02
2. 03	Outlier payments for discharg occurring on or after October (see instructions)		229, 521	0		229, 521	229, 521	2. 03
3. 00	Operating outlier reconciliation	2. 01	0	0	C	0	0	3. 00
4. 00	Managed care simulated paymen Indirect Medical Education Ad		14, 781, 472	0	10, 607, 915	4, 173, 557	14, 781, 472	4. 00
5.00	Amount from Worksheet E, Part	21. 00	0. 037262	0. 037262	0. 037262	0. 037262		5. 00
6. 00	A, line 21 (see instructions) IME payment adjustment (see	22. 00	655, 396	0	461, 690	193, 706	655, 396	6. 00
6. 01	<pre>instructions) IME payment adjustment for managed care (see instruction</pre>	22. 01	297, 861	0	213, 760	84, 101	297, 861	6. 01
	Indirect Medical Education Ad		he Add-on for	Section 422 of	the MMA			
7. 00	IME payment adjustment factor (see instructions)		0. 000000	0. 000000	0. 000000	0. 000000		7. 00
8. 00	IME adjustment (see instructions)	28. 00	0	0	C	0	0	8. 00
8. 01	IME payment adjustment add on for managed care (see instructions)	28. 01	O	0	C	0	0	8. 01
9. 00	Total IME payment (sum of lin 6 and 8)	es 29.00	655, 396	0	461, 690	193, 706	655, 396	9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	297, 861	0	213, 760	84, 101	297, 861	9. 01
	Disproportionate Share Adjusti							
10. 00	Allowable disproportionate share percentage (see instructions)	33. 00	0. 0878	0. 0878	0. 0878	0. 0878		10.00
11. 00	Disproportionate share adjustment (see instructions)	34. 00	713, 908	0	502, 909	210, 999	713, 908	11. 00
11. 01	Uncompensated care payments	36. 00	2, 140, 108	0	843, 295	315, 057	1, 158, 352	11. 01
12.00	Additional payment for high portional ESRD additional payment		SRD beneficiar 0	y discharges 0	C	0	0	12. 00
13. 00	(see instructions) Subtotal (see instructions)	47. 00	37, 203, 254	0	26, 641, 264	10, 561, 990	37, 203, 254	13. 00
14. 00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48. 00	0	0	C	0	0	14. 00
15. 00	Total payment for inpatient operating costs (see instructions)	49. 00	37, 501, 115	0	26, 855, 024	10, 646, 091	37, 501, 115	15. 00
16. 00			2, 970, 443	0	2, 144, 013	826, 430	2, 970, 443	16. 00
	Special add-on payments for n technologies	ew 54.00	214, 557	0	C	214, 557	214, 557	
17. 01	Net organ aquisition cost	<u> </u>				I		17. 01

	Financial Systems		IU HEALTH ARNI				<u>of Form CMS-2</u>	2552-1
LOW VO	LUME CALCULATION EXHIBIT 4			Provi der C		Period: From 01/01/2020 To 12/31/2020		epared
					XVIII	Hospi tal	PPS	
			Amounts (from		Peri od Pri or		Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01		
17.00		0	1.00	2.00	3. 00	4.00	5. 00	47.00
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRG	68. 00	0	0	'	0	0	17. 02
18. 00	Capital outlier reconciliation adjustment amount (see		0	0		0	0	18. 00
19. 00	instructions) SUBTOTAL			0	28, 999, 03	7 11, 687, 078	40, 686, 115	19. 00
		W/S L, line	(Amounts from L)					
		0	1. 00	2. 00	3. 00	4. 00	5. 00	
	Capital DRG other than outlie Model 4 BPCI Capital DRG othe than outlier		2, 530, 106 0	0	.,	719, 005 0 0	2, 530, 106 0	1
	Capital DRG outlier payments Model 4 BPCI Capital DRG	2. 00 2. 01	243, 748 0	0	192, 19	51, 558 0 0	243, 748 0	•
22. 00	outlier payments Indirect medical education percentage (see instructions)	5. 00	0. 0285	0. 0285	0. 028	0. 0285		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	72, 108	0	51, 61	20, 492	72, 108	23. 00
24.00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0492	0. 0492	0. 049	0. 0492		24.00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	124, 481	0	89, 10	35, 375	124, 481	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	2, 970, 443	0	2, 144, 01	826, 430	2, 970, 443	26. 00
			(Amounts to E,					
		line	Part A)					
27.00	Lauring addingtonant Control	0	1. 00	2. 00	3.00	4. 00	5. 00	27.00
	Low volume adjustment factor Low volume adjustment (transfo amount to Wkst. E, Pt. A, lin				0. 00000	0.000000	0	27. 00 28. 00
29. 00	Low volume adjustment (transfi amount to Wkst. E, Pt. A, lin	ér 70. 97				0	0	29. 00
100. 00	Transfer low volume adjustmen to Wkst. E, Pt. A.		Y					100. 00

				To	o 12/31/2020	Date/Time Pre 7/13/2021 4:2	
			Title	XVIII	Hospi tal	PPS	о рііі
	V	kst. 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	
1. 00	DRG amounts other than outlier payments	1.00					1. 00
1. 01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1. 01	22, 911, 558	22, 911, 558		22, 911, 558	1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1. 02	9, 612, 707		9, 612, 707	9, 612, 707	1. 02
1. 03	DRG for Federal specific operating payment Model 4 BPCI occurring prior to October 1	for 1.03	0	0		0	1. 03
1. 04	DRG for Federal specific operating payment Model 4 BPCI occurring on or after October	for 1.04	0		0	0	1. 04
2. 00	Outlier payments for discharges (see linstructions)	2. 00					2. 00
2. 01	Outlier payments for discharges for Model 4	2. 02	0	0	0	0	2. 01
2. 02	BPCI Outlier payments for discharges occurring	2. 03	940, 056	940, 056		940, 056	2. 02
2. 03	<pre>prior to October 1 (see instructions) Outlier payments for discharges occurring o or after October 1 (see instructions)</pre>	n 2.04	229, 521		229, 521	229, 521	2. 03
3. 00 4. 00	Operating outlier reconciliation Managed care simulated payments	2. 01 3. 00	0 14, 781, 472	0 10, 607, 915	0 4, 173, 557	0 14, 781, 472	3. 00 4. 00
4.00	Indirect Medical Education Adjustment	3.00	14, 701, 472	10,007,713	4, 173, 337	14, 701, 472	4.00
5. 00	Amount from Worksheet E, Part A, line 21 (s instructions)	ee 21.00	0. 037262	0. 037262	0. 037262		5. 00
6. 00 6. 01	IME payment adjustment (see instructions) IME payment adjustment for managed care (se	22. 00 e 22. 01	655, 396 297, 861	461, 690 213, 760	·	655, 396 297, 861	6. 00 6. 01
0.0.	instructions) Indirect Medical Education Adjustment for t			·	0.7.0.	2777001	0.0.
7. 00	IME payment adjustment factor (see	27. 00	0.000000	0. 000000	0. 000000		7. 00
	instructions)						
8.00	IME adjustment (see instructions)	28. 00	0	0	0	0	8. 00
8. 01	IME payment adjustment add on for managed c (see instructions)	are 28.01	0	0	0	0	8. 01
9. 00	Total IME payment (sum of lines 6 and 8)	29. 00	655, 396	461, 690		655, 396	9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	297, 861	213, 760	84, 101	297, 861	9. 01
10.00	Disproportionate Share Adjustment	22.00	0.0070	0.0070	0.0070		10.00
	Allowable disproportionate share percentage (see instructions)	33. 00	0. 0878	0. 0878	0. 0878		10.00
11. 00	Disproportionate share adjustment (see instructions)	34. 00	713, 908	502, 909	210, 999	713, 908	
11. 01	Uncompensated care payments	36. 00	2, 140, 108	934, 898	743, 667	1, 678, 565	11. 01
12. 00	Additional payment for high percentage of E Total ESRD additional payment (see instructions)	46. 00	ry di scharges 0	0	0	0	12. 00
13. 00	Subtotal (see instructions)	47. 00	37, 203, 254	26, 212, 654	10, 990, 600	37, 203, 254	13. 00
14. 00	Hospital specific payments (completed by SC and MDH, small rural hospitals only.) (see	H 48. 00	0	0	0	0	14. 00
15. 00	<pre>instructions) Total payment for inpatient operating costs (see instructions)</pre>	49. 00	37, 501, 115	26, 426, 414	11, 074, 701	37, 501, 115	15. 00
16. 00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50. 00	2, 970, 443	2, 144, 013	826, 430	2, 970, 443	16. 00
	Special add-on payments for new technologie Net organ acquisition cost	s 54.00	214, 557	0	214, 557	214, 557	17. 00 17. 01
	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68. 00	0	0	0	0	
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0	0	0	0	18. 00
19. 00	SUBTOTAL			28, 570, 427	12, 115, 688	40, 686, 115	19. 00

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lieu	ı of Form CMS-2	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCU	LATION EXHIBIT	5 Provider C		Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibi Date/Time Pre 7/13/2021 4:2	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	2, 530, 106			2, 530, 106	20.00
20.01 Model 4 BPCI Capital DRG other than outlier		0	., 0 , 10	0 0	0	20. 01
21.00 Capital DRG outlier payments	2.00	243, 748	192, 19	51, 558	243, 748	21. 00
21.01 Model 4 BPCI Capital DRG outlier payments	2. 01	0		0	0	
22.00 Indirect medical education percentage (see instructions)	5. 00	0. 0285	0. 028	0. 0285		22. 00
23.00 Indirect medical education adjustment (see instructions)	6. 00	72, 108	51, 61	6 20, 492	72, 108	23. 00
24.00 Allowable disproportionate share percentage (see instructions)	10. 00	0. 0492	0. 049	0. 0492		24. 00
25.00 Disproportionate share adjustment (see linstructions)	11. 00	124, 481	89, 10	6 35, 375	124, 481	25. 00
26.00 Total prospective capital payments (see	12. 00	2, 970, 443	2, 144, 01	826, 430	2, 970, 443	26. 00
	kst. E, Pt. A	(Amt. from				
	line	Wkst. E, Pt.				
	0	1.00	2. 00	3.00	4. 00	
27. 00						27. 00
28.00 Low volume adjustment prior to October 1	70. 96	0		0	0	28. 00
29.00 Low volume adjustment on or after October 1	70. 97	0		0	0	29. 00
30.00 HVBP payment adjustment (see instructions)	70. 93	-9, 108	7, 75	7 -16, 865	-9, 108	30.00
30.01 HVBP payment adjustment for HSP bonus paymer (see instructions)	nt 70.90	0		0	0	30. 01
31.00 HRR adjustment (see instructions)	70. 94	-119, 494	-87, 06	5 -32, 429	-119, 494	31.00
31.01 HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0	0	
					(Amt. to Wkst. E, Pt. A)	
	0	1. 00	2. 00	3. 00	4. 00	
32.00 HAC Reduction Program adjustment (see instructions)	70. 99			0	0	32. 00
100.00 Transfer HAC Reduction Program adjustment t Wkst. E, Pt. A.	ю	N				100. 00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lieu	of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 15-0173	From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Pre 7/13/2021 4:2	
		Title XVIII	Hospi tal	PPS	

			10 12/31/2020	7/13/2021 4: 2	
		Title XVIII	Hospi tal	PPS	o piii
				1. 00	
1 00	PART B - MEDICAL AND OTHER HEALTH SERVICES			2 222	
1.00	Medical and other services (see instructions) Medical and other services reimbursed under OPPS (see instru	ictions)		8, 239 32, 039, 788	
2. 00 3. 00	OPPS payments	ictions)			•
4. 00	Outlier payment (see instructions)			27, 279, 190 301, 243	•
4. 00	Outlier reconciliation amount (see instructions)			301, 243	•
5. 00	Enter the hospital specific payment to cost ratio (see instr	ructions)		0.000	
6. 00	Line 2 times line 5	401.00)		0.000	1
7. 00	Sum of lines 3, 4, and 4.01, divided by line 6			0. 00	•
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		89, 515	9. 00
10.00	Organ acquisitions			0	10. 00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			8, 239	11. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				
	Ancillary service charges	11 (0)		31, 314	1
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Total reasonable charges (sum of lines 12 and 13)	Tine 69)		0 31, 314	
14.00	Customary charges			31, 314	14.00
15 00	Aggregate amount actually collected from patients liable for	navment for services of	on a charge basi	s 0	15. 00
	Amounts that would have been realized from patients liable f				
	such payment been made in accordance with 42 CFR §413.13(e)	or payment for sorthood	on a onal godao	0 1144	10.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17. 00
18.00	Total customary charges (see instructions)			31, 314	18. 00
19.00	Excess of customary charges over reasonable cost (complete of	only if line 18 exceeds	line 11) (see	23, 075	19. 00
	instructions)				
20.00	Excess of reasonable cost over customary charges (complete o	only if line 11 exceeds	line 18) (see	0	20.00
	instructions)				
	Lesser of cost or charges (see instructions)			_	21.00
	Interns and residents (see instructions)			0	
	Cost of physicians' services in a teaching hospital (see ins	•		0 27 440 049	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			27, 669, 948	24.00
25 00	Deductibles and coinsurance amounts (for CAH, see instruction	ons)		0	25. 00
	Deductibles and Coinsurance amounts relating to amount on li		structions)	4, 767, 452	
	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)				•
	instructions)		- ,		
28.00	Direct graduate medical education payments (from Wkst. E-4,	line 50)		273, 228	28. 00
	ESRD direct medical education costs (from Wkst. E-4, line 36	o)		0	
	Subtotal (sum of lines 27 through 29)			23, 183, 963	
	Primary payer payments			7, 907	
32.00	Subtotal (line 30 minus line 31)	(1.050)		23, 176, 056	32. 00
33 00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERV Composite rate ESRD (from Wkst. I-5, line 11)	TCES)		0	33.00
	Allowable bad debts (see instructions)			-28, 575	•
	Adjusted reimbursable bad debts (see instructions)			-18, 574	•
	Allowable bad debts for dual eligible beneficiaries (see ins	structions)		-268, 436	1
	Subtotal (see instructions)	,		23, 157, 482	
	MSP-LCC reconciliation amount from PS&R			-128	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39. 00
	Pioneer ACO demonstration payment adjustment (see instruction	•			39. 50
	Demonstration payment adjustment amount before sequestration			0	
	Partial or full credits received from manufacturers for repl	aced devices (see insti	ructions)	0	
	RECOVERY OF ACCELERATED DEPRECIATION			0	
	Subtotal (see instructions) Sequestration adjustment (see instructions)			23, 157, 610	•
	Sequestration adjustment (see instructions)			152, 840	•
	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs			0	40. 02 40. 03
	Interim payments			23, 378, 879	•
	Interim payments-PARHM			23, 370, 077	41. 01
	Tentative settlement (for contractors use only)			0	
	Tentative settlement-PARHM (for contractor use only)				42. 01
	Balance due provider/program (see instructions)			-374, 109	43.00
	Balance due provider/program-PARHM (see instructions)				43. 01
	Protested amounts (nonallowable cost report items) in accord	dance with CMS Pub. 15-2	2, chapter 1, §1	15. 2 6, 850	44. 00
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)			0	
	Outlier reconciliation adjustment amount (see instructions)			0	
	The rate used to calculate the Time Value of Money				92.00
	Time Value of Money (see instructions) Total (sum of lines 91 and 93)			0	93. 00 94. 00
74.00	Tiotal (Suii Ol Tilles 71 dliu 73)			u U	I 74. UU

	Financial Systems IU HEALTH ARNI		I.		of Form CMS-2	
ANALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provi der C	CN: 15-01/3	Period: From 01/01/2020	Worksheet E-1	
				To 12/31/2020	Date/Time Pre	pared:
					7/13/2021 4: 2	.6 pm
			XVIII	Hospi tal	PPS	
		I npati en	t Part A	Par	t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1. 00	2.00	3. 00	4. 00	
. 00	Total interim payments paid to provider		36, 803, 89	7	23, 378, 879	1. 00
. 00	Interim payments payable on individual bills, either		(		0	2. 00
	submitted or to be submitted to the contractor for service					
	rendered in the cost reporting period. If none, write "N	ONE"				
00	or enter a zero					2 00
3. 00	List separately each retroactive lump sum adjustment amou					3. 00
	based on subsequent revision of the interim rate for the					
	reporting period. Also show date of each payment. If none write "NONE" or enter a zero. (1)	,				
	Program to Provider					
3. 01	ADJUSTMENTS TO PROVIDER	l .	(		0	3. 01
3. 02	TABSOSTWENTS TO TROVIDER		ì		0	3. 02
3. 03			ì	o l	0	3. 03
3. 04			ì	Ď	0	3. 04
3. 05			į (		Ö	3. 05
	Provider to Program					
3. 50	ADJUSTMENTS TO PROGRAM		(		0	3. 50
3. 51			(		0	3. 51
3. 52			(		0	3. 52
3. 53			(	)	0	3. 53
3. 54			(	)	0	3. 54
3. 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines		(		0	3. 99
	3. 50-3. 98)					
4. 00	Total interim payments (sum of lines 1, 2, and 3.99)		36, 803, 89	7	23, 378, 879	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropri ate)					
5. 00	TO BE COMPLETED BY CONTRACTOR List separately each tentative settlement payment after of	look .		1		5. 00
5. 00	review. Also show date of each payment. If none, write "N	ONE"				5.00
	or enter a zero. (1)	ONL				
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER		(		0	5. 01
5. 02	TERMINE TO TROVIDER		ì		0	
5. 03			ì		0	5. 03
	Provider to Program			-		
5 50	TENTATI VE TO DECCEAM	1	,		0	5 50

5. 50

5. 51

5. 52 5. 99

6.00

6. 01 6. 02 7. 00

8. 00

0

0

0

374, 109

23,004,770 NPR Date

(Mo/Day/Yr)

2.00

640, 402

Contractor

Number 1.00

37, 444, 299

5. 50

5. 51

5. 52 5. 99

6.00

6.01

6.02

7. 00

TENTATIVE TO PROGRAM

cost report. (1)
SETTLEMENT TO PROVIDER

SETTLEMENT TO PROGRAM

8.00 Name of Contractor

Subtotal (sum of lines 5.01-5.49 minus sum of lines

Total Medicare program liability (see instructions)

Determined net settlement amount (balance due) based on the

Health Financial Systems	HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10			
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provi der CCN: 15-0173 Peri				
		01/01/2020 Part II 12/31/2020 Date/Time Prepared:			
		7/13/2021 4:26 pm			
	Title XVIII H	lospi tal PPS			
		1. 00			
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDAR					
HEALTH INFORMATION TECHNOLOGY DATA COLLECTIO		1 00			
1.00 Total hospital discharges as defined in AARA 2.00 Medicare days from Wkst. S-3, Pt. I, col. 6		4 1.00 2.00			
		3.00			
5.00 Total hospital charges from Wkst C, Pt. I, c		4.00			
6.00 Total hospital charity care charges from Wkst. S-10, col. 3 line 20					
7.00 CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line					
168	ie parenase or continued in a teemoregy was	st. S-2, Pt. I line 7.00			
8.00 Calculation of the HIT incentive payment (se	instructions)	8.00			
9.00 Sequestration adjustment amount (see instruc		9.00			
10.00 Calculation of the HIT incentive payment after sequestration (see instructions)					
INPATIENT HOSPITAL SERVICES UNDER THE IPPS &					
30.00 Initial/interim HIT payment adjustment (see	nstructions)	30.00			
31.00 Other Adjustment (specify)	•	31.00			
32.00 Balance due provider (line 8 (or line 10) mi	us line 30 and line 31) (see instructions)	32.00			

	Financial Systems IU HEALTH ARNETT				of Form CMS-2	
	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der C	CN: 15-0173	Period: From 01/01/2020 To 12/31/2020	Date/Time Pre	epared:
		Title	XVIII	Hospi tal	7/13/2021 4: 2 PPS	26 pm
		1.00		110061 tai		
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				1. 00	
1. 00	Unweighted resident FTE count for allopathic and osteopathilor before December 31, 1996.	c programs 1	for cost repo	orting periods e	nding on 0.00	1. 00
2. 00 3. 00	Unweighted FTE resident cap add-on for new programs per 42 Amount of reduction to Direct GME cap under section 422 of	MMA		,	0. 00 0. 00	3. 00
<ol> <li>3. 01</li> <li>4. 00</li> </ol>	Direct GME cap reduction amount under ACA §5503 in accordan for cost reporting periods straddling 7/1/2011) Adjustment (plus or minus) to the FTE cap for allopathic an			, , ,		
4. 00	affiliation agreement (42 CFR §413.75(b) and § 413.79 (f)) ACA Section 5503 increase to the Direct GME FTE Cap (see in	·	. 0		0.00 0.00	
4. 02	straddling 7/1/2011) ACA Section 5506 number of additional direct GME FTE cap sl		·			
5. 00	periods straddling 7/1/2011) FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01	plus or minu	us line 4 plu	us lines 4.01 an	d 4. 02 0. 00	5. 00
6. 00	plus applicable subscripts Unweighted resident FTE count for allopathic and osteopathi	c programs 1	for the curre	ent year from yo	ur 0.00	6. 00
7. 00	records (see instructions) Enter the lesser of line 5 or line 6				0. 00	7. 00
			Primary Car 1.00	e <u>Other</u> 2.00	Total 3.00	
8. 00	Weighted FTE count for physicians in an allopathic and oste for the current year.	opathic proc				8. 00
9. 00	If line 6 is less than 5 enter the amount from line 8, othe line 8 times the result of line 5 divided by the amount on		pl y 0.	0.00	0. 00	9. 00
10. 00 10. 01	Weighted dental and podiatric resident FTE count for the cu Unweighted dental and podiatric resident FTE count for the		l t	0. 00 0. 00		10. 00 10. 01
11. 00 12. 00	Total weighted FTE count Total weighted resident FTE count for the prior cost report instructions)	ing year (se	0. e e 0. e			11. 00 12. 00
13.00	Total weighted resident FTE count for the penultimate cost (see instructions)	reporting ye	ar 0.	0. 00		13. 00
14. 00 15. 00	Rolling average FTE count (sum of lines 11 through 13 divid Adjustment for residents in initial years of new programs	led by 3).	0. ( 11. <sup>(</sup>			14. 00 15. 00
	Unweighted adjustment for residents in initial years of new		0.			15. 01
	Adjustment for residents displaced by program or hospital c Unweighted adjustment for residents displaced by program or		osure 0.			16. 00 16. 01
	Adjusted rolling average FTE count	nospi tai Ci	11.			17. 00
	Per resident amount		106, 854.			18. 00
	Approved amount for resident costs		1, 276, 9		1, 276, 916	•
					1. 00	
20.00	Additional unweighted allopathic and osteopathic direct GME 413.79(c)(4)	FTE resider	nt cap slots	recei ved under		20. 00
22.00	Direct GME FTE unweighted resident count over cap (see inst Allowable additional direct GME FTE Resident Count (see ins	structions)			0. 00	21. 00 22. 00
24.00	Enter the locality adjustment national average per resident Multiply line 22 time line 23	amount (see	e instruction	ns)	0	23. 00 24. 00
25. 00	Total direct GME amount (sum of lines 19 and 24)			rt Managed Care	1, 276, 916 Total	25. 00
			1. 00	2.00	3. 00	
26. 00	COMPUTATION OF PROGRAM PATIENT LOAD Inpatient Days (see instructions) (Title XIX - see S-2 Part	IX. line 3.		_		26. 00
	Total Inpatient Days (see instructions)	, 0.	43, 8			27. 00
	Ratio of inpatient days to total inpatient days		0. 3706	0. 185122		28. 00
	Program direct GME amount Percent reduction for MA DGME		473, 2	35 236, 385 7. 00		29.00
	Reduction for direct GME payments for Medicare Advantage		i	16, 547		30.00

Health Financial Systems IU HEALTH ARNET		In Lieu	ı of Form CMS-2	2552-10
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der CCN: 15-0173	Peri od:	Worksheet E-4	
MEDICAL EDUCATION COSTS		From 01/01/2020 To 12/31/2020	Date/Time Pre 7/13/2021 4:2	
	Title XVIII	Hospi tal	PPS	
DUDENT MEDICAL EDUCATION COCTO FOR FORD COMPOCITE DATE. T	LTLE WILL ONLY (AUDCING	COLICOL AND	1. 00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - T PARAMEDICAL EDUCATION COSTS)	·			
32.00 Renal dialysis direct medical education costs (from Wkst. 94)	B, Pt. I, sum of col. 20	and 23, lines 7	and 0	32. 00
33.00 Renal dialysis and home dialysis total charges (Wkst. C, P		es 74 and 94)	1, 915, 897	33. 00
34.00 Ratio of direct medical education costs to total charges (	line 32 ÷ line 33)		0. 000000	
35.00 Medicare outpatient ESRD charges (see instructions)			0	
36.00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XV	III ONLY			
Part A Reasonable Cost 37.00 Reasonable cost (see instructions)		ı	49, 400, 985	27 00
38.00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line	60)		49, 400, 985	
39.00 Cost of physicians' services in a teaching hospital (see i			0	
40.00 Primary payer payments (see instructions)	nstructions)		30, 278	
41.00 Total Part A reasonable cost (sum of lines 37 through 39 m	inus line 40)		49, 370, 707	
Part B Reasonable Cost			,,	
42.00 Reasonable cost (see instructions)			32, 137, 542	42.00
43.00 Primary payer payments (see instructions)			7, 907	43.00
44.00 Total Part B reasonable cost (line 42 minus line 43)			32, 129, 635	
45.00 Total reasonable cost (sum of lines 41 and 44)			81, 500, 342	
46.00 Ratio of Part A reasonable cost to total reasonable cost (			0. 605773	
47.00 Ratio of Part B reasonable cost to total reasonable cost (			0. 394227	47. 00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND	PARI B	T	(00.070	40.00
48.00 Total program GME payment (line 31) 49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII on	Lv) (see instructions)		693, 073 419, 845	
50.00 Part B Medicare GME payment (line 46 x 48) (title XVIII on			419, 845 273, 228	
30.00 part b medicale divic payment (Title 47 x 40) (title XVIII On	ry, (see riistructions)		213, 220	30.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-typevider CCN: 15-0173 accounting records, complete the General Fund column only)

Period: Worksheet G From 01/01/2020 To 12/31/2020 Date/Time Prepared:

	······································		T	o 12/31/2020	Date/Time Pre 7/13/2021 4:2	
		General Fund	Speci fi c	Endowment Fund		l piii
			Purpose Fund			
	CURRENT ASSETS	1.00	2. 00	3. 00	4. 00	
1. 00	Cash on hand in banks	39, 659, 283	1 0	0	0	1.00
2. 00	Temporary investments	07,037,203	ď	0	0	
3. 00	Notes receivable	498, 092	_	ő	0	
4.00	Accounts receivable	44, 086, 028	C	0	0	4.00
5.00	Other receivable	0	C	0	0	5. 00
6.00	Allowances for uncollectible notes and accounts receivabl		C	0	0	•
7. 00	Inventory	9, 978, 597		0	0	
8. 00	Prepai d expenses	3, 017, 867	C	0	0	
9.00	Other current assets	0	0	0	0	
10.00	Due from other funds	07 000 047		0	0	
11.00	Total current assets (sum of lines 1-10) FIXED ASSETS	97, 239, 867		0	0	11. 00
12.00	Land	3, 859, 567		0	0	12. 00
	Land improvements	394, 836	1	0	0	13.00
	Accumulated depreciation	-87, 046		0	0	14. 00
	Bui I di ngs	222, 252, 060		Ö	0	15. 00
	Accumul ated depreciation	-59, 851, 371	C	0	0	16.00
17.00	Leasehold improvements	0	o c	0	0	17. 00
18.00	Accumul ated depreciation	0	C	0	0	18. 00
	Fixed equipment	0	C	0	0	
	Accumul ated depreciation	0	C	0	0	20. 00
	Automobiles and trucks	194, 358		0	0	21.00
	Accumulated depreciation	-162, 854		0	0	22. 00
	Maj or movable equipment	97, 156, 126 -67, 207, 443		0	0	23.00
	Accumulated depreciation Minor equipment depreciable	-67, 207, 443		0	0	24. 00 25. 00
	Accumulated depreciation	0		0	0	26.00
	HIT designated Assets	0	Ö	0	0	•
	Accumulated depreciation	0	i o	Ö	0	28. 00
	Mi nor equi pment-nondepreci abl e	0	Ö	0	0	29. 00
	Total fixed assets (sum of lines 12-29)	196, 548, 233	C	0	0	30.00
	OTHER ASSETS					
	Investments	3, 731, 523	C	0	0	31. 00
	Deposits on Leases	0	C	0	0	32.00
	Due from owners/officers	0	0	0	0	
	Other assets	7, 909, 566		0	0	34. 00 35. 00
	Total other assets (sum of lines 31-34) Total assets (sum of lines 11, 30, and 35)	11, 641, 089 305, 429, 189		0	0	36.00
30.00	CURRENT LIABILITIES	303, 427, 107		<u> </u>	0	30.00
37 00	Accounts payable	9, 800, 772		0	0	37. 00
	Salaries, wages, and fees payable	23, 207, 040		Ö	0	38. 00
	Payroll taxes payable	12, 513	1	0	0	39. 00
40.00	Notes and Loans payable (short term)	0	C	0	0	40.00
	Deferred income	0	C	0	0	41.00
	Accelerated payments	32, 311, 457				42.00
	Due to other funds	2, 813, 690		0	0	
	Other current liabilities	105, 230		0		44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	68, 250, 702	<u> </u>	0	0	45. 00
46. 00	LONG TERM LIABILITIES  Mortgage payable	0	ı o	l 0	0	46. 00
	Notes payable	0		0	0	1
	Unsecured Loans	0		0	0	1
	Other long term liabilities	1, 431, 796		0	0	
	Total long term liabilities (sum of lines 46 thru 49)	1, 431, 796	1	ő	0	
	Total liabilities (sum of lines 45 and 50)	69, 682, 498		0	0	51.00
	CAPITAL ACCOUNTS					1
	General fund balance	235, 746, 691				52. 00
	Specific purpose fund		C	[		53. 00
	Donor created - endowment fund balance - restricted			0		54.00
	Donor created - endowment fund balance - unrestricted			0		55. 00
	Governing body created - endowment fund balance			0	_	56.00
	Plant fund balance - invested in plant				0	
58. UU	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58. 00
50 00	Total fund balances (sum of lines 52 thru 58)	235, 746, 691		0	0	59. 00
	Total liabilities and fund balances (sum of lines 51 and			0		60.00
55. 55	1.222 25111 21 25 and . and 201 01005 (3011 01 111105 01 010)	12.,000, 12,, 10,		. 9		, 55. 55

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES IU HEALTH ARNETT HOSPITAL

					From 01/01/202 To 12/31/202		epared:
		0				7/13/2021 4: 2	
		General	Funa	Special P	urpose Fund	Endowment Fund	1
		1. 00	2.00	3. 00	4. 00	5. 00	
1. 00	Fund balances at beginning of period		221, 076, 352			0	1. 00
2.00	Net income (loss) (from Wkst. G-3, line 29)		14, 670, 340				2. 00
3.00	Total (sum of line 1 and line 2)		235, 746, 692			0	3.00
4. 00 5. 00	Additions (credit adjustments) (specify)	0			0	0	
6. 00		0					
7. 00		0					
8.00		0			Ö	l ő	
9. 00		0			O	0	9.00
10.00	Total additions (sum of line 4-9)		0			o	10.00
11.00	Subtotal (line 3 plus line 10)		235, 746, 692			0	11. 00
	Deductions (debit adjustments) (specify)	0		۱ ,	0	0	
13.00	ROUNDI NG	1		·	0	0	
14.00		0			0	0	
15. 00 16. 00		0				0	
17. 00		0					
	Total deductions (sum of lines 12-17)	Ŭ	1	·		ol	18. 00
	Fund balance at end of period per balance		235, 746, 691			O	19. 00
	sheet (line 11 minus line 18)						
		Endowment Fund	PI ant	Fund	4		
		6. 00	7. 00	8. 00	+		
1.00	Fund balances at beginning of period	0			0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				•		2. 00
3.00	Total (sum of line 1 and line 2)	0		۱ '	0		3.00
4. 00 5. 00	Additions (credit adjustments) (specify)		0				4. 00 5. 00
6. 00			0				6.00
7. 00			0				7.00
8. 00			0				8.00
9. 00			0				9. 00
	Total additions (sum of line 4-9)	0		[ ·	0		10.00
	Subtotal (line 3 plus line 10)	0		۱ ,	0		11. 00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13. 00 14. 00	ROUNDI NG		0				13. 00 14. 00
15.00			0		•		15. 00
16. 00			0				16. 00
17. 00			0		1		17. 00
	Total deductions (sum of lines 12-17)	О	J		o		18. 00
	Fund balance at end of period per balance	0			0		19. 00
	sheet (line 11 minus line 18)			l	I		

<u>Health Financial Systems</u>	IU HEALTH ARNETT	HOSPI TAL	In Lieu	of Form CMS-2552-10
STATEMENT OF PATIENT REVENUES AN	ND OPERATING EXPENSES	Provider CCN: 15-0173	Peri od:	Worksheet G-2

From 01/01/2020 Parts I & II To 12/31/2020 Date/Time Prepared: 7/13/2021 4:26 pm Cost Center Description I npati ent Outpati ent Total 1.00 2.00 3.00 PART I - PATIENT REVENUES General Inpatient Routine Services 1.00 Hospi tal 108, 838, 173 108, 838, 173 2.00 SUBPROVIDER - IPF 2.00 SUBPROVIDER - IRF 3.00 3.00 4.00 SUBPROVI DER 4.00 5.00 Swing bed - SNF 0 5.00 Swing bed - NF 6.00 6.00 7.00 SKILLED NURSING FACILITY 7.00 8.00 NURSING FACILITY 8.00 9.00 OTHER LONG TERM CARE 9.00 10 00 Total general inpatient care services (sum of lines 1-9) 108, 838, 173 108, 838, 173 10.00 Intensive Care Type Inpatient Hospital Services 11.00 INTENSIVE CARE UNIT 18, 457, 339 18, 457, 339 11.00 12.00 CORONARY CARE UNIT 12.00 BURN INTENSIVE CARE UNIT 13.00 0 13.00 13.01 BURN INTENSIVE CARE UNIT 0 13.01 14.00 SURGICAL INTENSIVE CARE UNIT 14.00 NEONATAL INTENSIVE CARE UNIT 12, 154, 124 15 00 12.154,124 15 00 Total intensive care type inpatient hospital services (sum of lines 11 15) 30,611,463 16.00 30, 611, 463 16.00 17.00 Total inpatient routine care services (sum of lines 10 and 16) 139, 449, 636 139, 449, 636 17.00 910, 743, 271 18.00 Ancillary services 348, 344, 056 562, 399, 215 18.00 228, 700, 445 43, 531, 801 185, 168, 644 19 00 Outpatient services 19 00 20.00 RURAL HEALTH CLINIC 0 20.00 21.00 FEDERALLY QUALIFIED HEALTH CENTER 21.00 22.00 HOME HEALTH AGENCY 22.00 AMBULANCE SERVICES 23 00 23 00 24.00 CMHC 24.00 25. 00 25.00 AMBULATORY SURGICAL CENTER (D. P.) 26.00 HOSPI CE 26, 00 287, 109, 772 27.00 OTHER - PHYSICIAN, RETAIL PHARMACY 287, 109, 772 27 00 1, 034, 677, 631 1, 566, 003, 124 28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-**5**,31, 325, 493 28.00 <u>line 1)</u> PART II - OPERATING EXPENSES 29.00 Operating expenses (per Wkst. A, column 3, line 200) 455, 961, 743 29 00 30.00 ADD (SPECIFY) 30.00 31.00 31.00 32.00 32.00 33.00 33.00 34.00 34.00 35.00 35.00 Total additions (sum of lines 30-35) 36.00 36.00 37.00 DEDUCT (SPECIFY) 37.00 38.00 38.00 39.00 39.00 0 40.00 40.00 41.00 41.00 42.00 Total deductions (sum of lines 37-41) 42.00 455, 961, 743 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to 43.00 43.00

Wkst. G-3, line 4)

Health Financial Systems IU HEALTH ARNETT HOSPITAL In Lie	u of Form CMS-255	52_10
STATEMENT OF REVENUES AND EXPENSES Provider CCN: 15-0173 Period:	Worksheet G-3	<u> </u>
From 01/01/2020 To 12/31/2020	)   Date/Time Prepa	arod:
10 12/31/2020	7/13/2021 4: 26	
	1.00	1 22
1.00 Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1	1.00
2.00 Less contractual allowances and discounts on patients' accounts		2.00
3.00 Net patient revenues (line 1 minus line 2)		3.00
4.00 Less total operating expenses (from Wkst. G-2, Part II, line 43) 5.00 Net income from service to patients (line 3 minus line 4)	1	4. 00 5. 00
5.00 Net income from service to patients (line 3 minus line 4)  OTHER INCOME	-9, 507, 394	5.00
6.00 Contributions, donations, bequests, etc	0	6. 00
7.00 Income from investments	1	7. 00
8.00 Revenues from telephone and other miscellaneous communication services		8. 00
9.00 Revenue from television and radio service		9.00
10.00 Purchase discounts	0 10	10.00
11.00 Rebates and refunds of expenses	0 1	11. 00
12.00 Parking Lot receipts	0 1:	12.00
13.00 Revenue from laundry and linen service	0 1	13.00
14.00 Revenue from meals sold to employees and guests	0 1	14.00
15.00 Revenue from rental of living quarters		15.00
16.00 Revenue from sale of medical and surgical supplies to other than patients	0 1	16. 00
17.00 Revenue from sale of drugs to other than patients		17. 00
18.00 Revenue from sale of medical records and abstracts	1	18. 00
19.00 Tuition (fees, sale of textbooks, uniforms, etc.)	1	19. 00
20.00 Revenue from gifts, flowers, coffee shops, and canteen	1	20. 00
21.00 Rental of vending machines	1	21. 00
22.00 Rental of hospital space		22. 00
23. 00 Governmental appropri ati ons	1	23. 00
24. 00 MI SCELLANEOUS I NCOME	10, 658, 434 2	
24. 50 COVI D-19 PHE Fundi ng	13, 519, 300 2	
25.00 Total other income (sum of lines 6-24)	24, 177, 734 2	
26.00 Total (line 5 plus line 25) 27.00 OTHER EXPENSES (SPECIFY)	14, 670, 340 2	26. 00 27. 00
28.00 Total other expenses (sum of line 27 and subscripts)		27. 00 28. 00
29.00 Net income (or loss) for the period (line 26 minus line 28)	14, 670, 340 29	
27. 00 piet modilie (or 1033) for the period (time 20 illinus time 20)	1 14,070,340 2	. 7. 00

Heal th	Financial Systems IU HEALTH ARNETT HOSPITAL	In Lieu	of Form CMS-2	2552-10
CALCUL		eri od:	Worksheet I-5	5
		om 01/01/2020	Date/Time Pre	narad.
	To	) 12/31/2020	7/13/2021 4: 2	
			, ,, ,0,,202, 1,2	, , , , , , , , , , , , , , , , , , ,
		1. 00	2. 00	
	PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B			
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2. 01
2. 02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)			2. 02
2.03	Total payment due (see instructions)	0	0	
2.04	Outlier payments	0		2. 04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	0.00
3. 01	Deductibles billed to Medicare (Part B) patients (see instructions)		1	3. 01
3. 02	Deductibles billed to Medicare (Part B) patients (see instructions)		ار	3. 02
3. 03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	
4.00	Coinsurance billed to Medicare (Part B) patients	O	0	
4. 01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4. 01
4. 02	Coinsurance billed to Medicare (Part B) patients (see instructions)  Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4. 02 4. 03
4. 03 5. 00		0	0	
5. 00 5. 01	Bad debts for deductibles and coinsurance, net of bad debt recoveries  Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debts	.+ 0	0	
5.01	recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	ι υ	U <sub>l</sub>	5.01
5. 02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debts	+ 0	0	5. 02
3.02	recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			3.02
5. 03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debts	ı <del>+</del> 0	0	5. 03
0.00	recoveries for services rendered on or after 1/1/2013 but before 1/1/2014		ı	0.00
5. 04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for ser	vices 0	0	5. 04
	rendered on or after 1/1/2014		1	
5. 05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5. 05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7. 00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instruction	s) 0	0	8. 00
9.00	Program payment (see instructions)	0	0	9. 00
	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11. 00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
	Total allowable expenses (see instructions)	0	j l	12. 00
	Total composite costs (from Wkst. I-4, col. 2, line 11)	0	j l	13. 00
14. 00	Facility specific composite cost percentage (line 13 divided by line 12)	0. 000000	j	14. 00

Heal th	Financial Systems IU HEALTH ARNET	T HOSPITAL	In Lieu	u of Form CMS-2	2552-10
	ATION OF CAPITAL PAYMENT	Provi der CCN: 15-0173	Peri od:	Worksheet L	
			From 01/01/2020		
			To 12/31/2020	Date/Time Pre 7/13/2021 4:2	epareu: 26 pm
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART I - FULLY PROSPECTIVE METHOD			1. 00	
	CAPITAL FEDERAL AMOUNT				
1. 00	Capital DRG other than outlier			2, 530, 106	1.00
1. 01	Model 4 BPCI Capital DRG other than outlier			0	•
2.00	Capital DRG outlier payments			243, 748	2.00
2. 01	Model 4 BPCI Capital DRG outlier payments			0	
3.00	Total inpatient days divided by number of days in the cost	reporting period (see i	nstructions)	119. 84	
4.00	Number of interns & residents (see instructions)			11. 95	•
5.00	Indirect medical education percentage (see instructions)	a a.E. 1 1 a 1	01	2. 85	
6. 00	Indirect medical education adjustment (multiply line 5 by t 1.01)(see instructions)	the sum of fittes faile i	. 01, COLUMNIS I a	hd 72, 108	6. 00
7. 00	Percentage of SSI recipient patient days to Medicare Part A	natient davs (Workshee	t E. part A line	30) 2.76	7.00
	(see instructions)	. patront days (normones	c 2, par c /	2.70	7.00
8.00	Percentage of Medicaid patient days to total days (see inst	ructions)		20. 95	8. 00
9.00	Sum of lines 7 and 8			23. 71	9. 00
	Allowable disproportionate share percentage (see instruction	ons)		4. 92	
	Disproportionate share adjustment (see instructions)			124, 481	•
12.00	Total prospective capital payments (see instructions)			2, 970, 443	12. 00
				1.00	
1 00	PART II - PAYMENT UNDER REASONABLE COST				1 00
1. 00 2. 00	Program inpatient routine capital cost (see instructions) Program inpatient ancillary capital cost (see instructions)			0	
3. 00	Total inpatient program capital cost (see Histractions)			0	
4. 00	Capital cost payment factor (see instructions)			Ö	
5.00	Total inpatient program capital cost (line 3 x line 4)			0	5.00
	PART III - COMPUTATION OF EXCEPTION PAYMENTS			1. 00	
1. 00	Program inpatient capital costs (see instructions)			0	1.00
2. 00	Program inpatient capital costs for extraordinary circumsta	nces (see instructions)		0	
3.00	Net program inpatient capital costs (line 1 minus line 2)			0	3.00
4.00	Applicable exception percentage (see instructions)			0. 00	
5. 00	Capital cost for comparison to payments (line 3 x line 4)			0	
6. 00	Percentage adjustment for extraordinary circumstances (see		0 11 ()	0. 00	
7.00	Adjustment to capital minimum payment level for extraordina	iry circumstances (line	2 x line 6)	0	
8. 00 9. 00	Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as app	licable)		0	
10.00	Current year comparison of capital minimum payment level to		8 Less line 9)	0	
	Carryover of accumulated capital minimum payment level over				
	Part III, line 14)		p	, ,	
	Net comparison of capital minimum payment level to capital			0	12. 00
	Current year exception payment (if line 12 is positive, ent			0	
14.00	Carryover of accumulated capital minimum payment level over	capital payment for th	e following peri	pd (if 0	14.00
15 00	line 12 is negative, enter the amount on this line)			_	15 00
	Current year allowable operating and capital payment (see i Current year operating and capital costs (see instructions)			0	
	Current year exception offset amount (see instructions)				17. 00
	122. 2.1. Jour Shooper on Street uniount (300 Fristractions)			,	1 00