IU HEALTH BLOOMINGTON HOSPITAL

In Lieu of Form CMS-2552-10

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interFORM 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 CERTIFICATIONPANDI der CCN: 15-0051 Period: Worksheet S From 01/01/2020 Parts I-III SETTLEMENT SUMMARY 12/31/2020 Date/Time Prepared: То 7/14/2021 11:13 am PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically prepared cost report Date: 7/14/2021 Time: 11:13 am use only ]Manually prepared cost report 2. ľ ]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. 3 0 4 6. Date Received: 7. Contractor No. 10. NPR Date: Contractor 5. ]Cost Report Status Γ 11. Contractor's Vendor Code: (1) As Submitted use only Δ (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. (3) Settled with Audit number of times reopened = 0-9. (4) Reopened (5) Amended

#### PART II - CERTIFICATION

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 BLOOMINGTON HOSPITAL (15-0051) 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. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

[X] 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)	MI CHAEL	CRAI G

Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

(Dated when report is electronically signed.)

Da	te
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		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 Hospital	0	410, 724	-485, 141	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	31, 468	0		0	3.00
4. 00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200. 00 Total	0	442, 192	-485, 141	0	0	200.00
The above amounts represent "due to" or "due from"	the applicab	e program for	the element o	f the above co	omplex indicate	ed.

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 I 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 Re 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.

IOSPI -	n Financial Systems TAL AND HOSPITAL HEALTH CARE COMPLEX	IU HEALTH I		<u>N HOSPITA</u> Provider		5-0051	Peri od:		of Form Workshe		
							From 01/0 To 12/3		Part I Date/Ti 7/14/20		
	1.00	2.	00	3. 0	00			4.00	77 147 20	)21 11.	
00	Hospital and Hospital Health Care ( Street:601 WEST SECOND STREET	Complex Address: PO Box:1	140								1.00
. 00 2. 00	City: BLOOMINGTON	State: 1		p Code: 4	7402	Coun	ty: MONROE				2.00
		Component Na			BSA	Provi der			ent Syst		
			Nui	mber Nu	umber	Туре	Certi fi e		, 0, or XVIII		ł
		1.00		. 00 3	3. 00	4.00	5.00	6.00		8.00	
	Hospital and Hospital-Based Compone				1000	1 4	07 (04 (40)	<u> </u>			
. 00	Hospi tal	I U HEALTH BLOOMII HOSPI TAL	AGTON 15	0051 1	4020	1	07/01/196	6 N	Р	Р	3.00
. 00	Subprovider - IPF										4.00
6.00	Subprovider - IRF	U HEALTH BLOOMI	VGTON 15	T051 1	4020	5	10/01/200	02 N	Р	Р	5.00
. 00	Subprovider - (Other)	HOSPI TAL									6.00
. 00	Swing Beds - SNF										7.00
. 00	Swing Beds - NF										8.00
.00	Hospi tal -Based SNF Hospi tal -Based NF										9.00 10.00
	Hospi tal -Based OLTC										11.0
	Hospital-Based HHA										12.0
	Separately Certified ASC Hospital-Based Hospice										13.0
	Hospital -Based Health Clinic - RHC										15.0
	Hospital -Based Health Clinic - FQHC										16.0
	Hospital-Based (CMHC) I Renal Dialysis										17.00 18.00
	Other										19.00
							From 1. 0		<u> </u>		-
0.00	Cost Reporting Period (mm/dd/yyyy)						01/01/		12/31/		20.0
	Type of Control (see instructions)						2				21.0
						1.00	2.0	0	3. (	0	
	Inpatient PPS Information					1.00	2.0		<u> </u>		
2.00	Does this facility qualify and is i					Y	N				22.0
	disproportionate share hospital adj §412.106? In column 1, enter "Y" f				ity						
	subject to 42 CFR Section §412.106(	c)(2)(Pickle amer	idment hosp	bital?) I	n						
	column 2, enter "Y" for yes or "N"	for no.									
2.01	Did this hospital receive interim u reporting period? Enter in column 1					Y	Y				22.0
	portion of the cost reporting period										
	column 2, "Y" for yes or "N" for no			st report	i ng						
2 02	period occurring on or after Octobe Is this a newly merged hospital that			atod care	<u>_</u>	N	N	-			22.0
2.02	payments to be determined at cost r					IN I					22.0
	Enter in column 1, "Y" for yes or "										
	reporting period prior to October 1 for no, for the portion of the cost			2							
2.03	Did this hospital receive a geograp					Ν	N		N		22.0
	as a result of the OMB standards for										
	by CMS in FY2015? Enter in column 1 portion of the cost reporting perio										
	"Y" for yes or "N" for no for the p										
	occurring on or after October 1. (s										
	contain at least 100 but not more t with 42 CFR 412.105)? Enter in colu				ance						
3.00	Which method is used to determine M				bel ow	?	3 N				23.0
	In column 1, enter 1 if date of adm					f					
	discharge. Is the method of identif										
									<u> </u>		
	period different from the method us In column 2, enter "Y" for yes or "	N" for no.		In-State		ut-of	Out-of	Medi ca		ther	
	period different from the method us	N" for no.	In-State		- C		NTOTO			b ICO I	
	period different from the method us		Medicaid	Medi cai d		state dicaid N	State Medicaid	HMO da	5	i cai d avs	
	period different from the method us		Medicaid paid days		e Med	di cai d 🛛 🛔	Medicaid eligible	HMU da	5	ays	
	period different from the method us		Medicaid paid days	Medicaio eligiblo Inpaid da	e Meo iyspai	dicaid M d days e un	Medicaid eligible paid days		d	ays	
4 00	period different from the method us In column 2, enter "Y" for yes or "		Medicaid paid days 1.00	Medicaio eligible Inpaid da 2.00	e Meo iys pai	dicaid I d days e un 3.00	Medicaid eligible upaid days 4.00	5.00	d 6	ays . 00	24 0
4.00	period different from the method us	I, enter the	Medicaid paid days	Medicaio eligible Inpaid da 2.00	e Meo iyspai	dicaid M d days e un	Medicaid eligible paid days		d 6	ays . 00	24.00
4.00	period different from the method us In column 2, enter "Y" for yes or " If this provider is an IPPS hospita in-state Medicaid paid days in colu Medicaid eligible unpaid days in colu	I, enter the mn 1, in-state Iumn 2, out-of-s	Medicaid paid days 1.00 2,589 tate	Medicaio eligible Inpaid da 2.00	e Meo iys pai	dicaid I d days e un 3.00	Medicaid eligible upaid days 4.00	5.00	d 6	ays . 00	24.00
4.00	period different from the method us In column 2, enter "Y" for yes or " If this provider is an IPPS hospita in-state Medicaid paid days in colu Medicaid eligible unpaid days in co Medicaid paid days in column 3, out	I, enter the mn 1, in-state Jumn 2, out-of-st -of-state Medicai	Medicaid paid days 1.00 2,589 tate d	Medicaio eligible Inpaid da 2.00	e Meo iys pai	dicaid I d days e un 3.00	Medicaid eligible upaid days 4.00	5.00	d 6	ays . 00	24.0
4.00	period different from the method us In column 2, enter "Y" for yes or " If this provider is an IPPS hospita in-state Medicaid paid days in colu Medicaid eligible unpaid days in colu	I, enter the mn 1, in-state Jumn 2, out-of-st -of-state Medicai ledicaid HMO paic	Medicaid paid days 1.00 2,589 tate d	Medicaio eligible inpaid da 2.00	e Meo iys pai	dicaid I d days e un 3.00	Medicaid eligible upaid days 4.00	5.00	d 6	ays . 00	24.0

Health Financial Systems IU HEALTH E HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION D				1		<u>of Form</u> Workshee	CMS-2552-10
HUSPITAL AND HUSPITAL HEALTH CARE COMPLEX IDENTIFICATION L		Provider CO	JN: 15-0051	Period: From 01/ To 12/	01/2020	Part I Date/Tim	t 5-2 e Prepared: 1 11:13 am
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid spaid days	Out-of State Medicaid eligible	Medicai HMO day	d Oth	er cai d
-	1.00	2.00	3.00	unpaid days 4.00	5.00	6. (	00
25.00 If this provider is an IRF, enter the in-state Medic paid days in column 1, the in-state Medicaid eligith unpaid days in column 2, out-of-state Medicaid days column 3, out-of-state Medicaid eligible unpaid days column 4, Medicaid HMO paid and eligible but unpaic days in column 5.	caid 27 le in	0	0	C	1	197	25.00
					<u>ural StD</u> 00	ate of G 2.00	
26.00 Enter your standard geographic classification (not v reporting period. Enter "1" for urban or "2" for rur	ral.			f the cost			26.00
27.00 Enter your standard geographic classification (not v reporting period. Enter in column 1, "1" for urban of the effective date of the geographic reclassification	or"2" for	rural. If			1		27.00
35.00 If this is a sole community hospital (SCH), enter th in the cost reporting period.	ne number	of periods	SCH status		ini ng:	Endi no	35.00
				1.	00	2.00	
36.00 Enter applicable beginning and ending dates of SCH s periods in excess of one and enter subsequent dates.		bscript li	ne 36 for n	umber of			36.00
37.00 If this is a Medicare dependent hospital (MDH), ente effect in the cost reporting period. 37.01 Is this hospital a former MDH that is eligible for t	er the num				n O		37.00 37.01
accordance with FY 2016 OPPS final rule? Enter "Y" f	for yes or	"N" for n	o. (see ins	tructions)			
38.00 If line 37 is 1, enter the beginning and ending date than 1, subscript this line for the number of period dates.							38.00
					/N 00	Y/N 2.00	
39.00 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i for yes or "N" for no. Does the facility meet the mi CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in colum instructions)	), (ii), leage req	or (iii)? uirements	Enter in co in accordan	olume lumn 1 "Y" ce with 42	N	<u> </u>	39.00
instructions) 40.00 Is this hospital subject to the HAC program reduction for no in column 1, for discharges prior to October column 2, for discharges on or after October 1. (see	1. Enter	"Y" for ye	"Y" for ye s or "N" fo	sor"N" rnoin	N	N	40.00
					1.00		3. 00
Prospective Payment System (PPS)-Capital 45.00 Does this facility qualify and receive Capital payme	ent for di	sproportio	nate share	in accorda	unce wiith		N 45.00
42 CFR Section §412.320? (see instructions) 46.00 Is this facility eligible for additional payment exo to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt.	ception fo	r extraord	inary circu	mstances p	oursuaNnt	N	N 46.00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS 48.00 Is the facility electing full federal capital paymer	capi tal ?	Enter "Y	for yes or	"Ň" for no		N N	N 47.00 N 48.00
56.00 Teaching Hospitals 56.00 Is this a hospital involved in training residents in for no in column 1. If column 1 is "Y", are you impa							56.00
payment reduction? Enter "Y" for yes or "N" for no 57.00 If line 56 is yes, is this the first cost reporting programs trained at this facility? Enter "Y" for ye did residents start training in the first month of t "N" for no in column 2. If column 2 is "Y", complet	period du es or "N" this cost te Workshe	ring which for no in o reporting	column 1. l period? En	f column 1 ter "Y" fo	is "Y" or yes or	-	57.00
Wkst. D, Parts III & IV and D-2, Pt. II, if applicat 58.00 If line 56 is yes, did this facility elect cost rein CMS Pub. 15–1, chapter 21, §2148? If yes, complete V	mbursement	for physic	cians' serv	ices as de	efined in	n	58.00
59.00 Are costs claimed on line 100 of Worksheet A? If ye		te Wkst. D	-2, Pt. I. NAHE 413.3 Y/N 1.00	Lir	ne # (	Pass-Thro Qualifica riterion 3.00	tion Code
60.00 Are you claiming nursing and allied health education programs that meet the criteria under 42 CFR 413.857 Enter "Y" for yes or "N" for no in column 1. If col impacted by CR 11642 (or subsequent CR) NAHE MA payn	? (see in: lumn 1 is	structions "Y", are y	ny Y ) pu		Y	3.00	60.00
"Y" for yes or "N" for no in column 2.	lient aujus		itei				

alth Financial Systems IU HEALTH B SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION D/		NGTON HOSPITAL Provider CO	CN: 15-0051 Pe	eriod:	of Form CMS-2 Worksheet S-2	
				rom 01/01/2020 p 12/31/2020	Date/Time Pre	
	Y/N	IME	Direct GME	IME	7/14/2021 11: Direct GME	13 ai
-	1.00	2.00	2.00	4.00	E 00	
.00 Did your hospital receive FTE slots under ACA section		2.00	3.00	4.00	5.00 0.00	61. (
5503? Enter "Y" for yes or "N" for no in column 1.	see					
instructions) .01 Enter the average number of unweighted primary care						61. (
FTEs from the hospital's 3 most recent cost reports						0.1.1
ending and submitted before March 23, 2010. (see						
instructions) .02 Enter the current year total unweighted primary care						61.
	nd					0
primary care FTEs added under section 5503 of ACA).						
(see instructions) .03 Enter the base line FTE count for primary care and/p	r					61.
general surgery residents, which is used for						0
determining compliance with the 75% test. (see						
instructions) .04 Enter the number of unweighted primary care/or surge	rv					61.
allopathic and/or osteopathic FTEs in the current co						01.
reporting period. (see instructions).						
.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's						61.
primary care and/or general surgery FTE counts (line						
61.04 minus line 61.03). (see instructions)						
.06 Enter the amount of ACA §5503 award that is being us for cap relief and/or FTEs that are nonprimary care						61.
general surgery. (see instructions)	0.					
	Pro	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE	_
				FIE Count	Count	
		1.00	2.00	3.00	4.00	
.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for	or			0.00	0.00	61.
each new program. (see instructions) Enter in column						
the program name. Enter in column 2, the program code						
Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.	er					
. 20 Of the FTEs in line 61.05, specify each expanded				0.00	0.00	61.
program specialty, if any, and the number of FTE						
residents for each expanded program. (see instruction Enter in column 1, the program name. Enter in column						
the program code. Enter in column 3, the IME FTE	2,					
unweighted count. Enter in column 4, the direct GME	FTE					
unweighted count.						
					1.00	
ACA Provisions Affecting the Health Resources and Se .00 Enter the number of FTE residents that your hospital				oried for which		42
hospital received HRSA PCRE funding (see instructions			st reporting p		ii your 0.00	62.
.01 Enter the number of FTE residents that rotated from a	a Teac	5	• •	to your hospit	al 0.00	62.
during in this cost reporting period of HRSA THC prog Teaching Hospitals that Claim Residents in Nonprovid	gram. Ior Sot	<u>(see instruct</u>	i ons)			
. 00 Has your facility trained residents in nonprovider se	etting	as during this	cost reportin	g period? Ente	r "Y" N	63.
for yes or "N" for no in column 1. If yes, complete			. (see instruc	tions)		
			Unweighted FTEs	U U	Ratio (col. 1/ (col. 1 + col.	1
			Nonprovi der	Hospi tal	(201. 1 + 201. 2))	
			Si te			
Section 5504 of the ACA Base Year FTE Residents in N	onnroy	/ider Settings	1.00	2.00 Paris vour cos	<u>3.00</u>	
reporting period that begins on or after July 1, 200						
.00 Enter in column 1, if line 63 is yes, or your facili	ty tra	ained resident	sin 0.00	0.00	0. 000000	64.
the base year period, the number of unweighted non-pu FTEs attributable to rotations occurring in all nonpu	2		t Enter			
in column 2 the number of unweighted non-primary care						
trained in your hospital. Enter in column 3 the ratio						
by (column 1 + column 2)). (see instructions)			1	1	1	1

<u>Ith Financial Systems</u> PITAL AND HOSPITAL HEALTH CARE COMP		BLOOMINGTON HOSPITA DATA Provider		In Lieu eriod:	Worksheet	S-2
				rom 01/01/2020	Part I Date/Time	Prenare
	Dura una sur Marria			-	7/14/2021	<u>11: 13 a</u>
	Program Name	Program Code	Unweighted FTEs	Unweighted FTEs in	Ratio (col. (col. 3 + c	
			Nonprovi der	Hospi tal	(001. 3 + 0	.01.
			Si te	·		
	1.00	2.00	3.00	4.00	5.00	
00 Enter in column 1, if line 63 i	S		0.00	0.00	0.000	000 65.
yes, or your facility trained residents in the base year						
period, the program name						
associated with primary care FTE	s					
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 car	e					
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	2					
ratio of (column 3 divided by						
(column 3 + column 4)). (see instructions)						
		1	Unweighted	Unweighted	Ratio (col.	1/
			FTEs	FTEs in	(col . 1 + c	
			Nonprovi der	Hospi tal	2))	
			Site			
Santian EEOA of the ACA Current	Veer FTF Decidente	in Nonnrovidor Cott	1.00	2.00	3.00	
Section 5504 of the ACA Current reporting periods beginning on c			tingsEffective	e for cost		
00 Enter in column 1 the number of			TES 0.00	0.00		000 66.
attributable to rotations occurr						
		der settinds. Ente	eriin			
column 2 the number of unweighte			erin			
trained in your hospital. Enter	ed non-primary care in column 3 the rat	resident FTEs that				
	ed non-primary care in column 3 the rat instructions)	resident FTEs that tio of (column 1 div	/i ded			
trained in your hospital. Enter	ed non-primary care in column 3 the rat	resident FTEs that	/i ded Unwei ghted		Ratio (col.	
trained in your hospital. Enter	ed non-primary care in column 3 the rat instructions)	resident FTEs that tio of (column 1 div	/i ded Unwei ghted FTEs	FTEs in	(col. 3 + c	
trained in your hospital. Enter	ed non-primary care in column 3 the rat instructions)	resident FTEs that tio of (column 1 div	ri ded Unwei ghted FTEs Nonprovi der			
trained in your hospital. Enter by (column 1 + column 2)). (see	ed non-primary care in column 3 the rat instructions)	resident FTEs that tio of (column 1 div	/i ded Unwei ghted FTEs	FTEs in	(col. 3 + c	
trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program	ed non-primary care in column 3 the rat instructions) Program Name 1.00	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te	FTES in Hospital	(col. 3 + c 4)) 5.00	ol .
trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you	ed non-primary care in column 3 the rat instructions) Program Name 1.00	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + c 4)) 5.00	ol.
trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you primary care programs in which	ed non-primary care in column 3 the rat instructions) Program Name 1.00	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + c 4)) 5.00	ol .
trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you primary care programs in which you trained residents. Enter in	ed non-primary care in column 3 the rat instructions) Program Name	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + c 4)) 5.00	ol.
<pre>trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you primary care programs in which you trained residents. Enter in column 2, the program code. Enter</pre>	ed non-primary care in column 3 the rat instructions) Program Name	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + c 4)) 5.00	ol .
<pre>trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of</pre>	ed non-primary care in column 3 the rat instructions) Program Name	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + c 4)) 5.00	ol .
<pre>trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you 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</pre>	ed non-primary care in column 3 the rat instructions) Program Name	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + c 4)) 5.00	ol .
<pre>trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of</pre>	ed non-primary care in column 3 the rat instructions) Program Name	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + c 4)) 5.00	ol .
<pre>trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you 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</pre>	ed non-primary care in column 3 the rat instructions) Program Name	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + c 4)) 5.00	ol .
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<pre>trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you 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</pre>	ed non-primary care in column 3 the rat <u>instructions)</u> Program Name <u>1.00</u> ur	resident FTEs that tio of (column 1 div Program Code	/i ded Unwei ghted FTEs Nonprovi der Si te 3.00	FTES in Hospital	(col. 3 + c 4)) 5.00	ol .
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<pre>trained in your hospital. Enter by (column 1 + column 2)). (see 00 Enter in column 1, the program name associated with each of you 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)</pre>	ed non-primary care in column 3 the rat <u>instructions</u> ) Program Name <u>1.00</u> ur er er er by chiatric Facility by the facility have before November 15, in 2: Did this facil	resident FTEs that tio of (column 1 div Program Code 2.00 (IPF), or does it c an approved GME tea 2004? Enter "Y" fc ity train residents	vided Unweighted FTEs Nonprovider Site 3.00 0.00 0.00 contain an IPF s aching program i bor yes or "N" fo	FTES in Hospital 4.00 0.00 1.0 subprovide 7.N n the most or no. (see 42 ning program in	(col . 3 + c 4)) 5.00 0.000 0.000 0.000	ol . 000 67. 000 70.
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 Health Financial Systems
 IU HEALTH BLOOD

 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

U HEALTH BLOOMINGT	
FICATION DATA	Provider CCN: 15-0051

In Lieu of Form CMS-2552-10

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	wor	1.31		ι 3-	~	

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

			7/14/2021 11:	<u>13 am</u>
			1.00	
	Long Term Care Hospital PPS		1.00	
	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. Is this a LTCH co-located within another hospital for part or all of the cost reporti for yes and "N" for no.	ng period? Ent	N er "Y"N	80. 00 81. 00
05 00	TEFRA Provi ders		- NI	05 00
	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for ye Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Sect Enter "Y" for yes and "N" for no.			85. 00 86. 00
87.00	ls this hospital an extended neoplastic disease care hospital classified under sectio Enter "Y" for yes or "N" for no.	n 1886(d)(1)(B	)(vi)?N	87.00
	ienter y for yes or n for no.	V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for "N" for no in the applicable column.	yes on	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in in part? Enter "Y" for yes or "N" for no in the applicable column.	full onN	Ν	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see		Ν	92.00
93.00	instructions) Enter "Y" for yes or "N" for no in the applicable column. Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter for yes or "N" for no in the applicable column.	"Y" N	Ν	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the app	licableN	Ν	94.00
95.00	column. If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the app column.	licableN	Ν	96.00
	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post	N	Y	98.00
	stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in c for title V, and in column 2 for title XIX.	orumni		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wks		Y	98.01
	Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for t XIX.	itie		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation		Y	98. 02
	costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for V, and in column 2 for title XIX.	uue		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH		N	98.03
	reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column title V, and in column 2 for title XIX.	1 for		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpat	ient N	Ν	98.04
	services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column	2 for		
98.05	title XIX. Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance o	n Wkst.N	Y	98.05
	C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in col			
98 06	for title XIX. Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, P	ts I N	Y	98.06
70.00	through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2		I.	70.00
	title XIX.			
105 00	Rural Providers Does this hospital qualify as a CAH?	N		105.00
	If this facility qualifies as a CAH, has it elected the all-inclusive method of payme	nt for		106.00
107.00	outpatient services? (see instructions)			107 00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions)			107.00
	Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train 1&Rs in an appr	oved		
	medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" f	or yes		
108.00	or "N" for no in column 2. (see instructions) Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 4	2 CFR N		108.00
	Section §412.113(c). Enter "Y" for yes or "N" for no.			
	Physical Occupational	Speech	Respi ratory	
109.00	1.00         2.00           If this hospital qualifies as a CAH or a cost provider, are	3.00	4.00	109.00
	therapy services provided by outside supplier? Enter "Y" for			
	yes or "N" for no for each therapy.			

Health Financial Systems	IU HEALTH BLOOMING	ON HOSPITAL			of Form CM	S-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX II	DENTIFICATION DATA	Provider C	F	Period: From 01/01/2020 Fo 12/31/2020	Worksheet S Part I Date/Time I 7/14/2021	Prepared:
110.00Did this hospital participate in the Demonstration)for the current cost re Worksheet E, Part A, lines 200 throug	porting period? Enter "	Y" for yes	or "N" for no	. If yes, compl , as applicable		110.00
111.00 f this facility qualifies as a CAH, Integration Project (FCHIP) demonstra or "N" for no in column 1. If the res the FCHIP demo in which this CAH is p Ambulance services; "B" for additiona	tion for this cost repo conse to column 1 is Y, articipating in column	rting perio enter the 2. Enter al	d? Enter "Y" integration p I that apply:	for yes rong of	2.00	111.00
			1.00	2.00	3.00	
112.00Did this hospital participate in the demonstration for any portion of the "Y" for yes or "N" for no in column 1 2, the date the hospital began partic column 3, enter the date the hospital demonstration, if applicable.	current cost reporting If column 1 is "Y", pating in the demonstr ceased participation i	period? En enter in co ation. In	N ter			112.00
Miscellaneous Cost Reporting Informat 115.001s this an all-inclusive rate provide column 1. If column 1 is yes, enter th column 2. If column 2 is "E", enter in short term hospital or "98" percent for psychiatric, rehabilitation and long definition in CMS Pub.15-1, chapter 2.	r? Enter "Y" for yes or ne method used (A, B, c n column 3 either "93" or long term care (incl term hospitals provider	r E only) i percent for udes	n			0115.00
116.00 Is this facility classified as a refe		for yes or	'N" Y			116.00
for no. 117.001s this facility legally-required to a	carry malpractice insur	ance? Enter	"Y" N			117.00
for yes or "N" for no. 118.00Is the malpractice insurance a claims the policy is claim-made. Enter 2 if			lif	1		118.00
118.01List amounts of malpractice premiums	and paid losses:		<u>1.00</u> 389,11	2.00	3.00	0118.01
· · · ·				1.00		
118.02Are malpractice premiums and paid loss Administrative and General? If yes, s amounts contained therein.				1.00 N and	2.00	118.02
119.00D0 NOT USE THIS LINE 120.00Is this a SCH or EACH that qualifies and applicable amendments? (see instru- Is this a rural hospital with < 100 be provision in ACA §3121 and applicable for yes or "N" for no.	uctions) Enter in colum eds that qualifies for	n 1, "Y" fo the Outpati	r yes or "N" ent Hold Harm	for no. Less	Ν	119. 00 120. 00
121.00Did this facility incur and report compatients? Enter "Y" for yes or "N" for		ntable devi	ces charged t	o Y		121.00
122.00Does the cost report contain healthca Act?Enter "Y" for yes or "N" for no i Worksheet A line number where these ta	re related taxes as def n column 1. If column 1				5.00	122.00
Transplant Center Information 125.00Does this facility operate a transplan	nt center? Enter "Y" fo	r yes and "	N" for no. If	yes, N		125.00
enter certification date(s) (mm/dd/yy 126.00If this is a Medicare certified kidne column 1 and termination date, if app	y transplant center, er	ter the cer	tification da	te in		126.00
127.00 If this is a Medicare certified heart	transplant center, ent	er the cert	ification dat	e in 🛛		127.00
column 1 and termination date, if app 128.00 f this is a Medicare certified liver	transplant center, ent	er the cert	ification dat	ein		128.00
column 1 and termination date, if app 129.00 If this is a Medicare certified lung	transplant center, ente	r the certi	fication date	in		129.00
column 1 and termination date, if app 130.00 If this is a Medicare certified panch	eas transplant center,	enter the c	erti fi cati on	date in		130.00
column 1 and termination date, if app 131.00 If this is a Medicare certified intes	tinal transplant center		certi fi cati o	n date		131.00
in column 1 and termination date, if a 132.00 If this is a Medicare certified islet column 1 and termination date, if app	transplant center, ent		ification dat	ein		132.00
133. 00Removed and reserved 134. 00If this is an organ procurement organ termination date, if applicable, in c	zation (OPO), enter th	e OPO numbe	r in column 1	and		133.00 134.00

Health Financial Systems HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		OOMINGTON HOSF A Provid	PITAL er CCN: 15-	-0051 Pe Fi To	eriod: -om 01/01/2	2020 Date/Time	S-2 Prepared:
						7/14/2021	11:13 am
					1.00	2.00	
All Providers 140.00Are there any related organization o 10? Enter "Y" for yes or "N" for no enter in column 2 the home office ch	in column 1. If ye	s, and home o				15H059	140.00
1.00		2.00			3.0		
If this facility is part of a chain					name and a	nddress	
of the home office and enter the hom 141. OOName: INDIANA UNIVERSITY HEALTH INC					's Number:	08101	141.00
142. 00Street: 340 W. 10TH STREET 143. 00Ci ty: INDI ANAPOLI S	PO Box: State:	I N		ip Code:		46202-3082	142.00 143.00
						1.00	
144.00 Are provider based physicians' costs	included in Works	heet A?				1.00 Y	144.00
inter bused physicialis costs		neet n.					144.00
					1.00	2.00	
145.001f costs for renal services are clain services only? Enter "Y" for yes or dialysis facility include Medicare u for yes or "N" for no in column 2.	"N" for no in colu tilization for thi	ımn 1. lf colu s cost report	mn 1 is no ing perio	o, does t d? Enter	he "Y"		145.00
146.00Has the cost allocation methodology for yes or "N" for no in column 1. ( approval date (mm/dd/yyyy) in column	See CMS Pub. 15-2,	oreviouslyfil chapter 40,	ed cost r §4020) If	eport? En yes, ent	ter "Y'N er the		146.00
						1.00	
147.00Was there a change in the statistica						N	147.00
148.00Was there a change in the order of a						N	148.00
149.00Was there a change to the simplified	cost finding meth	Part		<u>or "N" fo</u> Part B	rno. Title \	N / Title XI	149.00
		1.00		2.00	3.00	4.00	
Does this facility contain a provide lower of costs or charges? Enter "Y" (See 42 CFR §413.13)			on from t	he applic			
155. 00Hospi tal		N		Ν	N	N	155.00
156.00Subprovider - IPF		N		N	N	N	156.00
157. 00Subprovi der – IRF 158. 00SUBPROVI DER		N		Ν	N	N	157.00 158.00
159. 00SNF		N		Ν	N	N	159.00
160.00HOME HEALTH AGENCY		N		Ν	N	N	160.00
161.00CMHC				Ν	N	N	161.00
						1.00	
Multicampus					1 0004		
165.00 Is this hospital part of a Multicamp "Y" for yes or "N" for no.	us nospitai that n	ias one or mor	e campuse	s in aitt	erent CBSA	s? Enter N	165.00
	Name	County	Sta	ate Zip	Code CBS	SA FTE/Camp	us
	0	1.00			00 4.0		
166.00 If line 165 is yes, for each campus							0. 00166. 00
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)							
	La section de la state de					1.00	
Health Information Technology (HIT) 167.00Is this provider a meaningful user u					ent Act	Y	167.00
168.00 If this provider is a CAH (line 105 reasonable cost incurred for the HIT	is "Y") and is a m	eaningful use			), enter t		168.00
168.01 If this provider is a CAH and is not under §413.70(a)(6)(ii)? Enter "Y" f	a meaningful user	, does this p		ualify fo	r a hardsh	ip exception	168. 01
169.00 If this provider is a meaningful use transition factor. (see instructions	r (İine 167 is "Y"			ne 105 is	"N"), ent	er the	9. 99169. 00
	, 				Begi nni r 1. 00	ng Ending 2.00	
170.00 Enter in columns 1 and 2 the EHR beg	inning date and en	ding date for	the repo	rting per		2.00	170.00
respectively (mm/dd/yyyy)	-	-		5.			

Health Financial Systems	In Lieu	of Form CMS-2	2552-10					
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDE	NTIFICATION DAT	TA	Provi der	CCN: 15-0051	Pe	eriod: fom 01/01/2020	Worksheet S-2	2
					To	b 12/31/2020	Date/Time Pre 7/14/2021 11:	epared: 13 am
						1.00	2.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in sect					ion Y	1, 341	171.00	
1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for					yes and			
"N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days						days		
in column 2. (see instructions)								

Health Financial Systems

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In Lieu of Form CMS-2552-10

HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider (	F	eriod: rom 01/01/2020 o 12/31/2020		epared:
				Y/N	Date	
	General Instruction: Enter Y for all YES responses. Enter the mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	N for all NO	responses. En	1.00 ter all dates	2.00 in	
	Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to t period? If yes, enter the date of the change in column 2.			portingN		1.00
			Y/N	Date	V/I	
2.00	Has the provider terminated participation in the Medicare	Program? If	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.	8, "V" for vol	untary			
3.00	Is the provider involved in business transactions, includ contracts, with individuals or entities (e.g., chain home	e offices, dru	g or			3.00
	medical supply companies) that are related to the provide medical staff, management personnel, or members of the bo					
	through ownership, control, or family and other similar r instructions)					
			Y/N	Туре	Date	
	Financial Data and Danasta		1.00	2.00	3.00	
4.00	Financial Data and Reports Column 1: Were the financial statements prepared by a Ce	ertified Publi	¢ Y	A	[	4.00
	Accountant? Column 2: If yes, enter "A" for Audited, "C"	for Compiled	, or			
	"R" for Reviewed. Submit complete copy or enter date avai (see instructions) If no, see instructions.	lable in colu	nn 3.			
5.00	Are the cost report total expenses and total revenues dif		ose N			5.00
	on the filed financial statements? If yes, submit reconci	TTATION.		Y/N	Legal Oper.	
				1.00	2.00	
6.00	Approved Educational Activities Column 1: Are costs claimed for nursing school? Column 2	. If ves is	the provider	s the N	[	6.00
	legal operator of the program?	•				
7.00 8.00	Are costs claimed for Allied Health Programs? If "Y" see Were nursing school and/or allied health programs approve		wed during the	Y Cost N		7.00 8.00
0.00	reporting period? If yes, see instructions.		-			
9.00	Are costs claimed for Interns and Residents in an approve program in the current cost report? If yes, see instructi		dical educatio	h N		9.00
10.00	Was an approved Intern and Resident GME program initiated		n the current	cost N		10.00
11 00	reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than	l & R in an	Approved Teach	ina N		11.00
	Program on Worksheet A? If yes, see instructions.					
					Y/N 1.00	
10.00	Bad Debts	· · ·				10.00
	Is the provider seeking reimbursement for bad debts? If y If line 12 is yes, did the provider's bad debt collection If yes, submit copy.			cost reporting	Y period¶?	12.00 13.00
14.00	If line 12 is yes, were patient deductibles and/or co-pay Bed Complement	ments waived?	lfyes, see i	nstructions.	N	14.00
15.00	Did total beds available change from the prior cost repor	ting period?	lfyes, see in		N	15.00
		Par Y/N	t A Date	Par Y/N	t <u>B</u> Date	
		1.00	2.00	3.00	4.00	
16 00	PS&R Data Was the cost report prepared using the PS&R Report only?	lf N	1	N	i	16.00
10.00	either column 1 or 3 is yes, enter the paid-through date the PS&R Report used in columns 2 and 4. (see instruction	of		IN		18.00
17.00	Was the cost report prepared using the PS&R Report for to and the provider's records for allocation? If either colu or 3 is yes, enter the paid-through date in columns 2 and (see instructions)	mn 1	04/02/2021	Y	04/02/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Re data for additional claims that have been billed but are included on the PS&R Report used to file this cost report	not		N		18.00
19. 00	yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Re data for corrections of other PS&R Report information? If yes, see instructions.	port N		Ν		19.00

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U		DECOMPTINGTON	HUJITAL

In Lieu of Form CMS-2552-10

HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C		Period:	Worksheet S-	-2
				rom 01/01/2020 o 12/31/2020	Part II  Date/Time Pr	enared <sup>.</sup>
				0 12/31/2020	7/14/2021 11	:13 am
	_		ption	Y/N	Y/N	
20,00	If line 14 on 17 is yes, were adjustments made to DCOD Day		0	1.00 N	3.00 N	20.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Rep data for Other? Describe the other adjustments:	UIL		IN	IN	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's	Ν		N		21.00
	records? If yes, see instructions.					
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC	EPT CHILDRENS	6 HOSPI TALS)			
	Capital Related Cost				i	
	Have assets been relifed for Medicare purposes? If yes, se Have changes occurred in the Medicare depreciation expense			ring the cost		22.00 23.00
23.00	reporting period? If yes, see instructions.	uue to appra	ai sai s illaue uu	inny the cost		23.00
24.00	Were new leases and/or amendments to existing leases enter	ed into durir	ng this cost r	eporting perio	d?lf	24.00
	yes, see instructions		0			
25.00	Have there been new capitalized leases entered into during	the cost rep	porting period	?lfyes, see		25.00
24 00	instructions.			16		24 00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the instructions.	ne cost repor	ring period?	TT yes, see		26.00
27.00	Has the provider's capitalization policy changed during th	e cost report	tina period?	fves. submit	CODV.	27.00
	Interest Expense	· · · · · · · · · · · · · · · · · · ·				
28.00	Were new loans, mortgage agreements or letters of credit e	ntered into o	during the cos	t reporting pe	riod?lf	28.00
29.00	yes, see instructions. Did the provider have a funded depreciation account and/or	bond funds (	(Dobt Sorvico	Posorvo Eurod)	troated	29.00
29.00	as a funded depreciation account? If yes, see instructions		(Debt Service	Reserve runu)	i eateu	29.00
30.00	Has existing debt been replaced prior to its scheduled mat		ew debt? If ye	s, see instruc	tions.	30.00
31.00	Has debt been recalled before scheduled maturity without is					31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care se arrangements with suppliers of services? If yes, see instr		sned through c	ontractual		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 ap		ning to compet	itive biddina?	lf no.	33.00
	see instructions.		5	5	- 1	
	Provi der-Based Physi ci ans					
34.00	Are services furnished at the provider facility under an a	rrangement wi	th provider-b	ased physician	s?lf	34.00
35.00	yes, see instructions. If line 34 is yes, were there new agreements or amended ex	istina aareen	ments with the	nrovi der-base	Н	35.00
55.00	physicians during the cost reporting period? If yes, see i		incinto wi tri tric		4	33.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs Were home office costs claimed on the cost report?			1		36.00
	If line 36 is yes, has a home office cost statement been p	repared by th	ne home office	P I f		37.00
	yes, see instructions.					
38.00	If line 36 is yes , was the fiscal year end of the home of			f the		38.00
20.00	provider? If yes, enter in column 2 the fiscal year end of					20.00
	If line 36 is yes, did the provider render services to othe instructions.	er chain comp	ponents? IT ye	s, see		39.00
	If line 36 is yes, did the provider render services to the	home office?	? If ves, see			40.00
	instructions.					
	Cast Depart Droparar Contact Information	1.	00	2.	00	
	Cost Report Preparer Contact Information Enter the first name, last name and the title/position he			UTTER		41.00
11.00	by the cost report preparer in columns 1, 2, and 3,					
	respectively.					
	Enter the employer/company name of the cost report prepare		RSETY HEALTH			42.00
	Enter the telephone number and email address of the cost 3 report preparer in columns 1 and 2, respectively.	17-962-1093		RUTTER@I UHEAL1	H. URG	43.00
	report preparer in corumns i anu z, respectivery.			1		II

In Lieu of Form CMS-2552-10			
pared: 13 am			
41.00			
42.00			
43.00			
41			

	Financial Systems IU TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTI	HEALTH BLOOMI CAL DATA	Provider C		Period:	u of Form CMS-2 Worksheet S-3	
					From 01/01/2020	Part I Date/Time Pre	enared
					10 12/31/2020	7/14/2021 11:	
						1/P Days / 0/P	
						Visits / Trips	
	Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	Title V	
		Line Number 1.00	2.00	Available 3.00	4,00	F 00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 an		2.00			5.00	1.0
1.00	exclude Swing Bed, Observation Bed and Hosp		214	70, 32	.4 0.00	0	1.0
	days) (see instructions for col. 2 for the						
	portion of LDP room available beds)						
2.00	HMO and other (see instructions)						2.0
3.00	HMO IPF Subprovider						3.0
4.00	HMO IRF Subprovider						4.0
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.0
6.00	Hospital Adults & Peds. Swing Bed NF					0	
7.00	Total Adults and Peds. (exclude observation		214	78, 32	0. 00	0	7.0
	beds) (see instructions)						
3.00	INTENSIVE CARE UNIT	31.00	16				
9.00	CORONARY CARE UNIT	32.00	14	5, 12	0.00	0	
	BURN INTENSIVE CARE UNIT						10.0
	SURGICAL INTENSIVE CARE UNIT	05.00	10				11.0
	NEONATAL INTENSIVE CARE UNIT	35.00	18	6, 58	. 00		
	NURSERY	43.00	242		0.00	0	
	Total (see instructions) CAH visits		262	95, 89	0. 00	0	
	SUBPROVIDER - IPF					0	16.0
	SUBPROVIDER - IRF	41.00	16	5, 85	56	0	
	SUBPROVI DER	42.00	0		0	0	
	SKILLED NURSING FACILITY	12.00	Ű		0	Ű	19.0
	NURSING FACILITY						20.0
21.00	OTHER LONG TERM CARE						21.0
2.00	HOME HEALTH AGENCY	101.00				0	22.
3.00	AMBULATORY SURGICAL CENTER (D. P.)	115.00					23. (
4.00	HOSPI CE	116.00	0		0		24.
	HOSPICE (non-distinct part)	30.00					24.
	CMHC – CMHC						25.
	RURAL HEALTH CLINIC						26.
	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	
	Total (sum of lines 14-26)		278				27.
	Observation Bed Days					0	
	Ambulance Trips						29.
	Employee discount days (see instruction) Employee discount days - IRF						30. ( 31. (
	Labor & delivery days (see instructions)		12	4, 39	12		32.0
	Total ancillary labor & delivery room		12	4, 55	2		32.0
2.01	outpatient days (see instructions)						32.0
33.00	LTCH non-covered days						33.0
	LTCH site neutral days and discharges						33.0

Ith Financial Systems IU PITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTI	HEALTH BLOOMII	Provi der C	CN: 15-0051 P	eriod:	of Form CMS-2 Worksheet S-3	
				rom 01/01/2020	Part I	epar
	I/P Days	/ O/P Visits	/ Trips	Full Time E		
Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	-
			Patients	& Residents	Payrol I	
	6.00	7.00	8.00	9.00	10.00	T
0 Hospital Adults & Peds. (columns 5, 6, 7 an	d 8 17,091	996	44, 876			
exclude Swing Bed, Observation Bed and Hosp	се					
days)(see instructions for col. 2 for the						
portion of LDP room available beds)						
0 HMO and other (see instructions)	9, 047	12, 959				
0 HMO IPF Subprovider	0	0				
0 HMO IRF Subprovider	128	197				
0 Hospital Adults & Peds. Swing Bed SNF	0	0	0			
0 Hospital Adults & Peds. Swing Bed NF		0	0			
0 Total Adults and Peds. (exclude observation	17, 091	996	44, 876			
beds) (see instructions)						
0 INTENSIVE CARE UNIT	1, 632	909	4, 121			
O CORONARY CARE UNIT	1, 476	0	3, 518			
00 BURN INTENSIVE CARE UNIT						1
00 SURGICAL INTENSIVE CARE UNIT						1
00 NEONATAL INTENSIVE CARE UNIT	0	490	3, 325			1
00 NURSERY		1, 274	2, 707			1
00 Total (see instructions)	20, 199	3, 669	58, 547	0.00	1, 800. 95	
00 CAH visits	0	0	0			1
00 SUBPROVIDER - IPF	015	07	1 405	0.00	0.00	1
00 SUBPROVIDER - IRF	815	27	1, 425	0.00	0.00	
00 SUBPROVIDER		0	0	0. 00	0.00	
00 SKILLED NURSING FACILITY						1
00 NURSING FACILITY						2
00 OTHER LONG TERM CARE	0	0	0	0, 00	0.00	
00 HOME HEALTH AGENCY 00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	
00 HOSPICE	0	0	0		0.00	
10 HOSPICE (non-distinct part)	0	0	46		0.00	2
00 CMHC - CMHC			40			2
00 RURAL HEALTH CLINIC						2
25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0, 00	0.00	
00 Total (sum of lines 14-26)	0	0	0	0.00	1, 800. 95	
00 Observation Bed Days		127	3, 978		1,000.75	2
00 Ambul ance Trips	7, 241	127	0, 770			2
00 Employee discount days (see instruction)	7,211		0			3
00 Employee discount days - IRF			0			3
00 Labor & delivery days (see instructions)	0	45	1, 336			3
01 Total ancillary labor & delivery room	0	43	i, 550 N			3
outpatient days (see instructions)			0			1
00 LTCH non-covered days	0					3
01 LTCH site neutral days and discharges	0					3

	Financial Systems IU AL AND HOSPITAL HEALTH CARE COMPLEX STATIST	HEALTH BLOOMING	Provider C		Period: From 01/01/2020	u of Form CMS-2 Worksheet S-3 Part I	
					To 12/31/2020		
		Full Time Equivalents		Di s	charges		
	Component	onpaid Workers	Title V	Title XVIII	Title XIX	Total All	
		11.00	12.00	13.00	14.00	Patients 15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 an		0			11, 664	1.00
	exclude Swing Bed, Observation Bed and Hosp	i ce					
	days)(see instructions for col. 2 for the						
	portion of LDP room available beds)						
2.00	HMO and other (see instructions)			1, 6	19 2, 382		2.00
3.00	HMO I PF Subprovi der				0		3.00
4.00	HMO IRF Subprovider				14		4.00
5.00 6.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF						5.00 6.00
7.00	Total Adults and Peds. (exclude observation						7.00
7.00	beds) (see instructions)						7.00
8.00	I NTENSI VE CARE UNI T						8.00
9.00	CORONARY CARE UNI T						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEONATAL INTENSIVE CARE UNIT						12.00
	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3, 9	66 333	11, 664	
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0			100	16.00
17.00	SUBPROVI DER – I RF SUBPROVI DER	0.00 0.00	0		55 1	0	17.00 18.00
19.00	SUBPROVIDER SKILLED NURSING FACILITY	0.00	0		0	0	19.00
	NURSING FACILITY						20.00
	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0, 00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC – CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
	Total (sum of lines 14-26)	0.00					27.00
	Observation Bed Days						28.00 29.00
29.00 30.00	Ambulance Trips Employee discount days (see instruction)						30.00
	Employee discount days (see fistruction) Employee discount days - IRF						30.00
32.00	Labor & delivery days (see instructions)						32.00
32.00	Total ancillary labor & delivery room						32.00
	outpatient days (see instructions)						
33.00	LTCH non-covered days				0		33.00
	LTCH site neutral days and discharges				0		33.01

SPI T	Financial Systems AL WAGE INDEX INFORMATION			NGTON HOSPITAL Provider C	CN: 15-0051 P F	eriod: rom 01/01/2020	u of Form CMS-2 Worksheet S-3 Part II Date/Time Pre 7/14/2021 11:	3 epare
		Wkst. A LineA Number	mount Reporte	Reclassificati on of Salaries (from Wkst. A-6)			Average Hourly Wage (col. 4 ÷ col. 5)	1
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA SALARIES							-
00	Total salaries (see	200.00	120, 539, 760	-563, 727	119, 976, 033	3, 745, 976. 65	32.03	1.0
00	instructions) Non-physician anesthetist Part		C	0	0	0.00	0.00	2.
	A		C	0				
00	Non-physician anesthetist Part B		C	0	0	0.00	0.00	3.
00	Physician-Part A - Administrative		332, 021	0	332, 021	4, 789. 10	69.33	4.
	Physicians - Part A - Teaching		C	0	-	0.00		
00	Physician and Non Physician-Part B		1, 407, 238	0	1, 407, 238	12, 572. 82	111.93	5.
00	Non-physician-Part B for		C	0	0	0.00	0.00	6.
	hospital-based RHC and FQHC services							
00	Interns & residents (in an	21.00	C	0	0	0.00	0.00	7.
01	approved program) Contracted interns and		C	0	0	0.00	0.00	7.
	residents (in an approved							
00	programs) Home office and/or related		C	0	0	0.00	0.00	8.
00	organization personnel SNF	44.00	0	0	0	0.00	0.00	9.
	Excluded area salaries (see	44.00	14, 952, 947	635, 742	15, 588, 689			
	instructions) OTHER WAGES & RELATED COSTS							
	Contract Labor: Direct Patient		3, 614, 796	0	3, 614, 796	45, 279. 00	79.83	11.
00	Care Contract Labor: Top Level		C	0	0	0.00	0.00	12
00	management and other managemer	t				0.00	0.00	
00	and administrative services Contract Labor: Physician-Part		1, 364, 245	0	1, 364, 245	12, 900. 05	105.76	13.
	A - Administrative				.,,			
00	Home office and/or related organization salaries and		C	0	0	0.00	0.00	14.
01	wage-related costs		24 402 015		24 402 015	000 (00 (7	27.04	1.4
	Home office salaries Related organization salaries		34, 492, 915	0	34, 492, 915 0	923, 629. 67 0. 00		
	Home office: Physician Part A	-	C	0	0	0.00		
00	Administrative Home office and Contract		C	0	0	0.00	0.00	16
00	Physicians Part A - Teaching		C			0.00	0.00	
01	Home office Physicians Part A Teaching	-	C	0	0	0.00	0.00	16
02	Home office contract Physiciar	IS	C	0	0	0.00	0.00	16.
	Part A - Teaching WAGE-RELATED COSTS							-
	Wage-related costs (core) (see	•	26, 776, 375	0	26, 776, 375			17.
00	instructions) Wage-related costs (other) (se	e						18.
00	instructions)		4 9 4 7 5 7 7		4 047 577			10
	Excluded areas Non-physician anesthetist Part		4, 347, 577 C	0	4, 347, 577 0			19. 20.
00	A Non-physician anesthetist Part		0	0	0			21.
	В		EQ 745	0	EQ 74E			22.
00	Physician Part A - Administrative		58, 765	0	58, 765			22.
	Physician Part A - Teaching		101 472	0	0			22.
	Physician Part B Wage-related costs (RHC/FQHC)		181, 473 C	0	181, 473 0			23. 24.
	Interns & residents (in an		C	0	0			25.
50	approved program) Home office wage-related (core	.)	10, 587, 568	0	10, 587, 568			25.
	Related organization		C	0	0			25.
. 52	wage-related (core) Home office: Physician Part A	-	C	0	0			25.
	Administrative - wage-related (core)							

Health Fina	ncial Systems	IU	HEALTH BLOOMI	NGTON HOSPI TAL	_	In Lieu	u of Form CMS-2	2552-10
	GE INDEX INFORMATION			Provider C	CN: 15-0051 F	Period: From 01/01/2020	Worksheet S-3	Bepared:
		Wkst. A Line <i>k</i>	mount Reporte	Reclassi fi cati	Adj usted	Paid Hours	Average Hourly	
		Number		on of Salaries	Sal ari es	Related to	Nage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col. 5)	
				A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53 Home	office: Physicians Part	A	0	0	0	)		25.53
- Tea	aching - wage-related							
(core								
	IEAD COSTS - DIRECT SALARI							
	oyee Benefits Department	4.00						
	nistrative & General	5.00						27.00
	nistrative & General unde	r	3, 242, 238	0	3, 242, 238	3 16, 897. 00	191.88	28.00
	ract (see inst.)							
	tenance & Repairs	6.00		0	0	0.00		29.00
	ation of Plant	7.00		-867	2, 177, 160			30.00
	dry & Linen Service	8.00		0	0	0.00		31.00
32.00 House	ekeepi ng	9.00	2, 066, 887	-9, 246	2, 057, 641	134, 710. 01		32.00
33.00 House	ekeeping under contract		0	0	0	0.00	0.00	33.00
(see	instructions)							
34.00 Dieta	ary	10.00	2, 198, 011	-790, 867	1, 407, 144	76, 665. 21		34.00
35.00 Dieta	ary under contract (see		0	0	0	0.00	0.00	35.00
	ructions)							
36.00 Cafe		11.00		774, 310	774, 310	48, 385. 50		36.00
37.00 Mai n	tenance of Personnel	12.00		0	0	0.00		37.00
38.00 Nurs	ing Administration	13.00		-124, 477	7, 295, 598	3 207, 131. 25	35.22	38.00
39.00 Centr	ral Services and Supply	14.00		0	0	0.00	0.00	39.00
40.00 Pharr	macy	15.00	5, 849, 487	-601, 795	5, 247, 692	2 125, 180. 65	41.92	40.00
41.00 Medi (	cal Records & Medical	16.00	0	0	0	0.00	0.00	41.00
	rds Library							
42.00 Soci a		17.00		0	0	0.00		42.00
43.00 Other	r General Service	18.00	639, 487	-6, 177	633, 310	30, 974. 18	20.45	43.00

Health Financial Systems IU HEALTH BLOOMINGTON HOSPITAL In Lieu of Form CMS-2552-							
HOSPITAL WAGE INDEX INFORMATION			Provider C	F	•	Date/Time Pre 7/14/2021 11:	pared: 13 am
			Reclassi ficati			Average Hourly	
	Line Number		on of Salaries			Nage (col. 4 ÷	
				$(col.2 \pm col.$		col. 5)	
			Norksheet A-6)		col. 4		
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDE		-					
1.00 Net salaries (see instruction	s)	122, 374, 760	-563, 727	121, 811, 033	3, 750, 300. 83	32.48	1.00
2.00 Excluded area salaries (see instructions)		14, 952, 947	635, 742	15, 588, 689	541, 547. 96	28.79	2.00
3.00 Subtotal salaries (line 1 min line 2)	us	107, 421, 813	-1, 199, 469	106, 222, 344	3, 208, 752. 87	33. 10	3.00
4.00 Subtotal other wages & relate costs (see inst.)	b	39, 471, 956	0	39, 471, 956	981, 808. 72	40. 20	4.00
5.00 Subtotal wage-related costs (see inst.)		37, 422, 708	0	37, 422, 708	0. 00	35.23	5.00
6.00 Total (sum of lines 3 thru 5)		184, 316, 477	-1, 199, 469	183, 117, 008	4, 190, 561. 59	43.70	6.00
7.00 Total overhead cost (see instructions)		33, 184, 293					

Heal th	Financial Systems IU HEALTH BLOOMIN	GTON HOSPI TAL	In Lieu	ı of Form CMS-2	2552-10
HOSPI 1	AL WAGE RELATED COSTS	Provider CCN: 15-0051	Period:	Worksheet S-3	;
			From 01/01/2020 To 12/31/2020	Date/Time Pre	narod
				7/14/2021 11:	13 am
		•	•	Amount	
				Reported	
				1.00	
	PART IV - WAGE RELATED COSTS				
	Part A - Core List				
	RETIREMENT COST				
1.00	401K Employer Contributions			4, 454, 812	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0	6.00
7.00	Employee Managed Care Program Administration Fees			0	7.00
	HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0	8.00
8.01	Health Insurance (Self Funded without a Third Party Admini			0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administr	ator)		16, 362, 668	
8.03	Health Insurance (Purchased)			0	8.03
9.00	Prescription Drug Plan			0	9.00
	Dental, Hearing and Vision Plan			512, 417	10.00
	Life Insurance (If employee is owner or beneficiary)			54, 293	
	Accident Insurance (If employee is owner or beneficiary)			0	12.00
	Disability Insurance (If employee is owner or beneficiary)			714, 242	
	Long-Term Care Insurance (If employee is owner or benefici	ary)		0	14.00
	'Workers' Compensation Insurance			553, 227	15.00
16.00	Retirement Health Care Cost (Only current year, not the ex	traordinary accrual requ	ired by FASB 106	Non 0	16.00
	cumulative portion)				
	TAXES				
	FICA-Employers Portion Only			8, 605, 345	
	Medicare Taxes - Employers Portion Only			0	18.00
	Unemployment Insurance			0	19.00
20.00	State or Federal Unemployment Taxes			87, 679	20.00
01 00	OTHER				04 00
21.00	Executive Deferred Compensation (Other Than Retirement Cos	st Reported on lines 1 th	rough 4 above. (	see 0	21.00
~~ ~~	instructions))				
	Day Care Cost and Allowances			0	22.00
	Tuition Reimbursement			19, 508	
∠4.00	Total Wage Related cost (Sum of Lines 1 -23)			31, 364, 191	24.00
25 00	Part B - Other than Core Related Cost				25 00
∠5.00	OTHER WAGE RELATED COSTS (SPECIFY)				25.00

Health Financial Systems	IU HEALTH BLOOMINGTON HOSPITAL	In Lieu	of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-0051	Period:	Worksheet S-3	3
		From 01/01/2020 To 12/31/2020	Part V Date/Time Pre	narod
		10 12/31/2020	7/14/2021 11:	13 am
Cost Center Description		Contract Labor		
		1.00	2.00	
PART V - Contract Labor and Benefit Co				
Hospital and Hospital-Based Component				
1.00 Total facility's contract labor and be	nefit cost	3, 614, 796		
2.00 Hospital		3, 614, 796	31, 364, 191	•
3.00 Subprovider - IPF				3.00
4.00 Subprovider - IRF		0	0	
5.00 Subprovi der - (Other)		0	0	0.00
6.00 Swing Beds - SNF		0	0	
7.00 Swing Beds - NF		0	0	1.00
8.00 Hospital-Based SNF				8.00
9.00 Hospital-Based NF				9.00
10.00 Hospital-Based OLTC				10.00
11.00 Hospital-Based HHA		0	0	
12.00 Separately Certified ASC		0	0	
13.00 Hospital-Based Hospice		0	0	
14.00 Hospital-Based Health Clinic RHC				14.00
15.00 Hospital-Based Health Clinic FQHC				15.00
16.00 Hospital-Based-CMHC				16.00
17.00 Renal Dialysis		0		17.00
18.00 Other		0	0	18.00

Heal th	Financial Systems IU HEALTH BLOOMINGTO	N HOSPITAL		Inlie	u of Form CMS-2	2552-10
		Provider CC	CN: 15-0051	Period:	Worksheet S-1	
				rom 01/01/2020		
				To 12/31/2020	Date/Time Pre	epared:
					7/14/2021 11:	13 am
					1.00	
	Uncompensated and indigent care cost computation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 d	divided by	line 202 colu	ımn 8)	0. 186770	1.00
	Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid				58, 513, 887	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or suppleme			cai d?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments	from Medic	aid		0	5.00
6.00	Medicaid charges				309, 911, 194	6.00
7.00	Medicaid cost (line 1 times line 6)				57, 882, 114	7.00
8.00	Difference between net revenue and costs for Medicaid program	n (line 7 m	inus sum of l	ines 2 and 5;	f < 0	8.00
	zero then enter zero)					
0.00	Children's Health Insurance Program (CHIP) (see instructions	for each I	ine)			0.00
9.00	Net revenue from stand-alone CHIP				0	9.00
	Stand-alone CHIP charges				0	
	Stand-alone CHIP cost (line 1 times line 10)			16 . mana tha	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHI	o (Tine Ti	minus line 9;	II < Zero the	n enter 0	12.00
	zero) Other state or local government indigent care program (see in	etructions	for each lir			
13.00	Net revenue from state or local indigent care program (Net in				21,035	13.00
	Charges for patients covered under state or local indigent ca					
	State or local indigent care program cost (line 1 times line			a fil filles o o	76,970	
	Difference between net revenue and costs for state or local i		re program (l	ine 15 minus l		
10.00	if < zero then enter zero)	nurgent eu			110 10, 00, 700	10.00
	Grants, donations and total unreimbursed cost for Medicaid, (	CHIP and st	ate/local ind	ligent care		
	programs (see instructions for each line)			5		
17.00	Private grants, donations, or endowment income restricted to	fundi ng ch	arity care		0	17.00
18.00	Government grants, appropriations or transfers for support of	f hospital	operations		0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and lo	cal indigen	t care progra	ms (sum of lin	es 8, 1255,935	19.00
	and 16)				<b>T i i i i i</b>	
			Uni nsured	Insured	Total (col. 1	
		-	patients 1.00	patients	+ col . 2)	
	Uncompensated Care (see instructions for each line)		1.00	2.00	3.00	
20.00	Charity care charges and uninsured discounts for the entire i	facility (s	ee 26.074.84	536, 138	26, 610, 984	20.00
	instructions)					
21.00	Cost of patients approved for charity care and uninsured disc	counts (see	4, 869, 99	536, 138	5, 406, 137	21.00
	instructions)					
22.00	Payments received from patients for amounts previously writte	en off as	(	0 0	0	22.00
	charity care					
23.00	Cost of charity care (line 21 minus line 22)		4, 869, 99	536, 138	5, 406, 137	23.00
			· · ·		1.00	
24.00	Does the amount on line 20 column 2, include charges for pati			h of stay limi	t N	24.00
05 00	imposed on patients covered by Medicaid or other indigent can					05 00
25.00	If line 24 is yes, enter the charges for patient days beyond limit	the Indige	nt care progr	am's length of	stay 0	25.00
26.00	· · ···· •	notruction			21 040 002	26.00
	Total bad debt expense for the entire hospital complex (see i				21, 848, 883	
	Medicare reimbursable bad debts for the entire hospital compl Medicare allowable bad debts for the entire hospital complex				450, 931 693, 740	
	Non-Medicare bad debt expense (see instructions)	(366 1131			21, 155, 143	
	Cost of non-Medicare and non-reimbursable Medicare bad debt	exnense (se	e instruction	(zi	4, 193, 955	
	Cost of uncompensated care (line 23 column 3 plus line 29)	SAPENSE (36		57	9, 600, 092	
	Total unreimbursed and uncompensated care cost (line 19 plus	line 30)			9, 656, 027	
000					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Health Financial Systems IU RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	HEALTH BLOOMIN	NGTON HOSPITAL Provider C	CN: 15-0051 P	eriod:	u of Form CMS-2 Worksheet A	2552-10
			L F	rom 01/01/2020 o 12/31/2020	Date/Time Pre	
Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	7/14/2021 11: Recl assi fi ed	<u>13 am</u>
					Trial Balance	
					(col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS	1		-			
1.00 00100 CAP REL COSTS-BLDG & FLXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	-	7, 013, 584 7, 054, 283		1.00 2.00
3. 00 00300 OTHER CAP REL COSTS		0	0	0 0 0	0 0 0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2, 468, 958	1, 134, 578				
5. 00 00500 ADMINI STRATI VE & GENERAL 7. 00 00700 OPERATI ON OF PLANT	7, 121, 123 2, 178, 027	80, 214, 133 15, 129, 856				5.00 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	214, 824				
9. 00 00900 HOUSEKEEPI NG	2,066,887	2, 328, 255				
10. 00  01000 DI ETARY 11. 00  01100 CAFETERI A	2, 198, 011	2, 126, 131	4, 324, 142	-2, 028, 457 1, 429, 547		
13.00 01300 NURSING ADMINISTRATION	7, 420, 075	2, 458, 693	9, 878, 768			
14.00 01400 CENTRAL SERVICES & SUPPLY	0	778, 157				
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL_RECORDS & LI BRARY	5, 849, 487	36, 213, 418 61, 485				
18.00 01850 SOCI AL SERVICES	0	01, 405		0	00,040	18.00
18. 01 01851 CENTRAL STERI LI ZATI ON	639, 487	653, 799				
23. 00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY INPATIENT ROUTINE SERVICE COST CENTERS	146, 361	48, 649	195, 010	163, 899	358, 909	23.00
30. 00 03000 ADULTS & PEDIATRICS	24, 501, 072	17, 053, 876	41, 554, 948	-6, 762, 459	34, 792, 489	30.00
31.00 03100 INTENSIVE CARE UNIT	3, 366, 892	2, 109, 778	5, 476, 670	-1, 417, 669	4, 059, 001	
32.00 03200 CORONARY CARE UNIT 35.00 02060 NEONATAL INTENSIVE CARE UNIT	2, 592, 631	1, 146, 583 1, 107, 056				
41.00 04100 SUBPROVIDER - IRF	1, 861, 046 1, 311, 383	493, 341				
42.00 04200 SUBPROVI DER	0	0		0	0	42.00
43.00 04300 NURSERY	0	0	0	661, 645	661, 645	43.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	6, 075, 690	26, 051, 680	32, 127, 370	-22, 421, 391	9, 705, 979	50.00
50. 01 05001 CV SURGERY	0	0		0	0	50.01
51.00 05100 RECOVERY ROOM	2, 780, 687	1, 167, 333				
52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	2, 818, 430	1, 715, 722	4, 534, 152	-1, 135, 014	3, 399, 138 0	52.00 53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	3, 175, 275	3, 496, 645	6, 671, 920		3, 742, 552	
55.00 05500 RADI OLOGY-THERAPEUTI C	2, 345, 035	3, 509, 396	5, 854, 431	-2, 421, 212		
56. 00 05600 RADI OI SOTOPE 57. 00 05700 CT SCAN	0 697, 695	0 935, 708	0 1, 633, 403	0 -701, 332	0 932, 071	56.00 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	574, 564	606, 461				
59.00 05900 CARDI AC CATHETERI ZATI ON	1, 237, 458	9, 117, 091				
60. 00 06000 LABORATORY 64. 00 06400 I NTRAVENOUS THERAPY	0	14, 476, 175	14, 476, 175	-39, 919	14, 436, 256 0	60.00 64.00
65. 00 06500 RESPI RATORY THERAPY	2, 518, 283	1, 411, 982	3, 930, 265	-1, 139, 668		
66. 00 06600 PHYSI CAL THERAPY	6, 556, 873	2, 910, 141				
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	0	0	0	0	
69. 00 06900 ELECTROCARDI OLOGY	674, 287	478, 475	1, 152, 762	-396, 176		
70.00 07000 ELECTROENCEPHALOGRAPHY	177, 571	1, 831, 203		-177,065	1, 831, 709	70.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS 72.00 07200 I MPL. DEV. CHARGED TO PATI ENTS	0	0	0	6, 722, 399 18, 411, 392		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	34, 710, 650		
73.01 07302 OP PHARMACY	374, 777	731, 031		-80, 765	1, 025, 043	73.01
74. 00 07400 RENAL DIALYSIS 75. 00 07500 ASC (NON-DISTINCT PART)	0	1, 659, 948	1, 659, 948	-35, 294	1, 624, 654 0	74.00 75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	564, 422	151, 835	716, 257	-102, 414	613, 843	
0UTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC	1, 435, 560	120 404	1 07/ 1//	201 202	1 102 042	00 00
90.00 09000 CLINIC 90.01 09001 OP ONCOLOGY INFUSION CENTER	1, 435, 560 3, 126, 629	438, 604 1, 960, 862				90.00 90.01
90.02 09002 WOUND CARE CENTER	542, 048	398, 341				
90. 03 09003 PAIN CLINIC	274, 197	258, 976				
90. 05 09005 0P PSYCH CLINIC 91. 00 09100 EMERGENCY	2, 408, 552 4, 965, 084	750, 092 6, 273, 688				90.05 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	.,			_,,	5,000,077	92.00
OTHER REIMBURSABLE COST CENTERS						04.00
94. 00 09400 HOME PROGRAM DI ALYSI S 95. 00 09500 AMBULANCE SERVI CES	0 5, 613, 042	0 3, 455, 410	0 9, 068, 452	0 -2, 217, 146	0 6, 851, 306	
100.00100001&R SERVICES-NOT APPRVD PRGM	0,010,042	0	0	2, 217, 140	0	100.00
101. 00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS 113. 0011300 INTEREST EXPENSE	<u>г</u>	-90, 565	-90, 565	90, 565	0	113.00
114. OQ11400 UTI LI ZATI ON REVI EW-SNF	0	, 0, 000 0	0	,0,000		114.00
115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P.)	0	0	0	0		115.00
116. 0011600 H0SPI CE	0	0	0	0	0	116.00

Health Financial Systems IU	HEALTH BLOOMIN	GTON HOSPI TAL		In Lieu	of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				eriod:	Worksheet A
				rom 01/01/2020 o 12/31/2020	Date/Time Prepared:
			'	0 12/31/2020	7/14/2021 11:13 am
Cost Center Description	Sal ari es	Other	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
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	112, 657, 599	246, 968, 846	359, 626, 445	-122, 194	359, 504, 251 118. 00
NONREI MBURSABLE COST CENTERS	170.000				
190.0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	178, 889	185, 244			330, 739 190. 00
190. 0119001 PROMPTCARE	1, 673, 548	1, 207, 622			2, 128, 330 190. 01
190. 0219002 RENTAL PROPERTIES	017.05(	24, 918			4, 960 190. 02
190. 0319003 OLCOTT 190. 0419004 PHYSI CLAN RECRUI TMENT	317, 356	173, 958	491, 314	-109, 640	381, 674 190. 03 0190. 04
190. 0519005 FOUNDATION	0	0		3, 121	3, 121 190, 05
190. 0619006 MARKETI NG	0	0		3, 121	3, 121190.05 0190.06
190. 0719007 HME_STORE	10	1, 139	1, 157	-1,012	145190.07
190. 0819008 UNUSED SPACE	10	1, 139	1, 137	54, 423	54, 423 190. 08
190. 0919009 CLINI CAL TRI ALS	0	0		54, 425	0190.09
190. 1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0		0	0190.10
190. 1119011 COMMUNITY HEALTH SERVICES	3, 674, 045	3, 281, 070	6, 955, 115	-1, 058, 918	5, 896, 197 190. 11
191. 0019100 RESEARCH	0,071,010	0,201,0,0	0, 700, 110	1,000,710	0191.00
192. 0019200 PHYSI CLANS' PRI VATE OFFI CES	2,038,305	459, 609	2, 497, 914	-303, 485	2, 194, 429 192. 00
193. 0019300 NONPALD WORKERS	0	0	_,, C	0	0193.00
194.0007950 IU HEALTH PAOLI HOSPITAL	0	0	C	749, 479	749, 479194.00
194. 0107951 I U HEALTH BEDFORD HOSPI TAL	0	0	C	1, 463, 049	1, 463, 049 194. 01
194.0207952IU HEALTH MORGAN HOSPITAL	0	0	C	0	0194.02
194.0307953 IU HEALTH SIP	0	0	C	131, 369	131, 369 194. 03
194. 0407954 HOME CARE	0	0	C	0	0194.04
194. 0507955 H0SPI CE	0	0	C	0	0194.05
200.00 TOTAL (SUM OF LINES 118 through 199)	120, 539, 760	252, 302, 406	372, 842, 166	0	372, 842, 166 200. 00

Cast Contar Description	Adjustmente	Not Expanses	7/14	<u>1/2021 11: 1</u>
Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
	6.00	7.00		
GENERAL SERVICE COST CENTERS	-1, 777, 695	5, 235, 889		
00200 CAP REL COSTS-MVBLE EQUIP	4, 966, 775			
00300 OTHER CAP REL COSTS	0	-		
00400 EMPLOYEE BENEFITS DEPARTMENT	2, 138, 524			
00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT	-12, 150, 600			
00800 LAUNDRY & LINEN SERVICE	-58, 928			
00900 HOUSEKEEPI NG	-38,000			
01000 DI ETARY	-201, 613			
	-726, 851			
) 01300 NURSING ADMINISTRATION ) 01400 CENTRAL SERVICES & SUPPLY	-83, 421			
0 01500 PHARMACY	-934			
01600 MEDI CAL RECORDS & LI BRARY	0			
01850 SOCIAL SERVICES	0			
I 01851 CENTRAL STERI LI ZATI ON	0			
0 02301 PARAMED ED PRGM-PHARMACY RESIDENCY INPATIENT ROUTINE SERVICE COST CENTERS	36, 553	395, 462		
03000 ADULTS & PEDIATRICS	-6, 695, 274	28, 097, 215		
03100 INTENSIVE CARE UNIT	0			
0 03200 CORONARY CARE UNIT	0	2, 893, 187		
0 02060 NEONATAL INTENSIVE CARE UNIT 0 04100 SUBPROVIDER - IRF	-148, 342			
0 04200 SUBPROVI DER	0	-,		
0 04300 NURSERY	0	661, 645		
ANCILLARY SERVICE COST CENTERS				
0 05000 OPERATING ROOM	-1, 635, 319			
I 05001 CV SURGERY D 05100 RECOVERY ROOM	0	0 3, 065, 415		
0 05200 DELIVERY ROOM & LABOR ROOM	0	3, 399, 138		
05300 ANESTHESI OLOGY	0	0		
0 05400 RADI OLOGY-DI AGNOSTI C	0	3, 742, 552		
0 05500 RADI OLOGY-THERAPEUTI C	-467, 125	2, 966, 094		
0 05600 RADI 0I SOTOPE 0 05700 CT SCAN	0	932, 071		
0 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	666, 723		
05900 CARDI AC CATHETERI ZATI ON	0	1, 472, 601		
0 06000 LABORATORY	-322, 457			
0 06400 I NTRAVENOUS THERAPY 0 06500 RESPI RATORY THERAPY	0	2, 790, 597		
0 06600 PHYSI CAL THERAPY	-496, 262			
06700 OCCUPATI ONAL THERAPY	0			
06800 SPEECH PATHOLOGY	0			
0 06900 ELECTROCARDI OLOGY 0 07000 ELECTROENCEPHALOGRAPHY	0 -883, 089			
0 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	-003, 009	6, 722, 399		
07200 IMPL. DEV. CHARGED TO PATIENTS	0	18, 411, 392		
07300 DRUGS CHARGED TO PATIENTS	0	34, 710, 650		
I 07302 OP PHARMACY	-12, 137			
) 07400 RENAL DIALYSIS ) 07500 ASC (NON-DISTINCT PART)	0	1, 624, 654		
03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		
07697 CARDI AC REHABI LI TATI ON	0	613, 843		
OUTPATIENT SERVICE COST CENTERS	1			
0 09000 CLINIC 1 09001 OP ONCOLOGY INFUSION CENTER	-19, 757	1, 463, 205 3, 648, 629		
2 09002 WOUND CARE CENTER		3, 648, 629 645, 845		
3 09003 PAIN CLINIC	0	357, 846		
09005 OP PSYCH CLINIC	-839, 203			
09100 EMERGENCY	-1, 501, 952	7, 334, 645		
0 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS				
0 09400 HOME PROGRAM DI ALYSI S	0	0		
0 09500 AMBULANCE SERVICES	-345, 011	6, 506, 295		
0010000 I &R SERVICES-NOT APPRVD PRGM	0	0		1
0010100 HOME HEALTH AGENCY	0	0		1
SPECIAL PURPOSE COST CENTERS	0	ol		1
DO 11400 UTI LI ZATI ON REVI EW-SNF	0	ő		1
0011500 AMBULATORY SURGICAL CENTER (D. P. )	0	0		1
DO 11600 HOSPI CE	0	0		1

Under the Element of Constants		NOTON HOODITAL				0.550 10
	HEALTH BLOOMI		N 45 0054		eu of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provider CC	N: 15-0051	Period: From 01/01/202	Worksheet A	
					0 Date/Time Pre	epared:
					7/14/2021 11:	13 am
Cost Center Description	Adjustments	Net Expenses				
		For Allocation				
	6.00	7.00				
NONREI MBURSABLE COST CENTERS						
190.0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	330, 739				190.00
190. 0119001 PROMPTCARE	-25, 950	2, 102, 380				190.01
190. 0219002 RENTAL PROPERTIES	0	4, 960				190. 02
190. 0319003 OLCOTT	0	381, 674				190. 03
190. 0419004 PHYSI CI AN RECRUI TMENT	0	0				190.04
190. 0519005 FOUNDATI ON	0	3, 121				190.05
190. 0619006 MARKETI NG	0	0				190.06
190. 0719007 HME_STORE	0	145				190.07
190. 0819008 UNUSED SPACE	0	54, 423				190.08
190. 0919009 CLINICAL TRIALS	0	0				190.09
190. 1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0				190.10
190. 11 19011 COMMUNITY HEALTH SERVICES	0	5, 896, 197				190.11
191. 0019100 RESEARCH	0	0				191.00
192. 0019200 PHYSICIANS' PRIVATE OFFICES	-2, 193, 432	997				192.00
193. 0019300 NONPALD WORKERS	0	740 470				193.00
194. 00 07950 IU HEALTH PAOLI HOSPITAL	0	749, 479				194.00
194.0107951 U HEALTH BEDFORD HOSPITAL	0	1, 463, 049				194. 01 194. 02
194. 0207952110 HEALTH MORGAN HOSPITAL 194. 0307953110 HEALTH SIP	0	121 240				194. 02 194. 03
	0	131, 369				
194. 0407954 HOME_CARE 194. 0507955 HOSPI CE	0	0				194.04 194.05
200.00 TOTAL (SUM OF LINES 118 through 199)	-23, 481, 500	349, 360, 666				200.00
200. 04 TITAL (30M OF LINES TIS (III OUGH 199)	-23, 461, 500	347, 300, 000				<u>200.00</u>

	Financial Systems SIFICATIONS	ΙU	HEALTH BLOOM	INGTON HOSPITAL Provider CCN: 15-	In Lieu of For 0051 Period: Worksh	<u>rm CMS-2552-10</u> neet A-6
					From 01/01/2020 To 12/31/2020 Date/1 7/14/2	ime Prepared: 2021 11:13 am
	Cost Center	Increases Line #	Salary	Other		
1 00	2.00 A - BENEFITS	3.00	4.00	5.00		1.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 15.\ 00\\ 17.\ 00\\ 18.\ 00\\ 17.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 25.\ 00\\ 26.\ 00\\ 31.\ 00\\ 33.\ 00\\ 31.\ 00\\ 33.\ 00\\ 31.\ 00\\ 33.\ 00\\ 34.\ 00\\ 35.\ 00\\ 36.\ 00\\ 37.\ 00\\ 38.\ 00\\ 39.\ 00\\ \end{array}$	EMPLOYEE BENEFITS DEPARTMENT	4.00 0.00				$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 29.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 33.\ 00\\ 34.\ 00\\ 35.\ 00\\ 36.\ 00\\ 37.\ 00\\ 38.\ 00\\ 39.\ 00\\ \end{array}$
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 24.\ 00\\ 25.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 29.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ \end{array}$	AP REL COSTS-BLDG & FI XT CAP REL COSTS-MVBLE EQUI P	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 0.\ 00\ 0.\ 00\\ 0.\ 00\ 0.\ 00\\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 0.$		6, 934, 874 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 26.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 29.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ \end{array}$

Heal th	Fi nanci al	Systems
RECLAS	SI FI CATI ON	IS

IU HEALTH BLOOMINGTON HOSPITAL I Provider CCN: 15-0051 Period:

In Lieu of Form CMS-2552-10 Worksheet A-6

RECLAS	SI FI CATI ONS			Provi der CCN: 15-005	From 01/01/2020 To 12/31/2020 Date/Time F	Prepared:
		Increases			7/14/2021	<u>11:'13 am</u>
	Cost Center 2.00	Line # 3.00	Salary 4.00	0ther 5.00		
33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00 41.00 42.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00 41.00 42.00
1 00	C - BILLABLE MEDICAL SUPPLIE					1 00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 17.\ 00\\ 18.\ 00\\ 17.\ 00\\ 22.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 33.\ 00\\ \end{array}$	MEDICAL SUPPLIES CHARGED TO PATIENTS RECOVERY ROOM	71.00 51.00 0.00				$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ 24.\ 00\\ 25.\ 00\\ 25.\ 00\\ 26.\ 00\\ 27.\ 00\\ 28.\ 00\\ 29.\ 00\\ 30.\ 00\\ 31.\ 00\\ 32.\ 00\\ 33.\ 00\\ \end{array}$
1.00	D - NONBILLABLE MEDICAL SUPP CENTRAL SERVICES & SUPPLY	14.00	0	<u>6, 787, 098</u> 12, 268, 535		1.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 11.00 12.00 13.00 14.00 15.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00	OPERATION OF PLANT HME STORE	$\begin{array}{c} 7.\ 00\\ 190.\ 07\\ 0.\ 00\ 0.\ 00\\ 0.\ 00\ 0.\ 00\\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 00\ 0.\ 0.$		387 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		$\begin{array}{c} 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 18.00\\ 19.00\\ 20.00\\ 21.00\\ 23.00\\ 24.00\\ 25.00\\ 26.00\\ 26.00\\ \end{array}$

# IU HEALTH BLOOMINGTON HOSPITAL In Provider CCN: 15-0051 Period:

In Lieu of Form CMS-2552-10 Worksheet A-6

RECLAS:	SI FI CATI ONS			Provi der CCN: 15-0	0051 Period: Worksheet From 01/01/2020 To 12/31/2020 Date/Time 7/14/2021	Prepared
	Cost Center	Increases Line #	Salary	Other		
27.00	2.00	3.00	4.00	5.00		27.00
27.00 28.00 29.00 31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00		0.00 0.00		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		27.00 28.00 29.00 30.00 31.00 32.00 33.00 34.00 35.00 36.00 37.00 38.00 39.00 40.00
1 00	E - IMPLANTS SUPPLIES	70 70 00	V			
$\begin{array}{c} 1. \ 00\\ 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ \end{array}$	IMPL. DEV. CHARGED TO PATIEN ELECTROENCEPHALOGRAPHY	TS 72.00 70.00 0.00 0.00 0.00 0.00 0.00 0.0		18, 411, 392 107 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		$\begin{array}{c} 1. 00 \\ 2. 00 \\ 3. 00 \\ 4. 00 \\ 5. 00 \\ 6. 00 \\ 7. 00 \\ 8. 00 \\ 9. 00 \\ 10. 00 \\ 11. 00 \\ 12. 00 \\ 13. 00 \\ 14. 00 \end{array}$
1.00	F - LEASE EXPENSE CAP REL COSTS-BLDG & FIXT	1.00	0	1, 326, 965		1.00
$\begin{array}{c} 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ \end{array}$	CAP REL COSTS-MVBLE EQUI P	2.00 0.00		43, 636 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		$\begin{array}{c} 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ \end{array}$
1.00	G - BILLABLE DRUGS DRUGS CHARGED TO PATIENTS	73.00	0	34, 710, 650		1.00
$\begin{array}{c} 2. \ 00\\ 3. \ 00\\ 4. \ 00\\ 5. \ 00\\ 6. \ 00\\ 7. \ 00\\ 8. \ 00\\ 9. \ 00\\ 10. \ 00\\ 11. \ 00\\ 12. \ 00\\ 13. \ 00\\ 14. \ 00\\ 15. \ 00\\ 16. \ 00\\ 17. \ 00\\ 18. \ 00\\ 19. \ 00\\ 20. \ 00\\ 21. \ 00\\ 22. \ 00\\ \end{array}$	0	0.00 0.00		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ \end{array}$

#### Health Financial Systems In Lieu of Form CMS-2552-10 IU HEALTH BLOOMINGTON HOSPITAL RECLASSI FI CATI ONS Provider CCN: 15-0051 Period: Worksheet A-6 From 01/01/2020 12/31/2020 То Date/Time Prepared: 7/14/2021 11:13 am Increases Cost Center Line # 0ther Sal ary 2.00 3.00 4.00 5.00 - NON-BILLABLE DRUGS 15.00 1.00 PHARMACY 0 933, 938 1.00 2.00 ADMINISTRATIVE & GENERAL 5.00 0 1, 457 2.00 3.00 PHYSI CAL THERAPY 66.00 0 273 3.00 4.00 COMMUNITY HEALTH SERVICES 190.11 0 154 4.00 5.00 0.00 0 0 5.00 6.00 0.00 0 0 6.00 7.00 0 0 0.00 7.00 8.00 0.00 0 0 8.00 0 9.00 0.00 0 9.00 10.00 0 00 0 0 10.00 0 11.00 0.00 0 11.00 12.00 0.00 0 0 12.00 13.00 0.00 0 0 13.00 0 0 14.00 0.00 14.00 0 15.00 0.00 0 15.00 16.00 0.00 0 0 16.00 0 0 00 0 17 00 17 00 18.00 0.00 0 0 18.00 19.00 0.00 0 0 19.00 20.00 0.00 0 0 20.00 21 00 0.00 0 0 21 00 22.00 0.00 0 0 22.00 23.00 0.00 23.00 0 0 24.00 0.00 24.00 0 0 25.00 0.00 0 0 25.00 26.00 0.00 0 26.00 0 27.00 27.00 0.00 0 935, 822 0 - INTEREST EXPENSE 1.00 INTEREST EXPENSE 1<u>13.</u>00 1.00 0 9<u>0, 5</u>65 90, 565 K - PHARMACY RESIDENCY PARAMED ED PRGM-PHARMACY 1.00 23.00 180, 475 13,807 1.00 RESI DENCY 2.00 0.00 2.00 180, 475 13,807 - PSYCH ADMIN 1.00 OP\_PSYCH\_CLINIC 90. 05 134, 613 91, 986 1.00 91, 986 134.613 M - SOFTWARE LICENSE 1.00 CAP REL COSTS-MVBLE EQUIP 2.00 79, 413 0 1.00 2.00 0.00 0 2.00 ( 3.00 0.00 3.00 0 0 4.00 0.00 0 4.00 5.00 0.00 5.00 79, 413 0 N – CAFETERIA 1.00 CAFETERI A <u>11. 00</u> 77<u>4, 3</u>10 <u>655, 2</u>37 1.00 774, 310 655, 237 0 - SHORT TERM DI SABI LI TY/FLMA 1.00 ADMINISTRATIVE & GENERAL 5.00 4,248 1.00 2.00 OPERATION OF PLANT 7.00 867 2.00 9.00 3.00 HOUSEKEEPI NG 9,246 3.00 4 00 DI FTARY 10 00 4.810 4 00 5.00 NURSING ADMINISTRATION 13.00 44,698 5.00 6.00 PHARMACY 15.00 81, 943 6.00 CENTRAL STERILIZATION 7.00 18.01 6, 177 7.00 8 00 ADULTS & PEDIATRICS 30.00 82,852 8 00 9.00 INTENSIVE CARE UNIT 31.00 10, 930 9.00 CORONARY CARE UNIT 32.00 19, 242 10.00 10.00 NEONATAL INTENSIVE CARE UNI 35.00 14,045 11.00 11.00 SUBPROVIDER - IRF 12.00 41.00 2, 097 12.00 13.00 OPERATING ROOM 50.00 66, 837 13.00 14.00 RECOVERY ROOM 51.00 32,639 14.00 DELIVERY ROOM & LABOR ROOM 15.00 52.00 35, 227 15.00 RADI OLOGY-DI AGNOSTI C 16.00 54.00 14,876 16.00 RADI OLOGY-THERAPEUTI C 55.00 17.00 12,633 17.00 18.00 CT SCAN 57.00 5,071 18.00 CARDI AC CATHETERI ZATI ON 59.00 19.00 19 00 9.501 20.00 PHYSI CAL THERAPY 66.00 35, 667 20.00 CARDIAC REHABILITATION 76.97 21.00 521 21.00 CLINIC 90.00 9,249 22.00 22.00 OP ONCOLOGY INFUSION CENTER 23.00 90.01 6,788 23.00

	Financial Systems	١U	HEALTH BLOOMIN		In Lieu of Form C	
RECLAS	SI FI CATI ONS			Provi der CCN: 15-005	From 01/01/2020	
					To 12/31/2020 Date/Time 7/14/2021	
	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
24.00	WOUND CARE CENTER	90. 02		303		24.00
25.00 26.00	OP PSYCH CLINIC EMERGENCY	90. 05 91. 00		136 17, 418		25.00 26.00
27.00	AMBULANCE SERVICES	95.00		32, 612		20.00
28.00	GIFT, FLOWER, COFFEE SHOP &	190. 00		2, 033		28.00
29.00	CANTEEN PROMPTCARE	190. 01		1, 061		29.00
27.00	0			563, 727		27.00
1.00	P - UTILITIES EXPENSE OPERATION OF PLANT	7.00	0	273, 935		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00 5.00		0. 00 0. 00	0	0		4.00 5.00
6.00		0.00	0	o		6.00
7.00		0.00	0	0		7.00
8.00 9.00		0. 00 0. 00	0	0		8.00 9.00
10.00		0.00	0	0		10.00
11.00		0. 00	0	0		11.00
12.00 13.00		0. 00 0. 00	0	0		12.00 13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00 17.00		0. 00 0. 00	0	0		16.00 17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00 21.00		0. 00 0. 00	0	0		20.00 21.00
21.00		0.00	0	0		21.00
23.00		0.00	0	0		23.00
24.00 25.00		0. 00 0. 00	0	0		24.00 25.00
25.00		0.00	0	o		25.00
27.00		0.00	0	0		27.00
28.00 29.00		0. 00 0. 00	0	0		28.00 29.00
30.00		0.00	0	0		30.00
31.00	<u> </u>	0.00	0	0		31.00
	O Q - BCC DEPRECIATION		0	273, 935		
1.00	RENTAL PROPERTIES	190. 02	0	3, 902		1.00
2.00		190. 05 190. 08	0	3, 121		2.00
3.00	<u>UNUSED_SPACE</u>	190.08	— — — <u>o</u>	5 <u>4, 4</u> 23 61, 446		3.00
1 00	R - OCCUPATIONAL HEALTH ADMI		010 501			1 00
1.00	ADMI NI STRATI VE & GENERAL O		21 <u>9, 531</u> 219, 531	<u>0</u>		1.00
1 00	S - NURSERY	42.00	500 (50	(0.00)		1 00
1.00 2.00	NURSERY	43.00	598, 659 0	62, 986 0		1.00 2.00
2.00	<u> </u>		598,659	62, 986		2.00
1.00	T – BEDFORD ALLOCATION I U HEALTH BEDFORD HOSPITAL	194.01	919, 693	543, 356		1.00
2.00	TO HEALTH DEDIVIND HOST TAL	0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00 5.00		0. 00 0. 00	0	0		4.00 5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	0 U - PAOLI ALLOCATION		919, 693	543, 356		_
1.00	IU HEALTH PAOLI HOSPITAL	194.00	476, 571	272, 908		1.00
2.00		0.00	О	0		2.00
3.00 4.00		0. 00 0. 00	0	0		3.00 4.00
4.00 5.00		0.00	0	o		4.00 5.00
6.00		0.00	0	0		6.00
	O V - LIBERTY BUILDING DEPRECI	ATLON	476, 571	272, 908		
1.00	IU HEALTH SIP	194.03	0	131, 369		1.00
2.00	TOTALS		0			2.00
	IVIALS		U	131, 369		

<u>Heal th</u>	Financial Systems	IL	J HEALTH BLOOM	INGTON HOSPITA	L	In Lieu	of Form CMS-	2552-10
RECLAS	SI FI CATI ONS			Provi der (	CCN: 15-0051	Peri od:	Worksheet A-	-6
						From 01/01/2020 To 12/31/2020	Date/Time Pr 7/14/2021 11	epared: :13 am
		Increases						
	Cost Center	Line #	Salary	0ther				
	2.00	3.00	4.00	5.00				
	W - MALPRACTICE INSURANCE							
1.00	ADULTS & PEDIATRICS	30.00	0	16, 459				1.00
	TOTALS		0	16, 459				
	X – ACCRUED PTO				_			
1.00	ADULTS & PEDIATRICS	30.00	0	6, 366				1.00
2.00		0.00	0	0				2.00
3.00		0. 00	0	0				3.00
	TOTALS		o	6, 366				
	Y – REHAB – COVID							
1.00	ADULTS & PEDIATRICS	30.00	683, 663	93, 049				1.00
	TOTALS		683, 663	93, 049				
500.00	Grand Total: Increases		3, 987, 515					500.00

## Health Financial Systems RECLASSIFICATIONS

## IU HEALTH BLOOMINGTON HOSPITAL

In Lieu of Form CMS-2552-10

Provider CCN: 15-0051

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

Image: Construction         Description         Rest. A.2. Mef.           A. BINGTISS         7.20         8.30         9.00 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>  '</th> <th>To 12/31/2020 Date/Time Pr 7/14/2021 11</th> <th></th>						'	To 12/31/2020 Date/Time Pr 7/14/2021 11	
			Decreases				• • • • • • • • • • • • • • • • • • •	
A.         HARTINS         Col         Col<								
100         ADMIN ISTRATUS & CREERAL         5         00         643, 737         0         1.00           200         DEFENDY         00         0         445, 550         0         2.00           3.00         DEFENDY         10         00         0         433, 970         0         0         4.00           3.00         DEFENDY         13         00         0         123, 384         0         5.00           0.00         DEFENDY         15         00         0         123, 384         0         6.00           0.00         DEFENDY         15         00         0         145, 243         0         6.00           0.00         DEFENDY         20         0         13, 330         0         4.00         5.00 <td< th=""><th></th><th></th><th>7.00</th><th>8.00</th><th>9.00</th><th>10.00</th><th></th><th>-</th></td<>			7.00	8.00	9.00	10.00		-
2:00         OFERATION OF PLANT         7:00         0         405,592         0         2:00         3:00           4:00         ILENAY         10:00         0         7:56         0         4:00           4:00         ILENAY         10:00         0         7:56         0         4:00           4:00         ILENAY         10:00         0         7:38         0         4:00           0:00         MEARMARY         10:00         128,343         0         7:00         8:00           0:00         MEARMARY         10:00         139,353         0         4:00         8:00         7:00           0:00         MEARMARY         10:00         0         10:00         0:00         10:00         0:00         10:00         10:00         0:00         10:00         10:00         0:00         10:00	1 00		5.00	0	643 737	0		1 1 00
3.00         AUGESTEPHING         9.00         0         072.500         0         3.00           4.00         MILLINGTATION         10.00         171.910         0         4.00           4.00         MILLINGTATION         10.00         171.910         0         4.00           4.00         MILLINGTATION         10.00         171.910         0         4.00           4.00         MILLINGTATION         10.00         145.230         0         4.00           6.00         MILLINGTATION         10.00         145.230         0         0         0.00           0.00         MILLINGTATION         30.00         4.31.330         0         0         0.00         10.00         110.00				-				
5.00         MKISING AZMINISTRATION         13.00         0         7.228.348         0         6.00           7.00         EXTING. STEPRILLEZINT         15.00         0         92.833         0         7.00           7.00         EXTING. STEPRILLEZINT         15.00         0         92.833         0         7.00           7.00         EXTING. STEPRILLEZINT         30.00         0         4.351.330         0         9.00           7.00         INTRATING         30.00         0         4.351.330         0         9.00           10.00         INTENSIVE CARE UNIT         33.00         0         4.49.911         0         11.00           11.00         DEPENTY         35.00         0         1.81.888         0         14.00           12.00         MERDINGER - 18F         10.00         1.81.888         0         14.00         15.00           13.00         DEPENTY         S5.00         0         4.61.197         0         16.00           14.00         DEVENTY         S5.00         0         127.70         0         17.00           14.00         CERTING. ROM         S5.00         0         127.70         0         16.00           17.		HOUSEKEEPING		0	672, 560			
6.00         PARAMACY         15.00         0         728, 393         0         4.00           7.00         CRTMALS ETERLIZATION         15.00         0         15.243         0         7.00           8.00         MARMED ETERLIZATION         15.00         0         15.233         0         7.00           9.00         AULTS A FEDIATRIC S         30.00         0         4.51336         0         10.00           10.00         ITTENSIVE CARE UNIT         31.00         0         640.572         0         10.00           11.00         CROMARY CARE UNIT         32.00         0         433.356         0         11.00           12.00         KOMARAL INTENDATE CARE UNIT         35.00         0         131.401         0         16.00           13.00         CROMENT ROW         51.00         0         451.401         0         16.00           14.00         CROMENT ROW         55.00         0         77.01         0         17.00           10.00         CROMENT ROW         55.00         0         77.01         0         17.00           13.00         CROMENT ROW         55.00         0         77.01         0         20.00           13.00			10. 00	0				4.00
7.00         EXITAL STENLIZATION         18.01         0         145.243         0         7.00           0.00         RESIDENCY         0         33.3         0         8.00           0.00         RESIDENCY         0         0.00         4.351.330         0         9.00           11.00         DEROMARY CARE UNIT         32.00         0         4.331.385         0         11.00           11.00         DEROMARY CARE UNIT         32.00         0         4.333.385         0         11.00           12.00         REMARY CARE UNIT         32.00         0         4.333.385         0         11.00           13.00         SUPERVIDER - INF         41.00         0         212.434         0         13.00           14.00         DELIVERY ROW & LABOR ROW         50.00         0         61.91         0         17.00           16.00         BELIVERY ROW & LABOR ROW         50.00         0         10.77.01         10.00         17.00           18.00         RADIOLOGY-THERANGE IMAGING         55.00         0         10.91.461         0         22.00           10.00         RTSANDEY THERANY         65.00         0         14.443.30         0         22.00         22.00<				0		-		
8.00         MARMED F D. REAL-MARANCY         22.00         0         30.383         0         8.00           9.00         ADULTS & FEDLATRICS         30.00         0         4.351,330         0         9.00           9.00         ADULTS & FEDLATRICS         30.00         0         4.351,330         0         9.00           12.00         KEONTAL, INTENJVE CARE, UNIT         35.00         0         349,811         0         110.00           12.00         KEONTAL, INTENJVE CARE, UNIT         35.00         0         349,811         0         113.00           14.00         DERATING ROM         50.00         0         14.4140         0         15.00           15.00         ELINEER/MOM MARTIC         55.00         0         437,701         0         16.00           16.00         ONGORT-THERARUTUC         55.00         0         127,701         0         10.00           17.00         ORADIO GORT-THERARUTUC         55.00         0         404,300         22.00         23.00           18.00         ELINEER/ANDY         66.00         0         1,671,489         0         22.00           23.00         ELINEER/ANDY         66.00         0         1,671,489         0				0				
BYSINFARY         STATE         STATE         State         State           00         AULTS A FERLATIONS         30         00         4,351,330         0         400,572         0         10.00         <				0		-		
9.00 ADULTS & PEDIATRICS 30.00 0 4.551,330 0 9.00 11.00 CARDIARY CARE UNIT 32.00 0 433,385 0 11.00 CARDIARY CARE UNIT 32.00 0 433,385 0 11.00 CARDIARY CARE UNIT 32.00 0 433,385 0 11.00 TI 30 DEPEATING BOOM 51.00 0 312,834 0 11.00 TI 30 DEPEATING BOOM 51.00 0 1,181,858 0 11.00 TI 30 DEPEATING BOOM 52.00 0 491,461 0 15.00 TI 00 DELIVERY ROM 4 LABOR ROM 52.00 0 491,461 0 15.00 TI 00 DELIVERY ROM 4 LABOR ROM 52.00 0 491,461 0 17.00 TI 00 DELIVERY ROM 55.00 0 217,00 190 17.00 TI 00 DELIVERY ROM 55.00 0 211,0673 0 212,000 TI 00 DELIVERY ROM 55.00 0 211,0673 0 212,000 TI 200 DELIVERY ROM 55.00 0 211,0673 0 210,000 TI 200 DELIVERY ROM 55.00 0 211,0673 0 210,000 TI 200 DELIVERY ROM 70,00 0 59.00 0 211,0673 0 210,000 TI 200 DELIVERY ROM 70,00 0 59.00 0 211,0673 0 210,000 TI 00 DELIVERY ROM 70,00 0 59.00 0 211,0673 0 210,000 TI 00 DELIVERY ROM 70,00 0 59.00 0 211,0673 0 210,000 TI 00 DELIVERY ROM 70,00 0 59.00 0 210,0673 0 210,000 TI 00 DELIVERY ROM 70,00 0 59.00 0 210,0673 0 220,00 TI 00 DELIVERY ROM 70,00 0 59.00 0 210,0673 0 220,00 TI 00 DELIVERY ROM 70,00 0 59.00 0 210,0673 0 220,00 TI 00 DELIVERY ROM 70,00 0 59.00 0 210,0673 0 220,00 TI 00 DELIVERY ROM 70,00 0 59.00 0 210,0673 0 220,00 TI 00 DELIVERY ROM 70,00 0 59.00 0 210,0673 0 220,00 TI 00 DELIVERY ROM 70,00 0 79.138 0 20,00 TI 00 DELIVERY ROM 70,00 0 79.138 0 20,00 TI 00 DELIVERY ROM 70,00 0 79.138 0 270,00 TI 00 DELIVERY ROM 70,00 0 79.138 0 270,00 TI 00 DELIVERY ROM 70,00 0 79.138 0 270,00 TI 00 DELIVERY ROM 70,00 0 79.138 0 270,00 TI 00 DELIVERY ROM 71,00 0 79.75 TI 00 DELI	0.00		23.00	0	50, 505	0		0.00
11.00         CRONARY CARE UNIT         32.00         0         433.385         0         11.00           12.00         NEGMARY LERES UNIT C         35.00         0         34.04.811         0         12.00           13.00         SUBPROVIDER - INF         41.00         0         212.434         0         13.00           14.00         DELVIEW ROUM         52.00         0         141.60         14.00           16.00         DELVIEW ROUM & LABOR ROM         52.00         0         491.40         16.00           16.00         RADICLOCY-ILANDRE LIAGIN G         52.00         0         477.501         0         18.00           17.00         RADICLOCY-ILANDRE LIAGIN G         58.00         0         71.643         0         20.00           20.00         RESIR RATORY THEAPY         65.00         0         12.00         22.00	9.00		30. 00	0	4, 351, 330	0		9.00
12.00       NEONATAL INTERSIVE CARE UNI       35.00       0       340,811       0       12.00         13.00       SUBROVI FRE - I.R.       55.00       0       1,181,858       0       14.00         14.00       DELIVERY ROM LADER ROM       55.00       0       1,181,858       0       14.00         15.00       RCOVEY ROM LADER ROM       52.00       0       401,461       0       15.00         16.00       DELIVERY ROM LADER ROM       55.00       0       401,461       0       16.00         17.00       CTSAN       55.00       0       122,701       0       19.00       120.00       19.00       22.00       19.00       22.00       19.00       22.00       19.00       22.00       19.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00       10.00       22.00 <t< td=""><td></td><td>INTENSIVE CARE UNIT</td><td>31.00</td><td>0</td><td>610, 572</td><td></td><td></td><td>10.00</td></t<>		INTENSIVE CARE UNIT	31.00	0	610, 572			10.00
13.00         SUBPROVIDER - IFF         41.00         0         212.434         0         13.00           14.00         DERAMIC ROM         51.00         0         14.10         15.00         14.00           15.00         RCOVEY ROM         51.00         0         541.401         0         15.00           16.00         PELIVEY ROM         ALORDAY         15.00         0         447.561         0         16.00           18.00         RADIOLOGY - INERAPEUTIC         55.00         0         407.561         0         17.00         19.00           20.00         MAGETIC RESONANCE TAKIN K         55.00         0         21.00         22.00				0				
14.00     DPERATING ROOM     50.00     1,181,858     0     14.00       15.00     RECVER ROOM     51.00     0     641,401     0     15.00       16.00     DELVERY ROOM     52.00     0     491,461     0     16.00       17.00     RADIO (007-0) LAGASTIC     54.00     0     651,197     0     17.00       19.00     ROT SCAN     THEMPARTIC     57.00     0     407,761     0     20.00       20.00     RADIA (CATHETER LAGAINA)     59.00     0     71.00     70.00     22.00     22.00       21.00     CARDIA C, CATHETER LATION     59.00     0     120.01,01,499     22.00     22.00       22.00     RESPI RATORY THERAPY     46.00     0     10.01,499     22.00     23.00       23.00     ELECTRORAPOLOCK/GRAPHY     60.00     0     122.411     0     26.00       24.00     CALINC CATHETER V     60.00     0     25.748     0     27.00       28.00     CLIC CARANACY     73.01     0     65.114     0     26.00       29.00     DP ONCLOCY INAUSION CENTER     90.02     0     11.591     0     30.00       30.00     DAMONON CARC CENTER     90.02     0     140.707     0     32.0				-				
15:00         ECOVERY ROOM         51:00         541:401         6           16:00         PELVERY ROOM         15:00         641:461         0         15:00           17:00         RAD DLOGY - JURARDSTIC         54:00         0         651:197         0         17:00           18:00         RAD DLOGY - JURARDSTIC         55:00         0         407:561         0         18:00           19:00         CT SCM         57:00         0         127:701         0         22:00           21:00         CARDIAC CATHEERIZATION         59:00         0         120:07         22:00         22:00         22:00         22:00         22:00         22:00         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         24:00         22:00         23:00         24:00         25:00         27:00         26:00         27:00         27:00         22:00         25:00         27:00         27:00         27:00         27:00         27:00         27:00         27:00         27:00         27:00         27:00         27:00         27:00         27:00         27:00         27:00         2				0				
16.00         DELUYERY ROUM & LABOR ROOM         52.00         0         491,461         0         16.00           17.00         RAD OLON-JU ARGNESTIC         54.00         0         651.197         0         17.00           18.00         RAD OLON-JU ARGNESTIC         55.00         0         407.561         18.00           20.00         MARMETIC RESONANCE IMAGING         58.00         0         916.63         20.00           21.00         RAD OLON-JU ARGNESTIC         56.00         0         404.530         22.00           23.00         PHSYEIATORY THERAPY         65.00         0         404.330         22.00           23.00         PHSYEIATORY THERAPY         65.00         0         40.714.10         25.00           24.00         ELECTROCAPOLOGRAPY         70.00         0         32.411         25.00           26.00         DP HARANCY         73.01         0         65.314         26.00         26.00           27.00         CARDAC RELARBLITATION         76.97         0         28.414         0         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00 <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td>				0				
17.00       ADD OLCOY - HRANDSTIC       54.00       651,177       0       17.00       17.00         18.00       RADIOLOGY - HRANDSTIC       55.00       0       4075,561       0       18.00         19.00       CT SCAN       57.00       0       127.701       0       18.00         20.00       MARENTIC RESONANCE HARGING       58.00       0       19.63       0       22.00         21.00       CARDIA C CATHETER ZATION       59.00       0       219.00       22.00       22.00         22.00       RESPIRATORY THERENY       66.00       0       1.091.499       22.00       22.00         22.00       RESPIRATORY THERENY       70.00       0       32.411       0       25.00       27.00       29.126.719       24.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       27.00       29.00       29.00       29.00       29.00 <t< td=""><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td></t<>				0				
19.00         CT SCAN         57.00         127.701         0         19.00           0.00         MARINET C RESONANCE I MAGI MG         55.00         0         19.643         0         20.00           0.00         RESPIRATORY THERAPY         65.00         0         1.091,493         0         22.00         22.00         22.00         23.00         22.00         23.00         22.00         23.00         22.00         23.00	17.00		54.00	0				17.00
20.00         MAGNETIC RESONANCE LANGING         55.00         91,643         0         20.00         20.00         20.00         20.00         21.00         CARDIAC CATHETRIZATION         55.00         0         21.00         22.00         23.00         22.00         23.00         22.00         23.00         25.00         25.00         25.00         25.00         25.00         27.00         29.00         20.00         20.00         25.00         27.00         20.00				0		-		
(MR1)         (MR1) <th< td=""><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td></th<>				0				
11.00         CARDIAC CATHETERIZATION         59.00         0         219,057         0         21.00         22.00           22.00         RESPRATORY THERAPY         65.00         0         1.091,459         23.00         23.00         PHYSICAL THERAPY         66.00         0         1.091,459         23.00         24.00         25.00         25.00         25.00         25.00         25.00         25.00         29.00         20.00         29.00         20.00         23.00         20.00         23.00         23.00         20.00         23.00         23.00         23.00         23.00         23.00         20.00         20.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00	20.00		58.00	0	91, 643	0		20.00
22 00         RESPIRATORY THERAPY         65.00         0         404,330         0         22 00           23 00         PHSCAL THERAPY         66.00         0         1.091,499         0         23 00           24 00         CELCTROCARDIQLOGY         69.00         0         126.719         0         25.00           25 00         PLECTROCARDIALCERAPHY         70.00         0         32.411         0         25.00           26 00         OP PLARMACY         73.01         0         65.314         0         26.00           28 00         CLINIC         90.00         00 COLLOCY         1FUSION CENTER         90.01         0         625.001         28.00         28.00         28.00         33.00         27.00         28.00         33.00         27.00         28.00         33.00         28.00         33.00         28.00         28.00         33.00         35.00         33.00         33.00         33	21 00		59 00	0	219 057	0		21 00
23.00       PHYSICAL THERAPY       66.00       0       1,091,499       0       23.00       24.00         24.00       ELECTROEARDIDGY       69.00       0       32,411       0       25.00       24.00         25.00       ELECTROEARDIDGY       73.01       0       65.314       0       26.00       27.00       28.00       27.00       28.00       28.00       27.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       28.00       29.00       00       0       29.00       00       0       29.00       30.00       30.00       30.00       31.00       30.00       31.00       31.00       31.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       33.00       35.00       0       1.264.355       0       34.00       35.00       35.00       35.00       0       35.00       36.00       36.00       39.00       36.00       36.00       36.00       36.00       36.00       39.00       30.00       30.00       30.00       30.00       30.00								
25.00         ELECTROENCEPHALOGRAPHY         70.00         32,411         0         25.00           26.00         DP PHARMACY         73.01         0         65.134         0         26.00           27.00         CARDIAC REHABILITATION         76.97         0         95.138         0         27.00         28.00         27.00         28.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         31.00         34.00         33.00         34.00         34.00         34.00         34.00         34.00         34.00         34.00         34.00         35.00         27.41.455         0         36.00         37.00 </td <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td>				0				
26.00       QP PHARMACY       73.01       0       65.314       0       26.00       27.00       CARIA C REHABILITATION       76.97       0       95.138       0       27.00       CARIA C REHABILITATION       76.97       0       95.138       0       27.00       CARIA C REHABILITATION       90.00       0       258.748       0       27.00       28.00       29.00       0       00.00       0       255.001       0       30.00       31.00       31.00       31.00       31.00       0       0.00       0       0.55.966       0       33.00       0       33.00       0       0.00       0       37.00       35.00       35.00       35.00       35.00       35.00       0       36.00       36.00       36.00       36.00       36.00       36.00       36.00       38.00       38.00       38.00       38.00       38.00       38.00       38.00       38.00       38.00       36.00<			69.00	0	126, 719	-		
27.00         CARDIA C REHABILITATION         76.97         0         95.138         0         27.00         30.00         30.00         30.00         31.00         30.00         31.00         32.00         33.00         32.00         33.00         33.00         33.00         33.00         33.00         33.00         34.00         37.00         35.00         37.00         36.00         27.01         0         39.00         37.00         38.00         38.00         38.00         38.00         38.00         39.00         39.00         39.00         39.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00				-				
28.00         CLINIC         90.00         0         258,748         0         28.00         28.000         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         30.				0				
92.00         OP ENCLICOPY INFUSION CENTER         90.01         0         625.001         90.00           03.00         PAIN CLINIC         90.03         0         55.096         0         31.00           32.00         PSYCH CLINIC         90.05         0         440.707         0         32.00           33.00         EMERGENCY         91.00         0         876.249         0         33.00           34.00         AMBUANCE SERVICES         95.00         0         1.248.455         0         34.00           35.00         GFT, FLOWER, COFFEE SHOP &         190.01         0         329.966         0         37.00           36.00         COMUNINT Y HEALTH SERVICES         190.01         0         329.966         0         37.00           38.00         COMUNINT Y HEALTH SERVICES         190.11         0         901.918         0         38.00           0         O         21.412.191         0         30.02         37.00         38.00         37.00         38.00         36.00         7.635.142         9         2.00         30.03         30.03         30.03         30.03         30.03         30.03         30.03         30.03         30.03         30.03         30.00				0				
30.00         WOUND CARE CENTER         90.02         0         111.591         0         30.00           31.00         PAIN CLINIC         90.05         0         440,777         0         32.00           33.00         DERRENCY         91.00         0         876,249         0         33.00           34.00         AMBULANCE SERVICES         95.00         0         1,248,455         0         34.00           35.00         GENTER         190.01         0         329,966         0         37.00           36.00         PROMPTCARE         190.01         0         329,966         0         37.00           38.00         OUNNIT THEALTH SERVICES         190.11         0         91.918         0         38.00           39.00         O         -302,247         0         -30.247         0         30.00           0         PHYSICLARS' PRIVATE OFFLICES         192.00         0         736.142         9         2.00           0         O         O         736.142         9         2.00         30.00           0         OPATIL RELATED				0		-		
32.00       OP_PSYCH_CLINIC       90.05       0       440,707       0       32.00       33.00       AMERCENCY       91.00       0       876,249       0       33.00       34.00       33.00       34.00       33.00       35.00       0       1,248,455       0       34.00       35.00       CANTEEN       35.00       0       1,248,455       0       35.00       35.00       CANTEEN       36.00       37.00       0       20.07       37.00       37.00       30.02,247       0       38.00       39.00       30.00       40.00       40.00       30.01       40.00       30.00       40.00       30.02,247       0       2.00       40.00       30.00       40.00       30.00       40.00       30.00       40.00       30.00       40.00       30.00       40.00       30.00       40.00       40.00       40.00       40.00       40.00<				0				
33.00       EMERCENCY       91.00       0       876.249       0       33.00         34.00       MBULANCE SERVICES       95.00       0       1.248.455       0       35.00         35.00       GIFT, FLOWER, COFFEE SHOP &       190.01       0       329.966       0       35.00         36.00       DEMETCARE       190.01       0       329.966       0       37.00         37.00       DLOTT       190.01       0       329.966       38.00       38.00         37.00       DLOTT       190.01       0       329.247	31.00	PAIN CLINIC	90. 03	0	55, 096	0		31.00
34.00         AMBULANCE SERVICES         95.00         0         1.248.455         0         36.00         GATTEEN         36.00         37.00         36.00         36.00         37.00         36.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00				0				
35.00         GIFT, FLOWER, COFFEE SHOP & CANTEEN         190.00         0         30,935         0         35.00           36.00         PROMPTCARE         190.01         0         329,966         0         36.00           37.00         OLCOTT         190.03         0         88.290         0         37.00           38.00         COMUNITY HEALTH SERVICES         190.11         0         901,918         0         38.00           39.00         PHYSICLARS_PRIVATE OFFICES         192.00         0         32.247         0         38.00           0         C11.41.RELATED         0         21.412,191         0         39.00         0         73.61,42         9         1.00           2.00         ADMINISTRATIVE & GENERAL         5.00         0         7,484         0         2.00         30.00           4.00         LAUNDRY & LINEN SERVICE         8.00         0         7,448         0         5.00         6.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00				0		-		
CANTEEN         190.01         329.966         36.00         36.00         37.00         36.00         37.00         36.00         37.00         36.00         37.00         36.00         37.00         38.00         36.00         37.00         38.00         36.00         37.00         38.00         39.00         39.00         39.00         39.00         39.00         39.00         39.00         39.00         39.00         30.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         4.00         5.00 </td <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td>				0				
66.00         PROMPTCARE         190.01         0         329.966         0         36.00         37.00         36.00         37.00         36.00         37.00         38.00         37.00         38.00         37.00         38.00         37.00         38.00         37.00         38.00         37.00         38.00         37.00         38.00         39.00         30.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00 <th< td=""><td>35.00</td><td></td><td>190.00</td><td>0</td><td>30, 733</td><td>0</td><td></td><td>35.00</td></th<>	35.00		190.00	0	30, 733	0		35.00
38.00       COMUUNITY HEALTH SERVICES       190.11       0       30.00       30.	36.00		190. 01	0	329, 966	0		36.00
39.00       PHYSLCLANS' PRIVATE OFFICES       192.00       0       302.247       0         0       0       21,412,191       0       39.00         8       - CAPITAL RELATED       0       21,412,191       0         1.00       EMPLOYEE BENEFITS DEPARTMENT       4.00       0       4,280       9       1.00         2.00       ADMINISTRATION OF PLANT       7.00       0       4,787,600       0       3.00         4.00       LAUNDRY & LINEN SERVICE       8.00       0       7,342       0       5.00         6.00       DIETARY       10.00       45,003       0       7.00         8.00       CENTRAL SERVICES & SUPPLY       14.00       0       559       0       8.00         9.00       PHARMACY       15.00       0       216,291       0       9.00       10.00         10.00       ECNTRAL SERVICES & SUPPLY       14.00       0       79,282       0       11.00         10.00       INTENSIVE CARE UNIT       31.00       0       63,322       0       13.00         11.00       CENTRAL STERI LIZATION       18.01       0       76,691       14.00       14.00         12.00       DATICS & TOLATRES VE CARE UN	37.00		190. 03	0	88, 290	0		37.00
0         -         -         0         21, 412, 191         -           B         - CAPITAL RELATED         -				0				
B         -         CAPITAL RELATED           1.00         EMPLOYEE BENEFITS DEPARTMENT         4.00         0         4,280         9           2.00         ADMINISTRATIVE & GENERAL         5.00         0         736,142         9           3.00         OPERATION OF PLANT         7.00         0         4,787,600         0           4.00         LAUNDRY & LINEN SERVICE         8.00         0         7,648         0           5.00         HOUSEKEEPING         9.00         0         7,342         0         6.00           6.00         DI FTARY         10.00         0         45,003         0         7.00           7.00         NURSING ADMINISTRATION         13.00         0         279,715         0         7.00           8.00         CENTRAL SERVICES & SUPPLY         14.00         0         559         0         8.00           10.00         MEDI CAL RECORDS & LIBRARY         16.00         0         809         0         10.00           11.00         CENTRAL STERI LIZATION         18.01         0         79,282         0         11.00           12.00         ADMITS & SADIATICS         30.00         0         51.225         0         14.00	39.00	<u>PHYSICIANS</u> P <u>RIVATE OFFICES</u>	<u> </u>			<u>0</u>		39.00
2.00         ADMI NI STRATI VE & GENERAL         5.00         0         736,142         9         2.00           3.00         OPERATION OF PLANT         7.00         0         4,787,600         0         3.00           4.00         LAUNDRY & LINEN SERVICE         8.00         0         7,648         0         4.00           5.00         HOUSEKEEPI NG         9.00         0         7,342         0         6.00           6.00         DI ETARY         10.00         0         279,715         0         7.00           8.00         CENTRAL SERVICES & SUPPLY         14.00         0         559         0         9.00           9.00         PHARMACY         15.00         0         216,291         0         9.00           10.00         MEDI CAL RECORDS & LI BRARY         16.00         809         0         10.00           11.00         CENTRAL STERI LI ZATI ON         18.01         0         79,282         0         11.00           12.00         ADULTS & PEDI ATRICS         30.00         0         51,325         0         14.00           15.00         NEONATAL INTENSI VE CARE UNI T         32.00         0         66,691         14.00         14.00		B - CAPITAL RELATED						
3.00       OPERATION OF PLANT       7.00       0       4,787,600       0       3.00         4.00       LAUNDRY & LINEN SERVICE       8.00       0       7,648       0       4.00         5.00       HOUSEKEEPING       9.00       0       7,342       0       5.00         6.00       DI ETARY       10.00       0       45,003       0       7.00         7.00       NURSING ADMINISTRATION       13.00       0       279,715       0       7.00         8.00       EENTRAL SERVICES & SUPPLY       14.00       559       0       8.00       9.00         9.00       PHARMACY       15.00       0       216,291       0       9.00       10.00         10.00       MEDI CAL RECORDS & LIBRARY       16.00       809       0       10.00       1						9		
4.00       LAUNDRY & LI NEN SERVICE       8.00       0       7,648       0       4.00         5.00       HOUSEKEEPI NG       9.00       0       7,342       0       5.00         6.00       DI ETARY       10.00       0       45,003       0       6.00         7.00       NURSI NG ADMI NI STRATI ON       13.00       0       279,715       0       7.00         8.00       CENTRAL SERVICES & SUPPLY       14.00       0       559       0       8.00         9.00       PHARMACY       15.00       0       216,291       0       9.00         10.00       MEDI CAL RECORDS & LI BRARY       16.00       0       809       0       10.00         11.00       CENTRAL STERI LIZATI ON       18.01       0       79,282       0       11.00         12.00       ADULTS & PEDI ATRI CS       30.00       0       120,384       0       12.00         13.00       INTENSI VE CARE UNI T       31.00       0       63,322       0       14.00         15.00       NEONATAL INTENSI VE CARE UNI T       32.00       0       1,845,458       0       16.00         17.00       RECOVERY ROOM       51.00       0       18,400       0						9		
5.00       HOUSEKEEPING       9.00       0       7,342       0       5.00         6.00       DIETARY       10.00       45,003       0       6.00         7.00       NURSING ADMINISTRATION       13.00       0       279,715       0       8.00         8.00       CENTRAL SERVICES & SUPPLY       14.00       0       559       0       8.00         9.00       PHARMACY       15.00       0       216,291       0       9.00         10.00       MEDICAL RECORDS & LIBRARY       16.00       809       0       11.00         11.00       CENTRAL STERILIZATION       18.01       0       79,282       0       11.00         12.00       ADULTS & PEDIATRICS       30.00       0       120,384       0       12.00         13.00       INTENSIVE CARE UNIT       31.00       0       63,322       0       13.00         14.00       CORONARY CARE UNIT       35.00       0       51,225       0       14.00         15.00       RECOVERY ROM       51.00       0       18,454,548       0       16.00         17.00       RECOVERY ROM       51.00       0       14,19,572       0       21.00         22.00 <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td>				0				
6.00       DIETARY       10.00       0       45,003       0       6.00         7.00       NURSI NG ADMINI STRATI ON       13.00       0       279,715       0       7.00         8.00       CENTRAL SERVI CES & SUPPLY       14.00       0       559       0       8.00         9.00       PHARMACY       15.00       0       216,291       0       9.00         10.00       CENTRAL SERVI CES & LIBRARY       16.00       809       0       11.00       00         11.00       CENTRAL STERI LIZATI ON       18.01       0       79,282       0       11.00         12.00       ADULTS & PEDIATRICS       30.00       0       120,384       0       12.00         13.00       INTENSI VE CARE UNI T       31.00       0       63,322       0       13.00         14.00       CORONARY CARE UNI T       35.00       0       51,225       0       15.00         15.00       NEONATAL INTENSI VE CARE UNI T       35.00       0       18.02       17.00         18.00       DELIVERY ROOM & LABOR ROOM       52.00       0       16,629       0       18.00         19.00       RADI OLOGY-DI AGNOSTI C       54.00       0       751,942       <								
7.00       NURSI NG ADMI NI STRATI ON       13.00       0       279, 715       0       7.00         8.00       CENTRAL SERVI CES & SUPPLY       14.00       0       559       0       8.00         9.00       PHARMACY       15.00       0       216, 291       0       9.00         10.00       MEDI CAL RECORDS & LI BRARY       16.00       0       809       0       10.00         11.00       CENTRAL STERI LI ZATI ON       18.01       0       79,282       0       11.00         12.00       ADULTS & PEDI ATRI CS       30.00       0       120,384       0       12.00         13.00       INTENSI VE CARE UNI T       31.00       0       63,322       0       14.00         15.00       NEONARY CARE UNI T       32.00       0       76,691       0       14.00         15.00       NEONATAL INTENSI VE CARE UNI T       35.00       0       18,45,458       0       16.00         16.00       DELATI NG ROOM       50.00       0       18,45,458       0       18.00         19.00       RADI OLOGY-THERAPEUTI C       55.00       0       14,19,572       0       20.00         21.00       CARDI AC CATHETERI ZATI ON       59.00       <				0				
9.00       PHARMACY       15.00       0       216,291       0       9.00         10.00       MEDI CAL RECORDS & LI BRARY       16.00       809       0       10.00         11.00       CENTRAL STERI LI ZATI ON       18.01       79,282       0       11.00         12.00       ADULTS & PEDI ATRI CS       30.00       0       120,384       0       12.00         13.00       INTENSI VE CARE UNI T       31.00       0       63,322       0       13.00         14.00       CORONARY CARE UNI T       32.00       0       76,691       0       14.00         15.00       NEONATAL INTENSI VE CARE UNI T       32.00       0       71,245       0       15.00         16.00       OPERATING ROM       50.00       0       1,845,458       0       16.00         17.00       RECOVERY ROM       51.00       0       8,400       0       17.00         18.00       DELI VERY ROM & LABOR ROM       52.00       0       16,45,458       0       18.00         19.00       RADI OLOGY-DI AGNOSTI C       54.00       0       751,942       0       19.00         20.00       RADI OLOGY-THERAPEUTI C       55.00       0       324,673       0				0				
10.00       MEDI CAL RECORDS & LI BRARY       16.00       0       809       0       10.00         11.00       CENTRAL STERI LI ZATI ON       18.01       0       79,282       0       11.00         12.00       ADULTS & PEDI ATRI CS       30.00       0       120,384       0       12.00         13.00       INTENSI VE CARE UNI T       31.00       0       63,322       0       13.00         14.00       CORONARY CARE UNI T       32.00       0       76,691       0       14.00         15.00       NEONATAL INTENSI VE CARE UNI T       35.00       0       51,225       0       15.00         16.00       OPERATING ROOM       50.00       0       18,45,458       0       17.00         18.00       DELI VERY ROOM & LABOR ROOM       52.00       0       16,629       0       18.00         19.00       RADI OLOGY-THERAPEUTI C       55.00       0       1,419,572       0       20.00         21.00       CT SCAN       57.00       0       347,630       21.00       22.00         22.00       MAGNETI C RESONANCE I MAGI NG       58.00       0       347,630       22.00       20.00         23.00       CARDI AC CATHETERI ZATI ON       59		CENTRAL SERVICES & SUPPLY		0	559			8.00
11.00       CENTRAL STERILIZATION       18.01       0       79,282       0       11.00         12.00       ADULTS & PEDIATRICS       30.00       0       120,384       0       12.00         13.00       INTENSI VE CARE UNIT       31.00       0       63,322       0       13.00       14.00         14.00       CORONARY CARE UNIT       32.00       0       76,691       0       14.00         15.00       NEONATAL INTENSI VE CARE UNIT       35.00       0       51,225       0       15.00         16.00       OPERATING ROOM       50.00       0       1,845,458       0       16.00         17.00       RECOVERY ROOM & LABOR ROOM       52.00       0       11,409,572       0       18.00         19.00       RADI OLOGY-THERAPEUTI C       55.00       0       1,419,572       0       20.00         20.00       RADI OLOGY-THERAPEUTI C       55.00       0       347,630       22.00       20.00         21.00       CARDI AC CATHETERIZATI ON       59.00       0       347,630       22.00       23.00         23.00       CARDI AC CATHETERIZATI ON       59.00       0       23,444       0       23.00         24.00       LABORATORY				0				
12.00       ADULTS & PEDIATRICS       30.00       0       120,384       0       12.00         13.00       INTENSIVE CARE UNIT       31.00       0       63,322       0       13.00         14.00       CORONARY CARE UNIT       32.00       0       76,691       0       14.00         15.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       51,225       0       15.00         16.00       OPERATING ROOM       50.00       0       1,845,458       0       16.00       17.00         18.00       DELIVERY ROOM & LABOR ROOM       52.00       0       116,629       0       18.00         19.00       RADIOLOGY-DIAGNOSTIC       54.00       0       751,942       0       19.00         21.00       CT SCAN       57.00       0       324,673       0       21.00         22.00       MAGNETIC RESONANCE I MAGING       58.00       0       347,630       0       22.00         (MRI)				0				
13.00       INTENSIVE CARE UNIT       31.00       0       63,322       0       13.00         14.00       CORONARY CARE UNIT       32.00       0       76,691       0       14.00         15.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       51,225       0       15.00         16.00       OPERATING ROOM       50.00       0       1,845,458       0       16.00         17.00       RECOVERY ROOM       51.00       0       8,400       0       17.00         18.00       DELIVERY ROOM & LABOR ROOM       52.00       0       116,629       0       18.00         19.00       RADI OLOGY-DI AGNOSTI C       54.00       0       751,942       0       19.00         20.00       RADI OLOGY-THERAPEUTI C       55.00       0       1,419,572       0       20.00         21.00       CT SCAN       57.00       0       324,673       0       21.00         22.00       (MR1)				0		-		
14.00       CORONARY CARE UNIT       32.00       0       76,691       0       14.00         15.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       51,225       0       15.00         16.00       OPERATING ROM       50.00       0       1,845,458       0       16.00         17.00       RECOVERY ROM       51.00       0       8,400       0       17.00         18.00       DELIVERY ROOM & LABOR ROOM       52.00       0       116,629       0       18.00         19.00       RADI OLOGY-DI AGNOSTI C       54.00       0       751,942       0       19.00         20.00       RADI OLOGY-THERAPEUTI C       55.00       0       1,419,572       0       20.00         21.00       CT SCAN       57.00       0       324,673       0       21.00         22.00       MAGNETI C RESONANCE I MAGI NG (MRI )       58.00       0       347,630       0       22.00         23.00       CARDI AC CATHETERI ZATI ON       59.00       0       17,215       0       24.00         24.00       LABORATORY       60.00       0       17,215       0       25.00       25.00         26.00       PHYSI CAL THERAPY       65.00				0				
16.00       OPERATING ROOM       50.00       0       1,845,458       0       16.00         17.00       RECOVERY ROOM       51.00       0       8,400       0       17.00         18.00       DELIVERY ROOM & LABOR ROOM       52.00       0       116,629       0       18.00         19.00       RADIOLOGY-DIAGNOSTIC       54.00       0       751,942       0       19.00         20.00       RADIOLOGY-THERAPEUTIC       55.00       0       1,419,572       0       20.00         21.00       CT SCAN       57.00       0       324,673       0       21.00         22.00       MAGNETIC RESONANCE I MAGING       58.00       0       347,630       0       22.00         23.00       CARDIAC CATHETERIZATION       59.00       0       233,444       0       23.00         24.00       LABORATORY       60.00       0       17,215       0       24.00         25.00       RESPIRATORY THERAPY       65.00       0       150,118       25.00       25.00         26.00       PHYSI CAL THERAPY       66.00       22,479       0       26.00       27.00         27.00       ELECTROCARDIOLOGY       69.00       0       198,993				0		-		
17.00       RECOVERY ROOM       51.00       0       8,400       0       17.00         18.00       DELI VERY ROOM & LABOR ROOM       52.00       0       116,629       0       18.00         19.00       RADI OLOGY-DI AGNOSTI C       54.00       0       751,942       0       19.00         20.00       RADI OLOGY-THERAPEUTI C       55.00       0       1,419,572       0       20.00         21.00       CT SCAN       57.00       0       324,673       0       21.00         22.00       MAGNETI C RESONANCE I MAGI NG (MRI)       59.00       0       347,630       0       23.00         23.00       CARDI AC CATHETERI ZATI ON       59.00       0       17,215       0       24.00         25.00       RESPI RATORY THERAPY       65.00       0       150,118       0       25.00         26.00       PHYSI CAL THERAPY       66.00       0       22,479       0       26.00         27.00       ELECTROCARDI OLOGY       69.00       0       198,993       0       27.00	15.00	NEONATAL INTENSIVE CARE UNI	35.00	0	51, 225	0		15.00
18.00       DELIVERY ROOM & LABOR ROOM       52.00       0       116,629       0       18.00         19.00       RADI OLOGY-DI AGNOSTI C       54.00       0       751,942       0       19.00         20.00       RADI OLOGY-THERAPEUTI C       55.00       0       1,419,572       0       20.00         21.00       CT SCAN       57.00       0       324,673       0       21.00         22.00       MAGNETI C RESONANCE I MAGI NG (MRI)       58.00       0       347,630       0       22.00         23.00       CARDI AC CATHETERI ZATI ON       59.00       0       233,444       0       23.00       24.00         25.00       RESPI RATORY       60.00       0       17,215       0       24.00         25.00       RESPI RATORY THERAPY       65.00       0       150,118       0       25.00         26.00       PHYSI CAL THERAPY       66.00       0       22,479       0       26.00         27.00       ELECTROCARDI OLOGY       69.00       0       198,993       0       27.00				0				
19.00       RADI OLOGY-DI AGNOSTI C       54.00       0       751,942       0       19.00         20.00       RADI OLOGY-THERAPEUTI C       55.00       0       1,419,572       0       20.00         21.00       CT SCAN       57.00       0       324,673       0       21.00         22.00       MAGNETI C RESONANCE I MAGI NG (MRI)       58.00       0       347,630       0       22.00         23.00       CARDI AC CATHETERI ZATI ON       59.00       0       233,444       0       23.00       24.00         25.00       RESPI RATORY       60.00       0       17,215       0       24.00         25.00       PHYSI CAL THERAPY       66.00       0       22,479       0       26.00         27.00       ELECTROCARDI OLOGY       69.00       0       198,993       0       27.00				0				
20.00       RADI OLOGY-THERAPEUTI C       55.00       0       1,419,572       0       20.00         21.00       CT SCAN       57.00       0       324,673       0       21.00         22.00       MAGNETI C RESONANCE I MAGI NG (MRI)       58.00       0       347,630       0       22.00         23.00       CARDI AC CATHETERI ZATI ON       59.00       0       233,444       0       23.00         24.00       LABORATORY       60.00       0       17,215       0       24.00         25.00       RESPI RATORY THERAPY       65.00       0       150,118       0       25.00         26.00       PHYSI CAL THERAPY       66.00       0       22,479       0       26.00         27.00       ELECTROCARDI OLOGY       69.00       0       198,993       0       27.00				0				
21.00       CT SCAN       57.00       0       324,673       0       21.00         22.00       MAGNETI C RESONANCE I MAGI NG       58.00       0       347,630       0       22.00         23.00       CARDI AC CATHETERI ZATI ON       59.00       0       233,444       0       23.00         24.00       LABORATORY       60.00       0       17,215       0       24.00         25.00       RESPI RATORY THERAPY       65.00       0       150,118       0       25.00         26.00       PHYSI CAL THERAPY       66.00       0       22,479       0       26.00       27.00         27.00       ELECTROCARDI OLOGY       69.00       0       198,993       0       27.00				0				
22.00       MAGNETI C RESONANCE I MAGI NG (MRI)       58.00       0       347,630       0       22.00         23.00       CARDI AC CATHETERI ZATI ON       59.00       0       233,444       0       23.00         24.00       LABORATORY       60.00       0       17,215       0       24.00         25.00       RESPI RATORY THERAPY       65.00       0       150,118       0       25.00         26.00       PHYSI CAL THERAPY       66.00       0       22,479       0       26.00         27.00       ELECTROCARDI OLOGY       69.00       0       198,993       0       27.00				0				
(MRI)				0				
24.00         LABORATORY         60.00         0         17,215         0         24.00           25.00         RESPI RATORY THERAPY         65.00         0         150,118         0         25.00           26.00         PHYSI CAL THERAPY         66.00         0         22,479         0         26.00           27.00         ELECTROCARDI OLOGY         69.00         0         198,993         0         27.00								
25.00         RESPI RATORY THERAPY         65.00         0         150, 118         0         25.00           26.00         PHYSI CAL THERAPY         66.00         0         22, 479         0         26.00           27.00         ELECTROCARDI OLOGY         69.00         0         198, 993         0         27.00				0				
26.00         PHYSI CAL         THERAPY         66.00         0         22,479         0         26.00         27.00         ELECTROCARDI OLOGY         69.00         0         198,993         0         27.00         27.00				0				
27.00         ELECTROCARDI OLOGY         69.00         0         198,993         0         27.00				0				
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## IU HEALTH BLOOMINGTON HOSPITAL Provider CCN: 15-0051

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 01/01/2020

Descretages         L <thl< th="">         L         <thl< th="">         L         <thl< th=""> <thl< <="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>From 01/01/2020 To 12/31/2020 Date/Time P 7/14/2021 1</th><th></th></thl<></thl<></thl<></thl<>							From 01/01/2020 To 12/31/2020 Date/Time P 7/14/2021 1	
D         PROMANCE         0.00         7.00         8.00         9.00         10.00         25.00           31.00         PERMANCE         VAIN         7.00         0         9.00         10.00         32.00           31.00         VAIN         REINAULTATION         7.00         0         7.200         0         7.00         33.00           32.00         SPENGACON         VAIN         CARPARCALL         7.00         0         7.200         33.00           33.00         ANIN         CARP CHIFFE         90.07         0         7.3.218         0         33.00           33.00         ANIN         CARP CHIFFE         90.07         0         2.459         0         33.00           36.00         ANIN         CARP CHIFFE         190.07         0         2.459         0         33.00           37.00         CART HARE MERICAN         190.07         0         2.459         0         34.00           38.00         CART HARE MERICANSUPPORTER         190.07         0         2.459         0         35.00           38.00         CART HARE MERICANSUPPORTER         190.03         0         114         0         44.00         44.00         44.00			Decreases				// 14/ 2021	1. 13 dill
27         0.00         PRIMATY         73.01         0         9.200         0         29.00         20.00         20.00 <th></th> <th></th> <th></th> <th> (</th> <th></th> <th></th> <th></th> <th></th>				(				
30. 00         CARDIAL REMAIL LATER M         76. 77         0         1.899         0         30. 00         3	20,00							20,00
31.00         CLNIC         90.00         17,480         0         33.00           32.00         CP GORDLOSY INFUSION CENTER         90.01         0         73.218         0         33.00           33.00         MARMA CARF CATURE         90.01         0         73.218         0         33.00           33.00         MARMA CARF CATURE         90.01         0         24.524         0         33.00           36.00         MARMA CARF CATURE         90.00         0         24.524         0         33.00           36.00         MARMA CARF CATURE         190.01         0         8.459         0         33.00           37.00         CLT THEL THORE COFFER SIOP 8.190.02         0         1.14         0         44.00           40.00         CLCOTT         190.03         0         1.14         0         42.00           20.00         RENTAL PROPERTIES         190.01         0         1.2907.23T         0         41.00           20.00         RENTAL PROPERTIES         190.01         1.2907.23T         0         1.00           20.00         RENTAL PROPERTIES         190.01         1.2907.23T         0         1.00           20.00         RENTAL PROPERTIES				°,				
33.00         NUMB CAME CENTER         90.02         0         23.218         0         33.00         34.00         34.00         35.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00         36.00								
34.00       PAIN CLINIC       90.03       0       15.842       0       34.00       34.00         36.00       MERCHARC, STRVICS       91.00       0       26.266       0       38.00         36.01       MERCHARC, STRVICS       95.00       0       376.03       0       37.00         37.00       RATELERA, COPTER SHOP & 170.00       0       2.497       0       38.00         37.00       RATELERA, COPTER SHOP (SES)       190.01       0       8.457       0       38.00         38.00       ROMETCARE       190.02       0       2.897       0       38.00         40.00       LCOTT       190.02       0       1.2,907.233       0       40.00         42.00       MARTINE FRAIN SERVICES       190.11       0       1.2,907.233       0       1.00         43.00       MARTINE FRAIN SERVICES       100.01       4.10       0       5.00       4.00         44.00       HARMARY       S.00       7.544       0       1.00       4.00         45.00       HARMARY       S.00       7.544       0       1.00       6.00         46.00       HARMARY       S.00       7.544       0       1.00       1.00	32.00	OP ONCOLOGY INFUSION CENTER	90. 01	0	196, 009	C	D	32.00
35.00         EXERCENCY         91.00         0         265.266         0         33.00         3				°,			)	
36.00         ABOLLANCE SERVICES         95.00         0         376.00         0         376.00         0         376.00         0         376.00         476.00				°,				
37.00         DIFT_FLOURER.COFFEE SHOP & 190.00         0         2.469         0         37.00           38.00         PROMPTCAR         190.00         0         8.459         0         38.00           38.00         PROMPTCAR         190.00         0         8.459         0         38.00           38.00         PROMPTCAR         190.07         0         1.027         0         42.00           38.00         PROMPTCAR         190.07         0         1.027         0         42.00           30.00         DESTITUT HEALTH SERVICES         190.07         0         1.027         0         42.00           30.00         DESTITUT HEALTH SERVICES         190.07         0         1.027         0         42.00           30.00         DESTITUT HEALT SERVICES         190.01         0         1.00 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>				-				
38.00       PROMPTCARE       100.01       0       8.455       0       38.00         40.00       DLCOTT       100.02       0       114       0       40.00         41.00       ME STORE       100.07       0       1.027       0       41.00         42.00       DLCOTT       100.07       0       1.027       0       42.00         42.00       DLCOTT       100.07       0       1.027       0       42.00         43.00       MLREN RESTORE       100.07       0       1.207       123       -0         40.00       MLREN RESTORE       -       0       12.001				°,				
99.00         RNTAL PROPERTIES         190.02         0         2.829         0         39.00           41.00         ME STORE         190.07         0         1.027         0         44.00           42.00         CAMMINIT IFSALTIE SERVICES         190.07         0         1.027         0         44.00		CANTEEN						
40.00       0.00T       100.07       0       1.027       0       40.00         41.00       HEE STORE       100.07       0       1.027       0       42.00         42.00       CAMUNUT VIEALTI SERVICES       100.17       0       1.027       0       42.00         20       DESTING       A.600       55.00       0       2.00       2.00         20.00       DESTING       7.00       5.00       6.600       3.00       4.600       3.00         3.00       NURSING ADMINISTRATION       13.00       14.850       0       3.00       8.025       0       3.00       3.00       8.025       0       3.00				-			)	
11.00       ME STORE       190.07       0       1.027       0       41.00         2.00       CAMUNTY HEALTS ERVICES       100.11       0       537       0       0         1.00       DEFEATION OF PLANT       5.00       6.00       2.00       0       2.00         2.00       DEFEATION OF PLANT       7.00       6.00       2.00       0       2.00       0       0       2.00       0				s,				
42.00         Community HEALTH SERVICES         190.11         0         537         0         42.00           C - BILLABLE MEDICAL SUPPLIES         -         -         12.001.233         -         -         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10         0         10 <td< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></td<>				-				
D         I         O         I.2, 401, 233           C = BILLARE F.MFDICAL SUPPLIES         5.00         6.407         0         1.00           ADMINISTRATIVO F. F. GENERAL         5.00         6.407         0         2.00           ADMINISTRATION OF PLANT         1.3.00         1.4.850         0         2.00           ADMINISTRATION OF PLANT         1.3.00         1.4.850         0         2.00           ADMINISTRATION OF PLANT         3.0.00         84,744         0         6.00           ADMINISTRATION OF PLANT         32.00         25,925         0         7.00           O INTENSIVE CARE UNIT         32.00         2.62,671         0         110.00           D.0         DESERTAL INTENSIVE CARE UNIT         32.00         2.62,671         0         110.00           D.0         DESERTAL INTENSIVE CARE UNIT         32.00         2.62,671         0         112.00           D.0         DESERTAL INTENSIVE CARE UNIT         52.00         7.72,284         0         13.00           D.0         DESERTAL INTENSIVE CARE UNIT         52.00         7.02,44         12.00         12.00           D.00         DESERTAL INTENSIVE CARE UNIT         52.00         7.02,44         12.00         12.00				0				
1.00         ADM HI STRATU & A GENERAL         5.00         4,409         1.00           200         OPERATION OF PLANT         7.00         56         0         2.00           3.00         MRESI KG ADM IN STRATION         13.00         14,850         0         3.00           3.00         PLARMACY         12.12710         15.00         8,150         0         4.00           5.00         EDITAS STELLISTICS         10.00         94,744         0         5.00           7.00         MTENSING CARLENNT         32.00         25,928         0         7.00           0.00         NORMAY CARLENNT         32.00         25,526         10.00         10.00           1.00         DELIVERY ROUM & LABOR ROW         52.00         2.556,661         11.00         12.00           1.00         DELIVERY ROWA & LABOR ROW         52.00         2.756,761         11.00         12.00           1.200         DELIVERY ROWA & LABOR ROW         54.00         9.782         0         13.00           1.200         DELIVERY ROWA & LABOR ROW         55.00         7.752         0         16.00           1.500         ELSPIANCE I MAGING         58.00         2.250,275         0         16.00		<u> </u>		— — — <sub>0</sub>				
2:00         OPERATION OF PLANT         7.00         56         0         2:00           3:00         NUBSING ADMINISTRATION         13:00         14:850         0         3:00           4:00         PHARUACY         15:00         8:150         0         4:00         5:00           0:00         CENTRAL STERILIZATION         18:01         4:00         6:00         0:00							1	
3. 00         NURSING ADMINISTRATION         13. 00         14, 650         0         3. 00           5. 00         CENTRAL STERILIZATION         15. 00         4. 00         5. 00         7. 00         8. 150         6. 00         6. 00           0.00         DERVARY CARE, UNIT         33. 00         7. 50         7. 00         8. 00         7. 00         8. 00         7. 00         8. 00         7. 00         8. 00         7. 00         8. 00         7. 00         8. 00         11. 00         10. 00         10. 00         10. 00         10. 00         10. 00         10. 00         10. 00         10. 00         11. 00         12. 00         13. 00         13. 00         14. 00         13. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00         14. 00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
4.00       HARMACY       15.00       8.150       0       4.00         5.00       CENTRAL STERLIZATION       18.01       410       0       5.00         6.00       ADULTS & PEDIATRICS       30.00       84,744       0       6.00         0.0       NTENS VE CARE UNIT       32.00       25,928       0       7.00         8.00       CORMARY CARE UNIT       32.00       25,928       0       8.00         10.00       SIMPROVIDER - IFF       41.00       3,971       0       10.00         12.00       FUNPY BOOM       50.00       172,284       110.00       13.00         12.00       CARE DARNEE TRANCE I MAGI ING       50.00       7.544       13.00       13.00         13.00       CARDICOST-THERAPUTIC       55.00       7.75       14.00       15.00         15.00       CARDIAC CATHETERIZATION       50.00       2.250.275       0       17.00         18.00       RESPIRATORY THERAPY       66.00       18.476       0       19.00         10.00       DELECTROCARDIOLOGY       73.00       2.657       0       17.00         19.00       PHYSICORSMERTIC HANGING       7.00       2.00       22.00       22.00       22.00								
5.00         CENTRAL STERULIZATION         18.01         410         0         5.00           6.00         ADLITS & PEDIATRICS         30.00         84,744         0         6.00           7.00         INTENSIVE CARE UNIT         31.00         89,025         0         7.00           8.00         CORMARY CARE, UNIT         32.00         7.544         0         9.00           9.00         MEONATAL INTENSIVE CARE UNIT         32.00         7.544         0         9.00           9.01         OUPFRATING, ROMA LABOR ROM         52.00         7.72,244         0         12.00           12.00         DELIVERY ROM & LABOR ROM         52.00         9.78         0         13.00           13.00         MADICUSY-DIANERSHEITIC         55.00         9.78         0         13.00           14.00         MADICUSY-DIANERSHEITIC         55.00         18.00         15.00         14.00           15.00         UNICISY-TIC RESONACE IMAGING         58.00         17.795         0         18.00           17.00         CABDIAC CATHETERIZATION         59.00         27.00         23.00         23.00           21.00         DEPRAMACY         73.01         2.661         0         22.00         23.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
7. 00         INTERSIVE CARE LINIT         33.00         89,025         0         7. 00           8.00         CORMARY CARE LINIT         32.00         25.928         0         8. 00           9.00         NEONATAL INTENSIVE CARE LINIT         32.00         7. 544         0         9.00           10.00         DEPENTINE ROOM         50.00         2. 656, 661         0         11.00           12.00         DELIVERY ROOM & LABOR ROOM         50.00         2. 656, 674         0         13.00           13.00         RADIOLGK-THERARPUTIC         55.00         9.782         0         14.00           15.00         CT SCAN         57.00         18.208         0         15.00         16.00           16.00         MADRITIC RESONANCE IMAGING         56.00         2. 250.275         0         17.00         18.00         18.00         19.00         18.00         19.00         18.00         19.00         19.00         19.00         19.00         19.00         12.259.275         0         17.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         10.00         19.00	5.00	CENTRAL STERILIZATION					D	5.00
8.00         CORDMARY CARE UNIT         32.00         25.928         0         8.00           9.00         RECATAL INTERSIVE CARE UNIT         35.00         7.544         0         9.00           10.00         SUPPROVIDER - IRF         41.00         3.971         0         10.00         11.00         12.02         12.00         14.00         13.00         14.00         13.00         14.00         13.00         14.00         14.00         15.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         19.00         16.00         19.00         10.00         12.00         22.00         22.00         22.00         22.00         22.00         22.00         22.00         22.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
9.00         NEOMATAL INTENSI VE CARE UNIT         35.00         7.544         0         9,00           10.00         SUBRAVIDER - IRF         41.00         2.971         0         10.00           11.00         OPERATING ROOM         50.00         2.656.061         0         11.00           12.00         DELUVERY ROOM & LABOR ROOM         52.00         172.284         0         13.00           13.00         RADIOLOCY-THERAPUTIC         55.00         97.72         0         14.00           16.00         MCRITIC RESONANCE IMAGE NG         58.00         2.023         0         16.00           17.00         CARDIA C CATHETERIZATION         59.00         2.250.275         0         17.00         7.00         18.00           19.00         PHYSICAL THERAPY         66.00         18.476         0         19.00         19.00           10.00         ELECTROCARDIOLOCY         69.00         259         0         22.00         23.00         23.00         23.00         24.00         24.00         24.00         24.00         24.00         24.00         24.00         24.00         24.00         24.00         25.00         26.00         23.00         30.00         30.00         30.00         30.00								
10.00         SUBPROVIDER - IRF         41.00         3.971         0         10.00           11.00         OPELIVERY ROM & LABOR ROM         52.00         172.284         0         12.00           13.00         RADIOLGOV-J HEADRUTIC         55.00         97.62         0         14.00           15.00         CT SCAN         57.00         18.208         0         15.00           16.00         MAGNETIC RESONANCE HAGING         58.00         2.023         0         16.00           17.00         CARDIAC CATHETERIZATION         59.00         2.250.275         0         17.00           18.00         REXENTROW THERAPY         66.00         18.476         19.00         20.00           00         ELECTROCARDIOLOGY         7.30         2.00         20.00         20.00         20.00         20.00         20.00         22.00         20.00         22.00         20.00         22.00								
11.00       OPERATING ROOM       50.00       2,650.0c1       0       11.00         12.00       DELLVERY ROOM & LABOR ROOM       52.00       172.224       0       12.00         13.00       RADIOLGO-THERRUTIC       55.00       95.6874       0       13.00         14.00       RADIOLGO-THERRUTIC       55.00       97.62       0       14.00         15.00       CT SCAN       57.00       18.208       0       16.00         17.00       CRRID CAC ATHETERIZATION       59.00       2.250.275       0       17.00         17.00       CRRID CAL THERRY       65.00       17.975       18.00       19.00         19.00       PHYSICAL THERRYY       66.00       18.476       0       19.00         21.00       ELECTROCARDPLY       73.01       2.681       0       22.00       23.00         23.00       RPAN LDI ALYSIS       74.00       12.20       23.00       24.00       24.00       25.00       26.00       27.00       26.00       26.00       26.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00								
13.00       RAD IOLOCY-DI AGNOSTIC       54.00       956.874       0       13.00         14.00       RAD IOLOCY-THERAEVIT C       55.00       9.782       0       14.00         15.00       CT SCAN       57.00       18.208       0       16.00         16.00       MAGRETIC RESONANCE I MAGING       58.00       2.023       0       16.00         17.00       CARDIA C. CATHETERI ZATION       59.00       2.250.275       0       17.00         18.00       RESPI PATORY THERAPY       65.00       17.975       0       18.00       20.00         19.00       PHYSICAL THERAPY       66.00       18.476       0       20.00       21.00         20.00       ELECTROCARDIALOGCAPHY       70.00       9.41       0       22.00       23.00         21.00       ELECTROCARDIALDIALYSIS       74.00       12.952       0       23.00       24.00       24.00       24.00       25.00       25.00       25.00       25.00       25.00       25.00       26.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00       27.00 <td>11.00</td> <td>OPERATING ROOM</td> <td></td> <td></td> <td></td> <td></td> <td>)</td> <td></td>	11.00	OPERATING ROOM					)	
14.00       RADIOLOCY-THERAPEUTIC       55.00       9,782       0       14.00         15.00       CTSCAN       57.00       18,208       0       15.00         15.00       CTSCAN       57.00       2,023       0       16.00       18.07       16.00       16.00       18.00       16.00       18.00       19.00       18.00       19.00       18.00       19.00       19.00       19.00       19.00       21.00       PHARMACY       73.01       2.681       02.00       22.00       22.00       22.00       22.00       23.00       24.00       23.00       24.00       25.00       25.00       25.00       25.00       25.00       25.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       27.00       26.00       27.00       26.00       27.00       26.00       27.00       27.00       28.00       33.00       33.00       33.00       33.00							)	
15:00       CT SCAN       57:00       18:208       0       15:00         16:00       MAGNETIC RESONANCE I MAGING       58:00       2:023       0       16:00         17:00       CARDIAC CATHETERIZATION       59:00       2:250:275       0       17:00         18:00       RESPIRATORY THERAPY       65:00       17:975       0       18:00       20:00         19:00       PHYSICAL THERAPY       66:00       18:476       0       20:00       21:00         20:00       ELECTROCARDIALOGRAPHY       70:00       941       0       22:00       22:00         20:00       OP PHARMACY       73:01       2:08       22:00       22:00       22:00       22:00       22:00       22:00       23:00       24:00       22:00       24:00       23:00       24:00       23:00       24:00       25:00       25:00       26:00       26:00       26:00       27:00       26:00       26:00       27:00       28:00       27:00       29:00       30:00       30:00       30:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00       31:00								
16.00       MAGNETIC RESONANCE I MAGI NG       58.00       2.023       0       16.00         17.00       CARDI AC CATHETERI ZATI ON       59.00       2.250.275       0       17.00         18.00       RESPIRATORY THERAPY       66.00       18.476       0       19.00         19.00       PHYSI CAL THERAPY       66.00       559       0       20.00         21.00       ELECTROCARDI OLOGY       69.00       559       0       20.00         22.00       0P PHARACY       73.01       2.681       0       22.00         23.00       RENAL DI ALYSIS       74.00       12.952       0       23.00         24.00       CARDI AC REHABI LI TATI ON       76.97       160       0       24.00         25.00       CO OP ONCOLOGY I INFUSION CENTER       90.01       132       0       25.00       26.00         27.00       WID CARE CENTER       90.02       8.929       0       28.00       29.00       29.00       29.00       29.00       29.00       20.00       29.00       20.00       20.00       29.00       30.00       29.00       30.00       30.00       30.00       30.00       30.00       30.00       30.00       30.00       30.00       30.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
(MR1)         (MR1)         (MR1)           17.00         CAPDIAC CATHETERIZATION         59.00         17.975         0           18.00         RESPIRATORY THERAPY         65.00         17.975         0           19.00         PHSICAL THERAPY         66.00         18.476         0           19.00         ELECTROCARDIOLOGY         69.00         559         0         20.00           21.00         ELECTROCEPHALOGRAPHY         70.00         941         0         21.00         22.00           22.00         PHARMACY         73.01         2.681         0         22.00         23.00         24.00         ACD IAC REHABILITATION         76.97         160         0         24.00         25.00         25.00         26.00         0         26.00         0         26.00         26.00         26.00         26.00         27.00         28.00         27.00         28.00         28.00         28.00         28.00         30.00         28.00         30.00         28.00         30.00         28.00         30.00         28.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00         30.00								
18.00         RESPI RATORY THERAPY         65.00         17.975         0         18.00           9100         PHYSICAL THERAPY         66.00         18.476         0         19.00           9100         ELECTROCADDI OLOGY         69.00         559         0         20.00           21.00         ELECTROCADDI OLOGY         73.01         2.681         0         22.00           23.00         RENAL DI ALYSIS         74.00         12.952         0         23.00           24.00         CRCID AC REHABL LITATION         76.97         160         0         24.00           25.00         CLINIC         90.001         1332         0         26.00         26.00           26.00         PONCOLOGY INFUSION CENTER         90.02         8.929         0         27.00         28.00         30.00         28.00         30.00         29.00         30.00         29.00         30.00         29.00         30.00<					,			
19.00         PHYSICAL THERAPY         66.00         18.476         0         19.00           20.00         ELECTROCAPHOLOGY         69.00         559         0         20.00           21.00         ELECTROCAPHOLOGRAPHY         70.00         941         0         21.00           22.00         OP PHARMACY         73.01         2.681         0         22.00           23.00         REMAL DIALYSIS         74.00         12.952         0         23.00           24.00         CARDI AC REHABILITATION         76.97         160         0         24.00           25.00         CLINIC         90.01         198.520         0         27.00           26.00         OP ONCOLOCY INFUSION CENTER         90.01         198.520         0         27.00           29.00         PSYCH CLINIC         90.03         11.506         0         28.00         30.00           30.00         EMERGENCY         91.00         105.663         0         30.00         31.00         31.00         31.00         31.00         31.00         31.00         31.00         31.00         31.00         31.00         31.00         31.00         32.00         33.00         31.00         32.00         33.00							)	
20:00         ELECTROCARDIOLOGY         69:00         559         0         20:00           21:00         ELECTROCARDIOLOGY         73:01         2,681         0         22:00           22:00         RENAL DI ALYSIS         74:00         12,952         0         23:00         22:00           23:00         RENAL DI ALYSIS         74:00         12,952         0         23:00         23:00         23:00         23:00         23:00         23:00         23:00         23:00         23:00         23:00         24:00         24:00         24:00         24:00         24:00         23:00         24:00         25:00         00         0         13:2         0         25:00         25:00         25:00         26:00         27:00         26:00         27:00         28:00         29:00         30:00         29:00         30:00         29:00         30:00         29:00         30:00         29:00         30:00         29:00         30:00         29:00         30:00         29:00         30:00         29:00         30:00         29:00         30:00         20:00         30:00         29:00         30:00         30:00         30:00         30:00         30:00         30:00         30:00         30:00								
21.00         ELECTROENCEPHALOGRAPHY         70.00         941         0         21.00         941         0         22.00         23.00         33.00         30.00         33.00         32.00         33.00         33.00         33.00         33.00         33.00         33.00         33.00         30.00         4.00         0         6.787.098         2.00								
22.00         P PHARMACY         73.01         2,681         0         22.00           23.00         RENAL DI ALYSI S         74.00         12,952         0         23.00           24.00         CARDI AC REHABI LI TATI ON         76.97         160         0         24.00           25.00         OLINIC         90.00         132         0         25.00         26.00           26.00         OP ONCOLOGY INFUSION CENTER         90.02         8,929         0         27.00         28.00           28.00         PAIN CLINIC         90.03         11.506         0         28.00         29.00         29.00         30.00         29.00         30.00         30.00         31.00         31.00         31.00         31.00         31.00         31.00         32.00         30.00         31.00         32.00         30.00         31.00         32.00         30.00         31.00         32.00         32.00         30.00         31.00         32.00         30.00         31.00         32.00         30.00         31.00         32.00         32.00         32.00         32.00         30.00         31.00         32.00         30.00         31.00         30.00         31.00         32.00         30.00         30								
24.00         CARDI AC REHABI LI TATI ON         76.97         160         0         24.00         25.00         24.00         25.00         24.00         25.00         25.00         26.00         26.00         26.00         26.00         26.00         26.00         26.00         26.00         26.00         26.00         26.00         27.00         28.00         8.929         0         27.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         28.00         29.00         30.00         31.10         30.00         31.00         29.00         30.00         29.00         30.00         31.00					2, 681	C	D	
25.00         CLINIC         90.00         132         0         25.00           26.00         OP ONCOLOGY INFUSION CENTER         90.01         198,520         0         26.00           27.00         WOUND CARE CENTER         90.02         8,929         0         27.00           28.00         PAIN CLINIC         90.03         11,506         0         28.00           29.00         OP PSYCH CLINIC         90.05         53         0         29.00           30.00         EMERGENCY         91.00         105,663         0         30.00           31.00         AMBULANCE SERVICES         95.00         96.099         0         31.00           32.00         PROMPTCARE         190.01         5.577         0         32.00           32.00         PHYSICLANS' PRIVATE OFFICES         192.00         281         0         2.00           3.00         ADMINISTRATIVE & GENERAL         5.00         0         148,302         0         2.00           3.00         IAUNDRY & LINEN SERVICE         8.00         0         22.72         0         4.00           5.00         DIETARY         10.00         0         25.718         0         5.00           6								
26.00         OP         ONCOLOGY INFUSION CENTER         90.01         198,520         0         26.00         27.00         WOUND CARE CENTER         90.02         8,929         0         27.00         29.00         30.00         31.00         31.00         31.00         31.00         31.00         31.00         31.00         32.00         31.00         32.00         32.00         33.00         31.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00         32.00								
27.00         WOUND CARE CENTER         90.02         8,929         0         27.00           28.00         PAIN CLINIC         90.03         11,506         0         28.00           29.00         OP PSYCH CLINIC         90.05         53         0         29.00           30.00         EMERGENCY         91.00         105,663         0         30.00           31.00         AMBULANCE SERVICES         95.00         96,099         0         31.00           32.00         PROMPTCARE         190.01         5.577         0         32.00           33.00         PHYSICLANS' PRIVATE OFFICES         192.00		· · ·						
28.00         PAIN CLINIC         90.03         11,506         0         28.00           29.00         OP PSYCH CLINIC         90.05         53         0         29.00           30.00         EMERGENCY         91.00         105,663         0         30.00           31.00         AMBULANCE SERVICES         95.00         96,099         0         31.00           32.00         PROMPTCARE         190.01         5,577         0         32.00           0         -         0         6,787,098         33.00         33.00           0         -         0         6,787,098         3.00         3.00           1.00         EMPLOYEE BENEFITS DEPARTMENT         4.00         0         5,480         0         2.00           3.00         LAUNDRY & LINEN SERVICE         8.00         0         28.0         3.00         3.00           4.00         HOUSEKEEPING         9.00         0         22,372         0         4.00           5.00         D ETARY         10.00         25,718         0         5.00         3.00           6.00         NURSING ADMINISTRATION         13.00         0         14,800         0         6.00								
30.00       EMERGENCY       91.00       105,663       0       30.00         31.00       AMBULANCE SERVICES       95.00       96,099       0       31.00         32.00       PROMPTCARE       190.01       5,577       0       32.00         0       0       6,787,098       33.00       33.00       281       0       0       33.00         0       0       6,787,098       0       1.00       281       0       33.00         0       0       6,787,098       0       1.00       2.00       33.00         1.00       EMPLOYEE BENEFITS DEPARTMENT       4.00       0       5,480       0       1.00         2.00       ADMI IN STRATI VE & GENERAL       5.00       0       148,302       0       3.00         3.00       HAUNBRY & LINEN SERVICE       8.00       0       22,372       0       4.00         5.00       D I FTARY       10.00       0       25,718       0       5.00       0         7.00       PHAMACY       15.00       0       315,687       0       7.00         8.00       MEDI CAL RECORDS & LI BRARY       16.00       28       0       8.00       9.00         <		PAIN CLINIC	90. 03				D	
31.00         AMBULANCE SERVICES         95.00         96,099         0         31.00         32.00         PROMPTCARE         190.01         5,577         0         32.00         281         0         32.00         281         0         32.00         281         0         32.00         281         0         32.00         281         0         33.00         281         0         33.00         33.00         33.00         281         0         33.00         33.00         33.00         281         0         33.00         30.00         280         0         30.00         20.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         30.00         2.00         30.00         2.00         30.00         2.00         30.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>D</td> <td></td>							D	
32.00       PROMPTCARE       190.01       5,577       0       33.00         9HYSLCLANS'       PRIVATE_OFFICES       192.00       0       281       0       0         0       0       6,787,098       0       1.00       5,577       0       33.00         0       0       6,787,098       0       1.00       5,480       0       1.00         2.00       ADMINISTRATIVE & GENERAL       5.00       0       148,302       0       2.00         3.00       HOUSEKEEPING       9.00       0       22.07       3.00       4.00         5.00       D ETARY       10.00       0       25,718       0       5.00         6.00       NURSING ADMINISTRATION       13.00       0       14,800       0       6.00         7.00       PHARMACY       15.00       0       345,436       0       9.00       28       0       7.00         8.00       MEDICAL RECORDS & LIBRARY       16.00       0       2.80       0       9.00       10.00       1.921,060       0       10.00         10.00       ADULTS & PEDIATRICS       30.00       0       1,921,060       0       10.00       10.00       10.00       10.0								
33.00       PHYSICLANS' PRIVATE OFFICES       192.00       281       0       0       33.00         0       -       0       6,787,098       0       1.00       1.00       1.00       2.00       33.00       1.00       1.00       2.00       2.00       2.00       2.00       3.00       1.00       2.00       2.00       3.00       1.00       2.00       3.00       2.00       3.00       2.00       3.00       4.00       HOUSEKEEPING       9.00       0       2.02,372       0       4.00       4.00       4.00       4.00       4.00       5.00       0       1.800       5.00       5.00       5.00       5.00       5.00       0       148,300       0       5.00       6.00       7.00       9.00       0.022,372       0       4.00       6.00       7.00       9.00       0.014,800       0       6.00       7.00       5.00       6.00       7.00       7.00       9.00       7.00       9.00       7.00       9.00       7.00       9.00       7.00       9.00       7.00       9.00       7.00       9.00       7.00       9.00       1.00       1.00       1.00       1.00       1.00       1.00       1.00       1.00       1.00       <								
O         O         6,787,098           D         NONBI LLABLE MEDI CAL SUPPLI ES         1.00         5,480         0           2.00         ADMI NI STRATI VE & GENERIT 4.00         0         5,480         0         2.00           3.00         LAUNDRY & LI NEN SERVI CE         8.00         0         2.8         0         3.00           4.00         HOUSEKEEPI NG         9.00         0         202,372         0         4.00           5.00         DI ETARY         10.00         0         25,718         0         5.00           6.00         NURSI NG ADMI NI STRATI ON         13.00         0         14,800         0         6.00           7.00         PHARMACY         15.00         0         315,687         0         8.00           8.00         MEDI CAL RECORDS & LI BRARY         16.00         0         28         0         8.00           9.00         CENTRAL STERI LI ZATI ON         18.01         0         345,436         0         9.00         10.00           11.00         INTENSI VE CARE UNI T         31.00         0         562,192         0         11.00           12.00         CORONARY CARE UNI T         32.00         0         16,053								
1.00       EMPLOYEE BENEFITS DEPARTMENT       4.00       0       5,480       0       1.00         2.00       ADMINI STRATI VE & GENERAL       5.00       0       148,302       0       2.00         3.00       LAUNDRY & LI NEN SERVI CE       8.00       0       28       0       3.00         4.00       HOUSEKEEPI NG       9.00       0       22,372       0       4.00         5.00       DI ETARY       10.00       0       25,718       0       5.00         6.00       NURSI NG ADMI NI STRATI ON       13.00       0       14,800       0       6.00         7.00       PHARMACY       15.00       0       315,687       0       7.00       8.00         9.00       CENTRAL STERI LI ZATI ON       18.01       0       345,436       0       9.00         10.00       ADULTS & PEDI ATRI CS       30.00       0       1,921,060       0       11.00         11.00       INTENSI VE CARE UNI T       31.00       0       562,192       0       11.00         12.00       CORONARY CARE UNI T       31.00       0       278,679       0       12.00         13.00       NEONARAL INTENSI VE CARE UNI T       35.00       0		0		o	6, 787, 098			
2.00       ADMI NI STRATI VE & GENERAL       5.00       0       148, 302       0       2.00         3.00       LAUNDRY & LINEN SERVICE       8.00       0       28       0       3.00         4.00       HOUSEKEEPING       9.00       0       202, 372       0       4.00         5.00       DI ETARY       10.00       0       25,718       0       5.00         6.00       NURSING ADMINISTRATION       13.00       0       14,800       0       6.00         7.00       PHARMACY       15.00       0       315,687       0       7.00         8.00       MEDI CAL RECORDS & LI BRARY       16.00       0       28       0       9.00         9.00       CENTRAL STERI LI ZATI ON       18.01       0       345,436       0       9.00         10.00       ADULTS & PEDI ATRICS       30.00       0       1,921,060       0       11.00         11.00       INTENSI VE CARE UNI T       31.00       562,192       0       11.00       12.00         12.00       CORONARY CARE UNI T       32.00       0       156,053       0       13.00         14.00       SUBPROVI DER - I RF       41.00       0       88,526       0	1 00				E 400			1 00
3.00       LAUNDRY & LINEN SERVICE       8.00       0       28       0       3.00         4.00       HOUSEKEEPING       9.00       0       202, 372       0       4.00         5.00       DIETARY       10.00       0       25,718       0       5.00         6.00       NURSING ADMINISTRATION       13.00       0       14,800       0       6.00         7.00       PHARMACY       15.00       0       315,687       0       7.00         8.00       MEDICAL RECORDS & LIBRARY       16.00       0       28       0       8.00         9.00       CENTRAL STERILIZATION       18.01       0       345,436       0       9.00         11.00       INTENSIVE CARE UNIT       31.00       0       562,192       0       11.00         12.00       CORNARY CARE UNIT       31.00       0       562,192       0       11.00         13.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       156,053       0       13.00         14.00       SUBPROVI DER - IRF       41.00       0       88,526       0       14.00         15.00       OPERATING ROOM       50.00       0       244,520       0       15.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
4.00       HOUSEKEEPING       9.00       0       202,372       0       4.00         5.00       DIETARY       10.00       0       25,718       0       5.00         6.00       NURSING ADMINISTRATION       13.00       0       14,800       0       6.00         7.00       PHARMACY       15.00       0       315,687       0       7.00         8.00       MEDICAL RECORDS & LIBRARY       16.00       28       0       8.00         9.00       CENTRAL STERILIZATION       18.01       0       345,436       0       9.00         10.00       ADULTS & PEDIATRICS       30.00       0       1,921,060       0       10.00         11.00       INTENSIVE CARE UNIT       31.00       0       562,192       0       11.00         12.00       CORONARY CARE UNIT       32.00       0       278,679       0       12.00         13.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       156,053       0       14.00         14.00       SUBPROVIDER - IRF       41.00       0       88,526       0       14.00         15.00       OPERATING ROOM       50.00       0       325,729       0       15.00								
6.00       NURSI NG ADMI NI STRATI ON       13.00       0       14,800       0         7.00       PHARMACY       15.00       0       315,687       0       7.00         8.00       MEDI CAL RECORDS & LI BRARY       16.00       0       28       0       8.00         9.00       CENTRAL STERI LI ZATI ON       18.01       0       345,436       0       9.00         10.00       ADULTS & PEDI ATRI CS       30.00       0       1,921,060       0       10.00         11.00       INTENSI VE CARE UNI T       31.00       0       562,192       0       11.00         12.00       CORONARY CARE UNI T       32.00       0       278,679       0       12.00         13.00       NEONATAL INTENSI VE CARE UNI T       35.00       0       156,053       0       13.00         14.00       SUBPROVI DER - IRF       41.00       88,526       0       14.00       15.00         15.00       OPERATI NG ROOM       50.00       0       4284,520       0       16.00         17.00       BELI VERY ROOM & LABOR ROOM       52.00       0       294,079       0       17.00         18.00       RADI OLOGY-HERAPEUTI C       55.00       0       419,1				-				
7.00       PHARMACY       15.00       0       315,687       0       7.00         8.00       MEDI CAL RECORDS & LI BRARY       16.00       0       28       0       8.00         9.00       CENTRAL STERI LI ZATI ON       18.01       0       345,436       0       9.00         10.00       ADULTS & PEDI ATRI CS       30.00       0       1,921,060       0       10.00         11.00       INTENSI VE CARE UNI T       31.00       0       562,192       0       11.00         12.00       CORONARY CARE UNI T       32.00       0       278,679       0       12.00         13.00       NEONATAL INTENSI VE CARE UNI T       35.00       0       156,053       0       13.00         14.00       SUBPROVI DER - IRF       41.00       88,526       0       14.00         15.00       OPERATI NG ROOM       50.00       4,284,520       0       15.00         16.00       RADI VEY ROOM & LABOR ROOM       52.00       0       294,079       0       17.00         18.00       RADI OLOGY-DI AGNOSTI C       54.00       0       168,331       0       18.00       19.00         19.00       RADI OLOGY-THERAPEUTI C       55.00       0       4				0				
8.00       MEDI CAL RECORDS & LI BRARY       16.00       0       28       0       8.00         9.00       CENTRAL STERI LI ZATI ON       18.01       0       345, 436       0       9.00         10.00       ADULTS & PEDI ATRI CS       30.00       0       1, 921, 060       0       10.00         11.00       INTENSI VE CARE UNI T       31.00       0       562, 192       0       11.00         12.00       CORONARY CARE UNI T       32.00       0       278, 679       0       12.00         13.00       NEONATAL INTENSI VE CARE UNI T       35.00       0       156, 053       0       13.00         14.00       SUBPROVI DER - I RF       41.00       0       88, 526       0       14.00         15.00       OPERATI NG ROOM       50.00       0       4284, 520       0       15.00         16.00       RECOVERY ROOM       51.00       0       225, 729       0       16.00         17.00       DELI VERY ROOM & LABOR ROOM       52.00       0       294, 079       0       17.00         18.00       RADI OLOGY-DI AGNOSTI C       54.00       0       168, 331       0       18.00         19.00       RADI OLOGY-THERAPEUTI C       55.00 </td <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td> <td></td>				0			0	
9.00       CENTRAL STERILIZATION       18.01       0       345,436       0       9.00         10.00       ADULTS & PEDIATRICS       30.00       0       1,921,060       0       10.00         11.00       INTENSIVE CARE UNIT       31.00       0       562,192       0       11.00         12.00       CORONARY CARE UNIT       32.00       0       278,679       0       12.00         13.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       156,053       0       13.00         14.00       SUBPROVI DER - IRF       41.00       0       88,526       0       14.00         15.00       OPERATING ROOM       50.00       0       4,284,520       0       15.00         16.00       RECOVERY ROOM       51.00       0       225,729       0       16.00         17.00       DELIVERY ROOM & LABOR ROOM       52.00       0       294,079       0       17.00         18.00       RADIOLOGY-DI AGNOSTIC       54.00       0       168,331       0       18.00         19.00       RADIOLOGY-THERAPEUTIC       55.00       0       419,172       0       19.00				0				
10.00       ADULTS & PEDIATRICS       30.00       0       1,921,060       0         11.00       INTENSIVE CARE UNIT       31.00       0       562,192       0       11.00         12.00       CORONARY CARE UNIT       32.00       0       278,679       0       12.00         13.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       156,053       0       13.00         14.00       SUBPROVI DER - IRF       41.00       0       88,526       0       14.00         15.00       OPERATING ROOM       50.00       0       4,284,520       0       15.00         16.00       RECOVERY ROOM       51.00       0       225,729       0       16.00         17.00       DELIVERY ROOM & LABOR ROOM       52.00       0       294,079       0       17.00         18.00       RADIOLOGY-DIAGNOSTIC       54.00       0       168,331       0       18.00         19.00       RADIOLOGY-THERAPEUTIC       55.00       0       419,172       0       19.00				-				
11.00       INTENSI VE CARE UNIT       31.00       0       562, 192       0       11.00         12.00       CORONARY CARE UNIT       32.00       0       278, 679       0       12.00         13.00       NEONATAL INTENSI VE CARE UNIT       35.00       0       156, 053       0       13.00         14.00       SUBPROVI DER - I RF       41.00       0       88, 526       0       14.00         15.00       OPERATI NG ROOM       50.00       0       4, 284, 520       0       15.00         16.00       RECOVERY ROOM       51.00       0       325, 729       0       16.00         17.00       DELI VERY ROOM & LABOR ROOM       52.00       0       294, 079       0       17.00         18.00       RADI OLOGY-DI AGNOSTI C       54.00       0       168, 331       0       18.00         19.00       RADI OLOGY-THERAPEUTI C       55.00       0       419, 172       0       19.00				0				
13.00       NEONATAL INTENSIVE CARE UNIT       35.00       0       156,053       0       13.00         14.00       SUBPROVI DER - IRF       41.00       0       88,526       0       14.00         15.00       OPERATING ROOM       50.00       0       4,284,520       0       15.00         16.00       RECOVERY ROOM       51.00       0       325,729       0       16.00         17.00       DELIVERY ROOM & LABOR ROOM       52.00       0       294,079       0       17.00         18.00       RADIOLOGY-DIAGNOSTIC       54.00       0       168,331       0       18.00         19.00       RADIOLOGY-THERAPEUTIC       55.00       0       419,172       0       19.00	11.00	INTENSIVE CARE UNIT	31.00	0	562, 192	C	D	11.00
14. 00SUBPROVI DER - I RF41. 00088, 526014. 0015. 00OPERATI NG ROOM50. 0004, 284, 520015. 0015. 0016. 00RECOVERY ROOM51. 000325, 729016. 0017. 00DELI VERY ROOM & LABOR ROOM52. 000294, 079017. 0018. 00RADI OLOGY-DI AGNOSTI C54. 000168, 331018. 0019. 00RADI OLOGY-THERAPEUTI C55. 000419, 172019. 00				0				
15.00       OPERATING ROOM       50.00       0       4, 284, 520       0       15.00         16.00       RECOVERY ROOM       51.00       0       325, 729       0       16.00         17.00       DELI VERY ROOM & LABOR ROOM       52.00       0       294, 079       0       17.00         18.00       RADI OLOGY-DI AGNOSTI C       54.00       0       168, 331       0       18.00         19.00       RADI OLOGY-THERAPEUTI C       55.00       0       419, 172       0       19.00				0				
16. 00RECOVERY ROOM51. 000325, 729016. 0017. 00DELI VERY ROOM & LABOR ROOM52. 000294, 079017. 0018. 00RADI OLOGY-DI AGNOSTI C54. 000168, 331018. 0019. 00RADI OLOGY-THERAPEUTI C55. 000419, 172019. 00				0				
17. 00         DELI VERY ROOM & LABOR ROOM         52. 00         0         294, 079         0         17. 00           18. 00         RADI OLOGY-DI AGNOSTI C         54. 00         0         168, 331         0         18. 00           19. 00         RADI OLOGY-THERAPEUTI C         55. 00         0         419, 172         0         19. 00				0			5	
19.00         RADI OLOGY-THERAPEUTI C         55.00         0         419, 172         0         19.00				Ö			þ	
				s,			2	
20.00   01 304m   37.00   123,812   0    20.00								
	∠0.00	UT SUAN	<b>1</b> 57.00	U	120, 012	<b>I</b> (	4	I 20.00

#### IU HEALTH BLOOMINGTON HOSPITAL Provider CCN: 15-0051

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 01/01/2020

RECEIC						From 01/01/2020 To 12/31/2020 Date/Time 7/14/2021	
		Decreases	-	•	['		
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	4	
21.00	6.00 MAGNETIC RESONANCE IMAGING	7.00 58.00	8.00	<u>9.00</u> 14,149	10.00 C		21.00
21100	(MRI)	00.00	J	, ,			21100
22.00	CARDI AC CATHETERI ZATI ON	59.00	0	265, 671	C	•	22.00
23.00 24.00	RESPI RATORY THERAPY PHYSI CAL THERAPY	65.00 66.00	0	554, 138			23.00 24.00
24.00 25.00	ELECTROCARDI OLOGY	69.00	0	21, 370 29, 816	-		24.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	Ő	77, 348			26.00
27.00	OP PHARMACY	73.01	0	3, 570			27.00
28.00 29.00	RENAL DI ALYSI S CARDI AC REHABI LI TATI ON	74.00 76.97	0	14, 012 5, 039			28.00 29.00
29.00 30.00	CARDIAC REHABILITATION CLINIC	78. 97 90. 00	0	18, 566			30.00
31.00	OP ONCOLOGY INFUSION CENTER	90. 01	Ő	219, 623			31.00
32.00	WOUND CARE CENTER	90. 02	0	69, 265			32.00
33.00		90. 03	0	20, 185			33.00
34.00 35.00	OP PSYCH CLINIC EMERGENCY	90. 05 91. 00	0	889 972, 456		•	34.00 35.00
36.00	AMBULANCE SERVICES	95.00	0	225, 170			36.00
37.00	PROMPTCARE	190. 01	0	34, 636			37.00
38.00		190.03	0	37			38.00
39.00 40.00	COMMUNITY HEALTH SERVICES PHYSICIANS' PRIVATE OFFICES	190. 11 192. 00	0	40, 446 547			39.00 40.00
10.00	0		— — — ö	12, 268, 937		-	10.00
	E - IMPLANTS SUPPLIES					1	
1.00 2.00	CENTRAL STERI LI ZATI ON ADULTS & PEDI ATRI CS	18. 01 30. 00		1, 621 473			1.00 2.00
2.00 3.00	INTENSIVE CARE UNIT	31.00		179			3.00
4.00	CORONARY CARE UNIT	32.00		7	C	•	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00		93			5.00
6.00 7.00	SUBPROVIDER – IRF OPERATING ROOM	41.00 50.00		3 12, 266, 057			6.00 7.00
8.00	RECOVERY ROOM	51.00		27	-		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00		516	C		9.00
10.00	RADI OLOGY-DI AGNOSTI C	54.00		298, 713			10.00
11. 00 12. 00	CT SCAN CARDI AC CATHETERI ZATI ON	57.00 59.00		573 5, 837, 434			11.00 12.00
13.00	OP ONCOLOGY INFUSION CENTER	90.01		3, 945			13.00
14.00	EMERGENCY	<u>91.</u> 00		<u>1, 858</u>			14.00
	0 F - LEASE EXPENSE		0	18, 411, 499			_
1.00	ADMI NI STRATI VE & GENERAL	5.00		18, 253	10		1.00
2.00	OPERATION OF PLANT	7.00		238, 948		•	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		13, 446			3.00
4.00 5.00	RADI OLOGY-DI AGNOSTI C LABORATORY	54.00 60.00		7, 595 21, 824			4.00 5.00
6.00	RESPI RATORY THERAPY	65.00		3, 625			6.00
7.00	PHYSI CAL THERAPY	66.00		471, 074			7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00		454			8.00
9. 00 10. 00	OP ONCOLOGY INFUSION CENTER WOUND CARE CENTER	90. 01 90. 02		99, 058 71, 012			9.00 10.00
11.00	PAIN CLINIC	90.02		48, 030			11.00
12.00	OP PSYCH CLINIC	90. 05		95, 692			12.00
13.00	AMBULANCE SERVICES	95.00		153, 915			13.00
14.00 15.00	PROMPTCARE COMMUNITY HEALTH SERVICES	190. 01 190. 11		36, 226 91, 449			14.00 15.00
10.00			— — — <sub>0</sub>	1, 370, 601		2	10.00
	G - BILLABLE DRUGS				1	1	
1.00 2.00	EMPLOYEE BENEFITS DEPARTMENT PHARMACY	4.00 15.00		94, 404 34, 030, 041			1.00 2.00
3.00	ADULTS & PEDIATRICS	30.00		22			3.00
4.00	INTENSIVE CARE UNIT	31.00		32	C		4.00
5.00	OPERATING ROOM	50.00		103, 154			5.00
6.00 7.00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	54.00 55.00		26, 023 1, 348			6.00 7.00
8.00	CT SCAN	57.00		98, 323			8.00
9.00	MAGNETIC RESONANCE IMAGING	58.00		56, 458			9.00
10.00		F0 00		F0 000	_		10.00
10. 00 11. 00	CARDI AC CATHETERI ZATI ON LABORATORY	59.00 60.00		59, 293 419		•	10.00 11.00
12.00	PHYSICAL THERAPY	66. 00		186	-		12.00
13.00	ELECTROCARDI OLOGY	69.00		38, 016	C		13.00
14.00	CARDI AC REHABI LI TATI ON	76.97		153			14.00
15.00 16.00	CLINIC OP ONCOLOGY INFUSION CENTER	90. 00 90. 01		15, 851 10, 010		•	15.00 16.00
17.00	WOUND CARE CENTER	90. 02		10, 529			17.00

	Financial Systems	IU	HEALTH BLOOMIN				of Form CMS-2552-	<u>10</u>
RECLAS	SI FI CATI ONS			Provider		Period: From 01/01/2020 Fo 12/31/2020	Worksheet A-6 Date/Time Prepared	d:
		Decreases			L		7/14/2021 11:13 an	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	ļ		
18.00	6.00 PAIN CLINIC	7.00	8.00	<u>9.00</u> 18,644	10.00 0		18.0	00
19.00 20.00	EMERGENCY AMBULANCE SERVICES	91.00 95.00		701 72, 413			19. C 20. C	
20.00	PROMPTCARE	190. 01		70, 779			20.0	
22.00	COMMUNITY HEALTH SERVICES	1 <u>90.</u> 11	— — — <del> </del>	<u>3, 8</u> 51 34, 710, 650	<u> </u>		22.0	)0
1 00	H - NON-BILLABLE DRUGS					1		
1.00 2.00	EMPLOYEE BENEFITS DEPARTMENT NURSING ADMINISTRATION	4.00 13.00		36 1, 354			1.0	
3.00 4.00	CENTRAL SERVICES & SUPPLY ADULTS & PEDIATRICS	14. 00 30. 00		999 231, 254			3. C 4. C	
4.00 5.00	INTENSIVE CARE UNIT	31.00		92, 336	0		4. C 5. C	
6.00 7.00	CORONARY CARE UNIT NEONATAL INTENSIVE CARE UNIT	32. 00 35. 00		31, 332 7, 566			6. C 7. C	
8.00	SUBPROVI DER – I RF	41.00		9, 918	0		8. C	00
9. 00 10. 00	OPERATING ROOM RECOVERY ROOM	50.00 51.00		76, 702 71, 733			9. 0 10. 0	
11.00	DELIVERY ROOM & LABOR ROOM	52.00		24, 392	0		11. C	00
12.00 13.00	RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	54.00 55.00		55, 593 2, 567			12. C 13. C	
14.00 15.00	CT SCAN MAGNETIC RESONANCE IMAGING	57.00 58.00		6, 010 2, 372			14. C 15. C	
15.00	(MRI)			2, 372			15.0	0
16. 00 17. 00	CARDI AC CATHETERI ZATI ON RESPI RATORY THERAPY	59.00 65.00		16, 657 9, 445			16. C 17. C	
18.00	ELECTROCARDI OLOGY	69.00		2, 062	0		18.0	00
19.00 20.00	ELECTROENCEPHALOGRAPHY RENAL DI ALYSI S	70.00 74.00		1 8, 330	0		19. 0 20. 0	
21.00	CARDI AC REHABI LI TATI ON	76.97		25			21.0	
22.00 23.00	CLINIC OP ONCOLOGY INFUSION CENTER	90. 00 90. 01		3, 211 85, 471	0		22. 0 23. 0	
24.00 25.00	PAIN CLINIC EMERGENCY	90. 03 91. 00		169 179, 698			24. 0 25. 0	
26.00	AMBULANCE SERVICES	95.00		16, 483	0		26.0	00
27.00	PROMPTCARE	1 <u>90.01</u>	— — — <del> </del>	<u>106</u> 935, 822			27.0	)0
1.00	J - INTEREST EXPENSE CAP REL COSTS-BLDG & FIXT	1.00	0	90, 565			1.0	20
1.00	0		— — — <u>o</u>	90, 565			1. 0	10
1.00	K – PHARMACY RESIDENCY PHARMACY	15.00	165, 239	12, 641	0		1. 0	00
2.00	<u>CLINIC</u>	<u> </u>	1 <u>5, 2</u> 36	<u> </u>	0		2.0	
	O L – PSYCH ADMIN		180, 475	13, 807				
1.00	ADUL <u>TS &amp; PEDI ATRI CS</u>	30.00	<u>134, 613</u> 134, 613	9 <u>1, 986 91, 986 91, 986 91, 986 9</u>			1. C	)0
	M - SOFTWARE LICENSE		134, 013	•				
1.00 2.00	NURSING ADMINISTRATION OPERATING ROOM	13.00 50.00		4, 499 6, 000			1.0	
3.00	OP ONCOLOGY INFUSION CENTER	90. 01		160	0		3. C	00
4.00 5.00	PROMPTCARE OLCOTT	190. 01 190. 03		47, 555 21, 199			4. C 5. C	
	0		0	79, 413		1		
1.00		10.00	77 <u>4, 3</u> 10	<u>655, 2</u> 37			1.0	)0
	0 0 - SHORT TERM DI SABI LI TY/FL	MA	774, 310	655, 237				
1.00	ADMI NI STRATI VE & GENERAL	5.00	4, 248	0			1.0	
2.00 3.00	OPERATION OF PLANT HOUSEKEEPING	7.00 9.00	867 9, 246	0 0			2.0	
4.00 5.00	DI ETARY NURSI NG ADMI NI STRATI ON	10. 00 13. 00	4, 810 44, 698	0			4. C 5. C	
6.00	PHARMACY	15.00	81, 943	0	0		6. C	00
7.00 8.00	CENTRAL STERILIZATION ADULTS & PEDIATRICS	18. 01 30. 00	6, 177 82, 852	0			7. C 8. C	
9.00	INTENSIVE CARE UNIT	31.00	10, 930	0	0		9. C	00
10. 00 11. 00	CORONARY CARE UNIT NEONATAL INTENSIVE CARE UNIT	32.00 35.00	19, 242 14, 045	0 0			10. C 11. C	
12.00 13.00	SUBPROVIDER - IRF OPERATING ROOM	41.00	2, 097	0	0		12. C 13. C	00
14.00	RECOVERY ROOM	50. 00 51. 00	66, 837 32, 639	0	0		14. C	00
15.00 16.00	DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC	52.00 54.00	35, 227 14, 876	0 0			15. C 16. C	
17.00	RADI OLOGY-THERAPEUTI C	55.00	12, 633	0			17.0	

Health Financial	Systems
RECLASSI FI CATI O	VS

IU	HEALTH	BLOOMI	NGTON	HOSPI TAL	
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	Financial Systems SIFICATIONS	ΙU	HEALTH BLOOMIN	GTON HOSPITAL	CN: 15-0051 Period:	In Lieu of Form CMS Worksheet A	
RECEAS					From 01	/01/2020 2/31/2020 Date/Time F 7/14/2021	Prepared:
		Decreases			· · · · ·	1// 14/ 2021	
	Cost Center	Line #	Salary		kst. A-7 Ref.		
18.00	6.00 CT SCAN	7.00	<u>8.00</u> 5,071	9.00	10.00		18.00
19.00	CARDI AC CATHETERI ZATI ON	59.00	9, 501	0	0		19.00
20.00	PHYSI CAL THERAPY	66.00	35, 667	Ö	0		20.00
21.00	CARDI AC REHABI LI TATI ON	76. 97	521	0	0		21.00
22.00	CLINIC	90.00	9, 249	0	0		22.00
23.00	OP ONCOLOGY INFUSION CENTER WOUND CARE CENTER	90.01	6, 788	0	0		23.00
24.00 25.00	OP PSYCH CLINIC	90. 02 90. 05	303 136	0	0		24.00 25.00
26.00	EMERGENCY	91.00	17, 418	Ő	0		26.00
27.00	AMBULANCE SERVICES	95.00	32, 612	0	0		27.00
28.00	GIFT, FLOWER, COFFEE SHOP &	190. 00	2,033	0	0		28.00
~~ ~~	CANTEEN	100.01	1 0/1				
29.00	PROMPTCARE	1 <u>90.</u> 01	<u> </u>		<u> </u>		29.00
	D – UTILITIES EXPENSE		563, 727	0			_
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5	0		1.00
2.00	ADMINI STRATI VE & GENERAL	5.00	0	650	0		2.00
3.00	HOUSEKEEPING	9.00	0	366	0		3.00
4.00	NURSI NG ADMI NI STRATI ON	13.00	0	101	0		4.00
5.00 6.00	PHARMACY ADULTS & PEDIATRICS	15. 00 30. 00	0	14 127	0		5.00 6.00
7.00	INTENSIVE CARE UNIT	31.00	0	11	Ö		7.00
8.00	CORONARY CARE UNI T	32.00	0	5	Ō		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	5	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	5	0		10.00
11.00	OPERATING ROOM	50.00 51.00	0	104	0		11.00
12.00 13.00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51.00 52.00	0	14 11	0		12.00 13.00
14.00	RADI OLOGY-DI AGNOSTI C	54.00	0	13, 100	0		14.00
15.00	RADI OLOGY-THERAPEUTI C	55.00	0	161, 210	0		15.00
16.00	CT SCAN	57.00	0	32	0		16.00
17.00	MAGNETIC RESONANCE IMAGING	58.00	0	27	0		17.00
18.00	(MRI) CARDIAC CATHETERIZATION	59.00	0	117	0		18.00
19.00	LABORATORY	60.00	0	461	0		19.00
20.00	RESPI RATORY THERAPY	65.00	0	37	0		20.00
21.00	PHYSI CAL THERAPY	66.00	0	21, 673	0		21.00
22.00	ELECTROCARDI OLOGY	69.00	0	11	0		22.00
23.00	OP ONCOLOGY INFUSION CENTER PAIN CLINIC	90. 01	0	1, 065	0		23.00
24.00 25.00	OP PSYCH CLINIC	90. 03 90. 05	0	5, 855 11	0		24.00 25.00
26.00	EMERGENCY	91.00	0	21	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	26, 580	0		27.00
	PROMPTCARE	190. 01	0	5	0		28.00
29.00	RENTAL PROPERTIES	190.02	0	21, 031	0		29.00
30. 00 31. 00	COMMUNITY HEALTH SERVICES PHYSICIANS' PRIVATE OFFICES	190. 11 192. 00	0	20, 871 410	0		30.00 31.00
51.00	0	1 <u>72.00</u>	— — — <u>o</u>	273, 935	— — — <sup>q</sup>		51.00
	Q - BCC DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	61, 446	9		1.00
2.00		0.00	0	0	0		2.00
3.00	TOTALS		— — — <u>0</u>	61, 446	— — <u> </u>		3.00
	R - OCCUPATIONAL HEALTH ADMI	N	0	01, 440			
1.00	PROMPTCARE	190.01	219, 531	0	0		1.00
	0		219, 531	0			
1 00	S - NURSERY	20.00	F(0, 410	F/ F00	ol		1 00
1.00 2.00	ADULTS & PEDIATRICS DELIVERY ROOM & LABOR ROOM	30. 00 52. 00	569, 413 29, 246	56, 590 6, 396	0		1.00 2.00
2.00		<u>32.00</u>	598, 659	62, 986	— — — <u> </u>		2.00
	T - BEDFORD ALLOCATION		0,0,00,	02,700			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	45, 927	34, 125	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	444, 264	345, 723	0		2.00
3.00		10.00	11, 747 56, 499	2, 532	0		3.00
4.00 5.00	NURSING ADMINISTRATION PHARMACY	13. 00 15. 00	270, 472	15, 391 114, 722	0		4.00 5.00
6.00	PHYSICAL THERAPY	66.00	59, 952	18, 731	0		6.00
7.00		90.00	30, 832	1 <u>2, 1</u> 32	0		7.00
	0		919, 693	543, 356			
1 00	U - PAOLI ALLOCATION	1 00	00.011	47 405	al		1 00
1.00 2.00	EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL	4.00 5.00	23, 061 213, 376	17, 135 169, 122	0		1.00 2.00
2.00	NURSING ADMINISTRATI VE & GENERAL	13.00	213, 376	7, 350	0		3.00
4.00	PHARMACY	15.00	84, 141	36, 799	0		4.00

Heal th	Financial Systems	ΙL	I HEALTH BLOOMI	NGTON HOSPITA	L	In Lieu	of Form CMS-	-2552-10
	SIFICATIONS			Provi der	CCN: 15-0051	Period:	Worksheet A-	-6
						From 01/01/2020 To 12/31/2020	Date/Time Pr	epared.
						10 12/01/2020	7/14/2021 11	:13 am
		Decreases						
	Cost Center	Line #	Salary		Wkst. A-7 Ref	· .		
	6. 00	7.00	8.00	9.00	10.00			
5.00	PHYSI CAL THERAPY	66. 00	119, 905	37, 462		0		5.00
6.00		90.00	1 <u>2, 8</u> 08	<u> </u>		Q		6.00
	0		476, 571	272, 908				1
	V - LIBERTY BUILDING DEPRECI					- i		4
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	127, 729		9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	<u> </u>	<u>3, 6</u> 40		2		2.00
	TOTALS		0	131, 369				4
	W - MALPRACTICE INSURANCE	i			i	- i		4
1.00	ADMI NI STRATI VE & GENERAL	5.00	º	1 <u>6, 4</u> 59		Q		1.00
	TOTALS		0	16, 459				4
	X – ACCRUED PTO	i			i	- i		4
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		4, 626		0		1.00
2.00	OPERATING ROOM	50.00		1, 477		0		2.00
3.00	EMERGENCY	91.00	+	<u> </u>		<u>o</u>		3.00
	TOTALS		0	6, 366				4
	Y – REHAB – COVID				i	-		4
1.00	SUBPROVI DERI RF	<u>41.00</u>	<u>683, 6</u> 63	9 <u>3, 0</u> 49		의		1.00
	TOTALS		683, 663	93, 049		_		
500.00	Grand Total: Decreases	l	4, 551, 242	111, 190, 913				500.00

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPI TAL		In Lieu	」of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 15-0051	Period:	Worksheet A-7	
				From 01/01/2020 To 12/31/2020	Part I Date/Time Pre	epared <sup>.</sup>
					7/14/2021 11:	<u>13 am</u>
			Acqui si ti ons			
	Begi nni ng	Purchases	Donati on	Total	Di sposal s and	
	Bal ances				Retirements	
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASS		-				
1.00 Land	19, 741, 447	0		0 0	0	
2.00 Land Improvements	2,058,207	0		0 0	0	2.00
3.00 Buildings and Fixtures	150, 733, 671	0		0 0	0	0.00
4.00 Building Improvements 5.00 Fixed Equipment	11, 327, 645	0		0 0	0	4.00 5.00
	121 410 277	9, 443, 931		0 9, 443, 931	1 770 400	
	131, 618, 277	9, 443, 931		0 9, 443, 931	1, 779, 498	7.00
7.00 HIT designated Assets 8.00 Subtotal (sum of lines 1-7)	315, 479, 247	0 442 021		0 9, 443, 931	1 770 409	
9.00 Reconciling Items	315, 479, 247	9, 443, 931		0 9, 443, 931	1, 779, 498	9.00
10.00 Total (line 8 minus line 9)	315, 479, 247	9, 443, 931		0 9, 443, 931	1, 779, 498	
	Ending Balance			9,443,931	1, 779, 490	10.00
	Lifuling barance	Depreciated				
		Assets				
	6,00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASS		7.00				
1.00 Land	19, 741, 447	0				1.00
2.00 Land Improvements	2, 058, 207					2.00
3.00 Buildings and Fixtures	150, 733, 671					3.00
4.00 Building Improvements	11, 327, 645					4.00
5.00 Fixed Equipment	0	0	n			5.00
6.00 Movable Equipment	139, 282, 710	89, 741, 949				6.00
7.00 HIT designated Assets	0	0				7.00
8.00 Subtotal (sum of lines 1-7)	323, 143, 680	162, 116, 206				8.00
9.00 Reconciling Items	0	0				9.00
10.00 Total (line 8 minus line 9)	323, 143, 680	162, 116, 206				10.00
• • •	-	-	-			•

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPI TAL	-	In Lieu	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C		Period: From 01/01/2020	Worksheet A-7	7
					Date/Time Pre	epared:
					7/14/2021 11:	<u>13 am</u>
		SU	MMARY OF CAPI	TAL		
Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
				instructions)	<i>,</i>	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WO	<u> RKSHEET A, COL</u>	UMN 2, LINES 1	and 2			
1.00 CAP REL COSTS-BLDG & FIXT	0	0		0 0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0		0 0	0	2.00
3.00 Total (sum of lines 1-2)	0	0		0 0	0	3.00
	SUMMARY C	F CAPI TAL				
Cost Center Description	Other	Total (1) (sum				
	Capi tal -Rel ate	d of cols. 9				
	Costs (see	through 14)				
	instructions)					
	14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WC	RKSHEET A, COL	UMN 2, LINES 1	and 2			
1.00 CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00 Total (sum of lines 1-2)	0	0				3.00
· · · · · · · · · · · · · · · · · · ·	-	-	•			-

Health Financial Systems IU	HEALTH BLOOMI	NGTON HOSPI TAL	-	In Lieu	ı of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	1	Period: From 01/01/2020 Fo 12/31/2020	Worksheet A-7 Part III Date/Time Pre 7/14/2021 11:	epared:
	COMF	PUTATION OF RA	TI OS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col 2)	instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS O 1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	183, 860, 970 139, 282, 711 323, 143, 681	0	183, 860, 970 139, 282, 71 323, 143, 68 CAPI TAL	0. 431024	0 0	1.00 2.00 3.00
Cost Center Description	Taxes	Other Capital-Relate d Costs		Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS (	CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0	0		7, 678, 182 11, 898, 009 19, 576, 191	43, 636	1.00 2.00 3.00
		SU	MMARY OF CAPI		.,,	
Cost Center Description	Interest	,	instructions)	Other Capital-Relate d Costs (see instructions)	through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS ( 1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	CENTERS -3, 769, 258 0 -3, 769, 258	0	(	0 0 79, 413 0 79, 413		1.00 2.00 3.00

2.00   Ir CC 3.00   Ir CC 3.00   Ir CC 4.00   Tr di 5.00   Re 5.00   RE 5.00	Cost Center Description nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-WVBLE EQUIP (chapter 2) nvestment income - other chapter 2) rade, quantity, and time liscounts (chapter 8) refunds and rebates of expense chapter 8) lental of provider space by uppliers (chapter 8) elephone services (pay tations excluded) (chapter 2 elevision and radio service chapter 21) ravking lot (chapter 21) rovider-based physician dj ustment ale of scrap, waste, etc. chapter 23) tel ated organization ransactions (chapter 10)	1.00 A	2.00 -3,248,996	Expense CLassification or To/From Which the Amount is Cost Center 3.00 CAP REL COSTS-BLDG & FLXT CAP REL COSTS-MVBLE EQUIP	n Worksheet A to be Adjusted	Date/Time Pre 7/14/2021 11: //////////////////////////////////	13 am 1.00 2.00 3.00 4.00 5.00 6.00
2.00   Ir CC 3.00   Ir CC 3.00   Ir CC 4.00   Tr di 5.00   Re 5.00   RE 5.00	nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other chapter 2) Trade, quantity, and time liscounts (chapter 8) tefunds and rebates of expense chapter 8) tental of provider space by uppliers (chapter 8) telephone services (pay tations excluded) (chapter 2 television and radio service chapter 21) Traking lot (chapter 21) Trovider-based physician dj ustment ale of scrap, waste, etc. chapter 23) telated organization	1.00 A es 1) A-8-2	2.00 -3,248,996 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	To/From Which the Amount is <u>Cost Center</u> 3.00 CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	to be Adjusted Li ne # 4.00 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	<u>Wkst. A-7 Ref.</u> 5.00 11 0 0 0 0 0 0 0	1.00 2.00 3.00 4.00 5.00 6.00
2.00   Ir CC 3.00   Ir CC 3.00   Ir CC 4.00   Tr di 5.00   Re 5.00   RE 5.00	nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other chapter 2) Trade, quantity, and time liscounts (chapter 8) tefunds and rebates of expense chapter 8) tental of provider space by uppliers (chapter 8) telephone services (pay tations excluded) (chapter 2 television and radio service chapter 21) Traking lot (chapter 21) Trovider-based physician dj ustment ale of scrap, waste, etc. chapter 23) telated organization	1.00 A es 1) A-8-2	2.00 -3,248,996 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Cost Center 3.00 CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	Li ne # 4. 00 2. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00 0. 00	<u>Wkst. A-7 Ref.</u> 5.00 11 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00
2.00   Ir CC 3.00   Ir CC 3.00   Ir CC 4.00   Tr di 5.00   Re 5.00   RE 5.00	nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other chapter 2) Trade, quantity, and time liscounts (chapter 8) tefunds and rebates of expense chapter 8) tental of provider space by uppliers (chapter 8) telephone services (pay tations excluded) (chapter 2 television and radio service chapter 21) Traking lot (chapter 21) Trovider-based physician dj ustment ale of scrap, waste, etc. chapter 23) telated organization	1.00 A es 1) A-8-2	2.00 -3,248,996 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.00 CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	4.00 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5.00 11 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00
2.00   Ir CC 3.00   Ir CC 3.00   Ir CC 4.00   Tr di 5.00   Re 5.00   RE 5.00	nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other chapter 2) Trade, quantity, and time liscounts (chapter 8) tefunds and rebates of expense chapter 8) tental of provider space by uppliers (chapter 8) telephone services (pay tations excluded) (chapter 2 television and radio service chapter 21) Traking lot (chapter 21) Trovider-based physician dj ustment ale of scrap, waste, etc. chapter 23) telated organization	1.00 A es 1) A-8-2	2.00 -3,248,996 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.00 CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	4.00 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5.00 11 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00
2.00   Ir CC 3.00   Ir CC 3.00   Ir CC 4.00   Tr di 5.00   Re 5.00   RE 5.00	nvestment income - CAP REL OSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL OSTS-MVBLE EQUIP (chapter 2) nvestment income - other chapter 2) Trade, quantity, and time liscounts (chapter 8) tefunds and rebates of expense chapter 8) tental of provider space by uppliers (chapter 8) telephone services (pay tations excluded) (chapter 2 television and radio service chapter 21) Traking lot (chapter 21) Trovider-based physician dj ustment ale of scrap, waste, etc. chapter 23) telated organization	1.00 A es 1) A-8-2	2.00 -3,248,996 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.00 CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	4.00 1.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5.00 11 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00
2.00   Ir CC 3.00   Ir CC 3.00   Ir CC 4.00   Tr di 5.00   Re 5.00   RE 5.00	DSTS-BLDG & FIXT (chapter 2) nvestment income - CAP REL DSTS-MVBLE EQUIP (chapter 2) nvestment income - other chapter 2) rrade, quantity, and time liscounts (chapter 8) tefunds and rebates of expense chapter 8) tental of provider space by uppliers (chapter 8) telephone services (pay tations excluded) (chapter 2 television and radio service chapter 21) tarking lot (chapter 21) trovider-based physician dj ustment ale of scrap, waste, etc. chapter 23) telated organization	es 1) A-8-2	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CAP REL COSTS-MVBLE EQUIP	2.00 0.00 0.00 0.00 0.00 0.00 0.00	0 0 0 0 0	2.00 3.00 4.00 5.00 6.00
3.00       In         4.00       In         5.00       Re         6.00       Re         7.00       Te         8.00       Te         9.00       Pa         11.00       Sa         11.00       Sa         12.00       Re	DSTS-MVBLE EQUIP (chapter 2) nvestment income - other chapter 2) rade, quantity, and time liscounts (chapter 8) lefunds and rebates of expense chapter 8) tental of provider space by uppliers (chapter 8) telephone services (pay tations excluded) (chapter 2 elevision and radio service chapter 21) tarking lot (chapter 21) trovider-based physician dj ustment sale of scrap, waste, etc. chapter 23) tel ated organization	1) A-8-2	0 0 0 0 0 0 0 -19, 347, 990		0.00 0.00 0.00 0.00 0.00 0.00	0 0 0 0 0	3.00 4.00 5.00 6.00
4.00 Tr di 5.00 Re (c 6.00 Re 7.00 Te 8.00 Te 9.00 Pa 10.00 Pr ac 11.00 Sa (c (c 12.00 Re	chapter 2) rade, quantity, and time liscounts (chapter 8) lefunds and rebates of expense chapter 8) lental of provider space by uppliers (chapter 8) elephone services (pay stations excluded) (chapter 2 elevision and radio service chapter 21) larking lot (chapter 21) Provider-based physician idj ustment ale of scrap, waste, etc. chapter 23) lelated organization	1) A-8-2			0.00 0.00 0.00 0.00 0.00	0 0 0 0	4.00 5.00 6.00
4.00 Tr di 5.00 Re (c 6.00 Re st 7.00 Te (c 9.00 Pe 10.00 Pr ac 11.00 Se (c (c 9.00 Pe 11.00 Se (c 12.00 Re	rade, quantity, and time liscounts (chapter 8) lefunds and rebates of expense chapter 8) lental of provider space by uppliers (chapter 8) elephone services (pay itations excluded) (chapter 2 elevision and radio service chapter 21) larking lot (chapter 21) Provider-based physician djustment ale of scrap, waste, etc. chapter 23) elated organization	1) A-8-2			0. 00 0. 00 0. 00 0. 00	0 0 0	5. 00 6. 00
5.00 Re (c 6.00 Re 51 7.00 Te 51 8.00 Te (c 9.00 Pa 10.00 Pr 11.00 Sc (c 12.00 Re tr	tefunds and rebates of expense chapter 8) tental of provider space by uppliers (chapter 8) elephone services (pay tations excluded) (chapter 2 elevision and radio service chapter 21) tarking lot (chapter 21) trovider-based physician djustment ale of scrap, waste, etc. chapter 23) telated organization	1) A-8-2			0. 00 0. 00 0. 00	0 0 0	6.00
6.00 Re su 7.00 Te 8.00 Te 9.00 Pe 10.00 Pr ac 11.00 Se (c 12.00 Re	tental of provider space by suppliers (chapter 8) elephone services (pay tations excluded) (chapter 2 elevision and radio service chapter 21) tarking lot (chapter 21) trovider-based physician djustment ale of scrap, waste, etc. chapter 23) telated organization	A-8-2			0. 00 0. 00	0	
7.00 Te st 8.00 Te (c 9.00 Pa 10.00 Pr ac 11.00 Sc (c (12.00 Re	elephone services (pay stations excluded) (chapter 2 elevision and radio service chapter 21) arking lot (chapter 21) rovider-based physician djustment ale of scrap, waste, etc. chapter 23) elated organization	A-8-2			0. 00	0	7.00
8.00 Fe 9.00 Pa 10.00 Pr 11.00 Sa (c 12.00 Re	Atations excluded) (chapter 2 relevision and radio service chapter 21) Provider-based physician djustment ale of scrap, waste, etc. chapter 23) related organization	A-8-2			0. 00	0	7.00
9.00 Pa 10.00 Pr ac 11.00 Sa (c 12.00 Re tr	chapter 21) Parking lot (chapter 21) Provider-based physician djustment Pale of scrap, waste, etc. chapter 23) Pelated organization					-	0.00
10.00 Pr ac 11.00 Sa (c 12.00 Re tr	rovider-based physician djustment ale of scrap, waste, etc. chapter 23) elated organization				0. 00		
11.00 Sa (c 12.00 Re tr	ale of scrap, waste, etc. chapter 23) elated organization	A-8-1	0			0	
12.00 (c 12.00 Re	chapter 23) elated organization	A-8-1	0	1	0. 00	0	11.00
tr		A-0-1	42, 313, 947		0.00	0	
13.00 11 /							
	aundry and linen service afeteria-employees and guests	6	0 0		0. 00 0. 00	0	
	ental of quarters to employee Ind others	e	0		0. 00	0	15.00
16.00 Sa	ale of medical and surgical supplies to other than patient	to	0		0.00	0	16.00
17.00 Sa	ale of drugs to other than	15	0		0.00	0	17.00
	atients ale of medical records and		0		0. 00	0	18.00
	bstracts lursing and allied health		0		0. 00	0	19.00
ec	education (tuition, fees, books, etc.)		-				
20.00 Ve	ending machines		0		0.00	0	
I.	ncome from imposition of nterest, finance or penalty		0		0. 00	0	21.00
	harges (chapter 21) nterest expense on Medicare		0		0.00	0	22.00
0\	verpayments and borrowings to	D	Ū		0.00	0	22.00
23.00 Ad	repay Medicare overpayments djustment for respiratory	A-8-3	0	RESPI RATORY THERAPY	65.00		23.00
	herapy costs in excess of imitation (chapter 14)						
	djustment for physical thera osts in excess of limitation	by A-8-3	0	PHYSI CAL THERAPY	66. 00		24.00
(0	chapter 14)		0		114.00		25 00
pł	tilization review - hysicians' compensation		U	UTILIZATION REVIEW-SNF	114.00		25.00
	chapter 21) Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
CC	OSTS-BLDG & FLXT epreciation - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00		27.00
CC	OSTS-MVBLE EQUIP					0	
	lon-physician Anesthetist 'hysicians' assistant		0	*** Cost Center Deleted ***	4 19.00 0.00	0	28.00 29.00
	djustment for occupational herapy costs in excess of	A-8-3	0	OCCUPATI ONAL THERAPY	67.00		30.00
Li	imitation (chapter 14) lospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30. 00		30. 99
ir	nstructions)						
	djustment for speech patholo osts in excess of limitation	gy A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
	chapter 14) AH HIT Adjustment for		0		0. 00	0	32.00
De	Depreciation and Interest	В		EMPLOYEE BENEFITS DEPARTMEN			33.00

ealth Financial Systems DJUSTMENTS TO EXPENSES	10		NGTON HOSPI TAL Provi der CCN: 15-0051	Peri od:	u of Form CMS-2 Worksheet A-8	
				From 01/01/2020		
				To 12/31/2020	Date/Time Pre 7/14/2021 11:	epared
			Expense Classification or	Worksheet A	//14/2021 11.	
			To/From Which the Amount is			
				,		
Cost Contor Decorintion	Dacie (Cada (2)	Amount	Cost Contor	line #	What A 7 Daf	
Cost Center Description	1, 00	Amount 2.00	Cost Center 3.00	Line #	Wkst. A-7 Ref. 5.00	
3.01 MISCELLANEOUS INCOME	B		ADMI NI STRATI VE & GENERAL	5.00		33.0
3. 02 MI SCELLANEOUS I NCOME	В		OPERATION OF PLANT	7.00		
3. 03 MI SCELLANEOUS I NCOME	В		HOUSEKEEPING	9.00		
3. 04 MI SCELLANEOUS I NCOME	В	-201, 613		10.00	0	
3. 05 MI SCELLANEOUS I NCOME	В		NURSING ADMINISTRATION	13.00		33. (
3. 06 MI SCELLANEOUS I NCOME	В		PHARMACY	15.00		
3. 07 MI SCELLANEOUS I NCOME	В		ADULTS & PEDIATRICS	30.00		
3. 08 MI SCELLANEOUS I NCOME	В		OPERATING ROOM	50.00		
3. 09 MI SCELLANEOUS I NCOME	В		RADI OLOGY-THERAPEUTI C	55.00		
3. 10 MI SCELLANEOUS I NCOME	В	-322, 457	LABORATORY	60, 00	0	33.
3. 11 MI SCELLANEOUS I NCOME	В		PHYSI CAL THERAPY	66.00		
3. 12 MI SCELLANEOUS I NCOME	В		ELECTROENCEPHALOGRAPHY	70.00		
3. 13 MI SCELLANEOUS I NCOME	В		OP PHARMACY	73.01		
3.14 MI SCELLANEOUS I NCOME	В	-19, 757		90.00		
3. 15 MI SCELLANEOUS I NCOME	В		OP PSYCH CLINIC	90.05	0	33.
3. 16 MI SCELLANEOUS I NCOME	В		AMBULANCE SERVICES	95.00		
3.17 MISCELLANEOUS INCOME	В		PROMPTCARE	190.01	0	33.
3.18 MISCELLANEOUS INCOME	В		PHYSICIANS' PRIVATE OFFICES	5 192.00	0	33.
3.19 UNNECESSARY BORROWING	Α	-425, 386	CAP REL COSTS-BLDG & FIXT	1.00	11	33.
3.20 TELEPHONE EXPENSE	Α	-779	NURSING ADMINISTRATION	13.00	0	33.
3.21 TELEPHONE EXPENSE	Α	-690	PHARMACY	15.00	0	33.
3.22 TELEPHONE EXPENSE	А	-345	ADULTS & PEDIATRICS	30.00	0	33.
3. 23 PHYSI CI AN RECRUI TMENT	А	-775	ADULTS & PEDIATRICS	30.00	0	33.
3.24 HAF FEES	Α	-11, 578, 381	ADMI NI STRATI VE & GENERAL	5.00	0	33.
3.25 CAFETERIA REVENUE	В	-726, 851	CAFETERI A	11.00	0	33.
3.26 WEGMILLER CAPITALIZED INTERES	A T	-343	CAP REL COSTS-BLDG & FIXT	1.00	11	33.
3. 27 1983 CAPI TALI ZED I NTEREST	Α	-3, 968	CAP REL COSTS-BLDG & FIXT	1.00	11	33.
3.28 OTHER CARRYFORWARD ADJUSTMENT	5 A	53, 927	CAP REL COSTS-BLDG & FIXT	1.00	9	33.
3.29 PENALTY TAX	Α	-162	ADMI NI STRATI VE & GENERAL	5.00	0	33.
3.30 START UP COSTS	Α	-5, 471, 062	ADMI NI STRATI VE & GENERAL	5.00	0	33.
3.31 NONALLOWABLE MARKETING	Α	-253, 933	ADMI NI STRATI VE & GENERAL	5.00	0	33.
3.32 NONALLOWABLE MARKETING	Α	-179	OPERATING ROOM	50.00	0	33.
3.33 SIP PHARMACY RESIDENCY	Α	36, 553	PARAMED ED PRGM-PHARMACY	23.00	0	33.
			RESI DENCY			
3.34 BENEFIT EXPENSE	Α	-21, 513, 444	EMPLOYEE BENEFITS DEPARTMEN	v <b>t</b> 4.00	0	33.
0.00 TOTAL (sum of lines 1 thru 49		-23, 481, 500				50.0
(Transfer to Worksheet A,						
column 6, line 200.)						

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

Heal th	Financial Systems	IU HEALTH BLOOM	INGTON HOSPITAL	In Lieu	u of Form CMS-2	2552-10
	ENT OF COSTS OF SERVICES FROM	/ RELATED ORGANIZATIONS AND F	HOME Provider CCN: 15-0051	Period:	Worksheet A-8	3-1
OFFI CE	COSTS			From 01/01/2020 To 12/31/2020		epared: 13 am
	Line No.	Cost Center	Expense Items	Amount of A	mount Included	
				Allowable Cost	in Wks. A,	
					column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUST CLAIMED HOME OFFICE COSTS:	MENTS REQUIRED AS A RESULT (	OF TRANSACTIONS WITH RELATE	D ORGANI ZATI ONS	OR	
1.00		CAP REL COSTS-BLDG & FIXT	HO ALLOCATI ON	1, 756, 506	-90, 565	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HO ALLOCATION	4, 966, 775	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	23, 654, 657	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	HO ALLOCATION	64, 211, 437	56, 724, 059	3.01
4.00	91.00	EMERGENCY	SIP ER	6, 437, 687	2, 079, 621	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	101, 427	101, 427	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	285, 978	285, 978	4.02
4.03	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	5, 730, 550	5, 730, 550	4.03
4.04	35.00	NEONATAL INTENSIVE CARE UNIT	SHARED EMPLOYEES	350, 439	350, 439	4.04
4.05	50.00	OPERATING ROOM	SHARED EMPLOYEES	2, 013, 091	2, 013, 091	4.05
4.06	51.00	RECOVERY ROOM	SHARED EMPLOYEES	7, 348	7,348	4.06
4.07			SHARED EMPLOYEES	457, 293	457, 293	4.07
4.08	57.00	CT SCAN	SHARED EMPLOYEES	17, 500	17, 500	4.08
4.09	60.00	LABORATORY	SHARED EMPLOYEES	13, 449, 570	13, 449, 570	4.09
4.10	70.00	ELECTROENCEPHALOGRAPHY	SHARED EMPLOYEES	1, 622, 759	1, 622, 759	4.10
4.11	90.01	OP ONCOLOGY INFUSION CENTER	SHARED EMPLOYEES	130, 016	130, 016	4.11
4.12	90.02	WOUND CARE CENTER	SHARED EMPLOYEES	1, 555	1, 555	4.12
4.13	90.03	PAIN CLINIC	SHARED EMPLOYEES	1, 543	1, 543	4.13
4.14	90.05	OP PSYCH CLINIC	SHARED EMPLOYEES	14, 051	14, 051	4.14
4.16			SHARED EMPLOYEES	133, 915	133, 915	4.16
4.17	190.01	PROMPTCARE	SHARED EMPLOYEES	405, 406	405, 406	4.17
4.18	190. 11	COMMUNITY HEALTH SERVICES	SHARED EMPLOYEES	10, 673	10, 673	4.18
4.19	192.00	PHYSICIANS' PRIVATE OFFICES	SHARED EMPLOYEES	23, 303	23, 303	4.19
5.00	0		0	125, 783, 479	83, 469, 532	5.00

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

not bee	en posted to worksneet A, co	iumns i and/or 2, the amount	allowable shou	uid be indicated in column 4	or this part.	
				Related Organization(s) and	/or Home Office	
				5 ,		
	Symbol (1)	Name	Percentage of	Name	Percentage of	
			Ownership		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 titl XVIII.

6.00	С		0. 00 I L	U HEALTH SIP	0.00	6.00
7.00	С		0. 00 I L	U HEALTH PAOLI	0.00	7.00
8.00	В	IU HEALTH	0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or					100.00
	non-financial) specify:					1

(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.

## IU HEALTH BLOOMINGTON HOSPITAL

In Lieu of Form CMS-2552-10

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provider CCN: 15-0051 Period: Worksheet A-8-1 OFFICE COSTS WITCH Provider CCN: 15-0051 Period: Worksheet A-8-1 To 12/31/2020 Date/Time Prepared:

			7/14/2021 11	:13 am
	Net Adjustments	Wkst. A-7 Ref.		
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUSTME	NTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR	
	CLAIMED HOME O			
1.00	1, 847, 071	9		1.00
2.00	4, 966, 775	9		2.00
3.00	23, 654, 657	0		3.00
3.01	7, 487, 378	0		3.01
4.00	4, 358, 066	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
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	0	0		4.13
4.14	0	0		4.14
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
5.00	42, 313, 947			5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which I not 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 worksheet A, ct	or units i and/or 2, the amount arrowable should be indicated in cordinit 4 or this part.
Related Organization(s) and/	/or
Home Office	
Type of Business	7
51	
6, 00	-
D. INTERRELATIONSHIP TO REL	LATED 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	PHYSICIAN GROUP	6.00
7.00	HOSPI TAL	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

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

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

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

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

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

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

nearth	TTHANCIAL SYST		U HEALTH BLOOM	TNOTON HOSFITA		III LIE		2002-10
PROVI DE	ER BASED PHYSI	CIAN ADJUSTMENT		Provider (	1	Period: From 01/01/2020 Fo 12/31/2020	Worksheet A-8 D Date/Time Pre 7/14/2021 11:	
	Wkst. A Line #	5	Total	Professi onal	Provi der		hysi ci an/Provi	
		I denti fi er	Remunerati on	Component	Component		der Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMI NI STRATI VE & GENERAL	2, 427, 243	2, 427, 243	0	211, 500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	6, 824, 547	6, 680, 075	144, 472	211, 500	1, 970	2.00
3.00		NEONATAL INTENSIVE CARE UNIT	338, 968					
4.00		OPERATING ROOM	1, 635, 106					
5.00		RADI OLOGY-THERAPEUTI C	420, 661	420, 661	0			5.00
6.00		PHYSI CAL THERAPY	495, 493		0	211,500		6.00
7.00		ELECTROCARDI OLOGY	475, 475	475, 475	0			7.00
			045 400	0.45 400	0	181, 300		
8.00		ELECTROENCEPHALOGRAPHY	845, 489			271, 900		8.00
9.00		OP PSYCH CLINIC	1, 023, 112	835, 563				
10.00	91.00	EMERGENCY	5, 860, 018			211, 500		10.00
200.00			19, 870, 637	19, 347, 990				200.00
	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE	5 Percent of	Cost of	Provi der	Physician Cost	
		Identifier	Limit	Unadjusted RCE	Memberships &	Component Share	of Mal practi ce	
				Limit	Conti nui ng	of col. 12	Insurance	
					Educati on			
	1.00	2.00	8,00	9.00	12.00	13.00	14.00	
1.00		ADMI NI STRATI VE & GENERAL	0.00	0	0	0	0	1.00
2.00		ADULTS & PEDIATRICS	200, 315	10, 016	0	0	0	2.00
3.00		NEONATAL INTENSIVE CARE UNIT	384, 925			0	0	3.00
4.00		OPERATI NG ROOM	304, 723	17, 240	0	0	0	4.00
			0	0	0	0	0	
5.00		RADI OLOGY-THERAPEUTI C	0	0	0	0	0	5.00
6.00		PHYSI CAL THERAPY	0	0	0	0	0	6.00
7.00		ELECTROCARDI OLOGY	0	0	0	0	0	7.00
8.00		ELECTROENCEPHALOGRAPHY	0	0	0	0	0	8.00
9.00		OP PSYCH CLINIC	245, 714	12, 286	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			830, 954	41, 548	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		Identifier	component Share	Limit	Di sal I owance			
			of col. 14					
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMI NI STRATI VE & GENERAL	0	0	0	2, 427, 243		1.00
2.00	30,00	ADULTS & PEDIATRICS	0	200, 315	0	6, 680, 075		2.00
3.00		NEONATAL INTENSIVE CARE UNIT	- -	384, 925				3.00
4.00		OPERATING ROOM	0	001, 720	0	1, 635, 106		4.00
5.00		RADI OLOGY-THERAPEUTI C	0	0	0			5.00
		PHYSICAL THERAPY	0	0	0			
6.00 7.00		ELECTROCARDI OLOGY	0	0	-		1	6.00
			0	0	0	-	1	7.00
8.00		ELECTROENCEPHALOGRAPHY	0	0	0	,		8.00
9.00		OP PSYCH CLINIC	0	245, 714	0			9.00
10.00		EMERGENCY	0	0	0	-/ /		10.00
200.00			0	830, 954	0	19, 347, 990	i I	200.00

Heal th	Fi nanci al	Systems	
OOCT A			

	ALLOCATION - GENERAL SERVICE COSTS	HEALTH BLOOMI	Provi der C	CN: 15-0051 P	eriod: rom 01/01/2020	Date/Time Pre	epared:
			CAPI TAL REI	LATED COSTS		7/14/2021 11:	13 am
	Cost Center Description	Net Expenses	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Subtotal	
		for Cost			BENEFITS		
		Allocation (from Wkst A			DEPARTMENT		
		col. 7)					
		0	1.00	2.00	4.00	4A	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT	5, 235, 889					1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	12,021,058		12, 021, 058			2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL	26, 925, 172 72, 663, 207					4.00 5.00
7.00	00700 OPERATI ON OF PLANT	12,001,081					
8.00	00800 LAUNDRY & LINEN SERVICE	207, 148					
9.00	00900 HOUSEKEEPI NG	3, 474, 502				4,017,136	
10.00	01000 DI ETARY	2, 094, 072					
11.00	01100 CAFETERI A	702, 696					
13.00	01300 NURSI NG ADMI NI STRATI ON	8, 149, 160					
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	13, 031, 688 6, 813, 319				13, 139, 849 8, 110, 336	
	01600 MEDI CAL RECORDS & LI BRARY	60, 648				127, 826	1
	01850 SOCI AL SERVICES	00,010			0	0	
18.01	01851 CENTRAL STERILIZATION	721, 294	18, 130	43, 773	145, 652	-	
23.00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY	395, 462	6, 273	15, 145	75, 167	492,047	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS		-	•			
	03000 ADULTS & PEDIATRICS	28, 097, 215					
	03100 I NTENSI VE CARE UNI T	4,059,001	59, 905			5,035,360	
	O3200 CORONARY CARE UNIT O2060 NEONATAL INTENSIVE CARE UNIT	2, 893, 187					1
	04100 SUBPROVI DER – I RF	2, 247, 463 713, 155					
	04200 SUBPROVI DER	, 13, 133	03,734		0		42.00
	04300 NURSERY	661, 645	24, 070	58, 115	137, 683		
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	8, 070, 660	286, 320				
	05001 CV_SURGERY		0	0	0	0	
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	3, 065, 415 3, 399, 138					
	05300 ANESTHESI OLOGY	3, 377, 130	199, 032		033, 309	4, 714, 194	
	05400 RADI OLOGY-DI AGNOSTI C	3, 742, 552	113, 520	274,079	726, 844		
	05500 RADI OLOGY-THERAPEUTI C	2, 966, 094	133, 352	321, 962		3, 957, 825	55.00
56.00	05600 RADI OI SOTOPE	0	0	-	0	0	
	05700 CT SCAN	932, 071					
58.00 59.00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	666, 723				837, 498 1, 883, 954	
59.00 60.00	06000 LABORATORY	1, 472, 601 14, 113, 799					
	06400 I NTRAVENOUS THERAPY	14, 113, 779	101,000				64.00
	06500 RESPI RATORY THERAPY	2, 790, 597	7, 695	18, 579	579, 167		
66.00	06600 PHYSI CAL THERAPY	7, 088, 218	56, 098	135, 442	1, 458, 415		
	06700 OCCUPATI ONAL THERAPY	0	-	-		-	
	06800 SPEECH PATHOLOGY		0	, v	0	0	
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	756, 586 948, 620					
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	6, 722, 399		00, 930	40, 839 N	6, 722, 399	
	07200 I MPL. DEV. CHARGED TO PATIENTS	18, 411, 392		0	0	18, 411, 392	1
	07300 DRUGS CHARGED TO PATIENTS	34, 710, 650		0	0	34, 710, 650	
73.01	07302 OP PHARMACY	1, 012, 906	0	0	86, 193	1, 099, 099	73.01
	07400 RENAL DI ALYSI S	1, 624, 654	4, 594	11, 091	0	1, 640, 339	
	07500 ASC (NON-DI STI NCT PART)	0	0	0	0	0	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	(12,042	0 21 012	E2 007	120,600	010.252	
/0.9/	07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	613, 843	21, 913	52, 907	129, 689	818, 352	76.97
90,00	09000 CLINIC	1, 463, 205	123, 162	297, 359	314, 490	2, 198, 216	90.00
	09001 OP ONCOLOGY INFUSION CENTER	3, 648, 629					
90.02	09002 WOUND CARE CENTER	645, 845	27, 224	65, 729	124, 593	863, 391	90.02
	09003 PAIN CLINIC	357, 846				480, 620	
	09005 OP PSYCH CLINIC	2,008,688					
	09100 EMERGENCY	7, 334, 645	154, 356	372, 673	1, 137, 889		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		L	I		0	92.00
94 00	OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
	09500 AMBULANCE SERVICES	6, 506, 295	82, 506	199, 201	1, 283, 415		
	10000 I &R SERVICES-NOT APPRVD PRGM	0	0	0	1, 200, 410		100.00
	10100 HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						4
	11300 I NTEREST EXPENSE						113.00
114 ()(	11400 UTILIZATION REVIEW-SNF	1	1	1			114.00

Health Financial Systems	HEALTH BLOOMI	NGTON HOSPI TAL		In Lieu	ı of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	F	eriod: rom 01/01/2020	Worksheet B	epared:
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Net Expenses for Cost	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS	Subtotal	
	Allocation			DEPARTMENT		
	(from Wkst A					
	col. 7)					
	0	1.00	2.00	4.00	4A	
115.0011500 AMBULATORY SURGI CAL CENTER (D. P.)	0	0	0	0		115.00
116. 0011600 HOSPI CE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	338, 242, 133	4, 768, 130	11, 512, 069	24, 958, 019	335, 182, 687	118.00
NONREI MBURSABLE COST CENTERS 190. 0019000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	330, 739	5, 497	13, 273	40, 674	200, 102	100.00
190. 0119000 BIFT, FLOWER, COFFEE SHOP & CANTEEN 190. 0119001 PROMPTCARE	2, 102, 380	5, 497 37, 519	90, 586		390, 183 2, 564, 643	
190. 0219002 RENTAL PROPERTIES	2, 102, 380	103, 516	90, 560	334, 138	2, 304, 043	
190. 0319003 0LCOTT	381, 674	16, 031	0	72, 987	470, 692	
190. 0419004 PHYSI CLAN RECRUITMENT	0	10, 031	0	,2, ,0,		190.04
190. 0519005 FOUNDATI ON	3, 121	6, 996	0	0		190.05
190. 0619006 MARKETI NG	0	0	0	0		190.06
190. 0719007 HME STORE	145	0	0	4	149	190.07
190. 0819008 UNUSED SPACE	54, 423	0	0	0	54, 423	190.08
190. 09 19009 CLINI CAL TRI ALS	0	2, 915	0	0	2, 915	190.09
190.1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0		190. 10
190. 11 19011 COMMUNI TY HEALTH SERVICES	5, 896, 197	82, 914	0	844, 975	6, 824, 086	
191. 0019100 RESEARCH	0	0	0	0		191.00
192. 0019200 PHYSI CLANS' PRI VATE OFFI CES	997	0	0	468, 780	469, 777	
193. 0019300 NONPALD WORKERS	0	0	100 (10	0		193.00
194. 0007950 I U HEALTH PAOLI HOSPITAL 194. 0107951 I U HEALTH BEDFORD HOSPITAL	749, 479 1, 463, 049	54, 926 112, 872	132, 613 272, 517		1, 046, 622 2, 059, 954	
194. 02079521U HEALTH MORGAN HOSPITAL	1, 403, 049	112, 872	272, 517	211, 510		194.01
194. 0307953 IU HEALTH SIP	131, 369	2,623		0	133, 992	
194. 0407954 HOME CARE	0	13, 991	0	0		194.04
194. 0507955 HOSPI CE	0	27, 959	Ő	Ő		194.05
200.00 Cross Foot Adjustments	Ĵ	, , , , ,	, i i i i i i i i i i i i i i i i i i i	Ŭ		200.00
201.00 Negative Cost Centers		0	0	0	C	201.00
202.00 TOTAL (sum lines 118 through 201)	349, 360, 666	5, 235, 889	12, 021, 058	27, 040, 717	349, 360, 666	202.00

th Financial Systems T ALLOCATION - GENERAL SERVICE COSTS	IU HEALTH BLOOMIN	Provider C	CN: 15-0051 P F	eriod: rom 01/01/2020	of Form CMS-2 Worksheet B Part I Date/Time Pre	
Cost Center Description	ADMI NI STRATI VE	OPERATION OF	LAUNDRY &	HOUSEKEEPING	Date/Time Pre 7/14/2021 11: DIETARY	<u>13 a</u>
oust conter bescription	& GENERAL	PLANT	LINEN SERVICE			
GENERAL SERVICE COST CENTERS	5.00	7.00	8.00	9.00	10.00	<u> </u>
0 00100 CAP REL COSTS-BLDG & FIXT						1 1.
0 00200 CAP REL COSTS-MVBLE EQUIP						2.
0 00400 EMPLOYEE BENEFITS DEPARTMENT	77 (47 500					4.
0 00500 ADMINISTRATIVE & GENERAL 0 00700 OPERATION OF PLANT	77, 647, 520 4, 390, 038	19, 752, 177				5. 7.
0 00800 LAUNDRY & LINEN SERVICE	68, 360	55, 301				8.
0 00900 HOUSEKEEPI NG	1, 147, 977	119, 700	1	5, 284, 814		9.
00 01000 DI ETARY	736, 876	277, 434		,	3, 605, 506	
00 01100 CAFETERIA 00 01300 NURSING ADMINISTRATION	285, 925	206, 548		9, 338	0	
00 01300 NURSI NG ADMI NI STRATI ON 00 01400 CENTRAL SERVI CES & SUPPLY	2, 903, 303 3, 754, 975	573, 507 186, 535		131, 832	0	
00 01500 PHARMACY	2, 317, 691	155, 434			0	
00 01600 MEDI CAL RECORDS & LI BRARY	36, 529	115, 855		21, 972	0	
00 01850 SOCI AL SERVI CES	0	0	0	0	0	18.
01 01851 CENTRAL STERILIZATION	265, 437	106, 758		0	0	-
00 02301 PARAMED ED PRGM-PHARMACY RESIDE INPATIENT ROUTINE SERVICE COST CENTER		36, 936	0	0	0	23.
00 03000 ADULTS & PEDIATRICS	10, 331, 294	4, 214, 852	104, 107	2, 539, 963	2, 999, 642	30.
00 03100 I NTENSI VE CARE UNI T	1, 438, 955	352, 748			275, 460	
DO 03200 CORONARY CARE UNIT	1, 072, 501	462, 184	12, 961	0	235, 153	32.
00 02060 NEONATAL INTENSIVE CARE UNIT	797, 497	204, 282			0	
00 04100 SUBPROVI DER – I RF	278, 026	199, 820		28, 014	95, 251	
00 04200 SUBPROVI DER 00 04300 NURSERY	0 251, 910	0 141, 738	-	0 93, 930	0	
ANCI LLARY SERVICE COST CENTERS	231, 910	141,730	5, 713	73, 730	0	43.
DO 05000 OPERATI NG ROOM	2, 980, 641	1, 685, 989	37, 014	454, 271	0	50.
01 05001 CV SURGERY	0	0	0	0	0	
00 05100 RECOVERY ROOM	1, 076, 322	118, 944			0	
00 05200 DELIVERY ROOM & LABOR ROOM 00 05300 ANESTHESIOLOGY	1, 347, 175	1, 175, 644	19, 926	319, 143	0	
00 05400 RADI OLOGY-DI AGNOSTI C	1, 387, 983	668, 457	29, 952	175, 776	0	
00 05500 RADI OLOGY-THERAPEUTI C	1, 131, 028	785, 239		0	0	
00 05600 RADI OI SOTOPE	0	0		0	0	56.
00 05700 CT SCAN	319, 552	46, 308	0	0	0	
00 05800 MAGNETIC RESONANCE I MAGING (MRI		66, 629		0	0	
00 05900 CARDI AC CATHETERI ZATI ON	538, 378	222, 373			0	
00 06000 LABORATORY 00 06400 I NTRAVENOUS THERAPY	4, 132, 694	599, 837 0		21, 972	0	
00 06500 RESPIRATORY THERAPY	970, 486	45, 312	-	0	0	
00 06600 PHYSI CAL THERAPY	2, 497, 108	330, 332		65, 916	0	
00 06700 OCCUPATI ONAL THERAPY	0	0		0	0	
00 06800 SPEECH PATHOLOGY	0	0		0	0	
00 06900 ELECTROCARDI OLOGY 00 07000 ELECTROENCEPHALOGRAPHY	274, 479 307, 381	84, 205 148, 603		175, 776	0	
00 07100 MEDICAL SUPPLIES CHARGED TO PAT		140, 003	0	0	0	
00 07200 I MPL. DEV. CHARGED TO PATIENTS	5, 261, 423	0	0	Ő	0	
00 07300 DRUGS CHARGED TO PATIENTS	9, 919, 262	0	0	0	0	
01 07302 OP PHARMACY	314, 090	0	0	0	0	
00 07400 RENAL DIALYSIS 00 07500 ASC (NON-DISTINCT PART)	468, 760	27, 050	0	0	0	
01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI	CES 0	0	0	0	0	
97 07697 CARDI AC REHABI LI TATI ON	233, 860	129, 037	0	0	0	
OUTPATIENT SERVICE COST CENTERS		·				1
09000 CLINIC	628, 184	725, 234		0	0	
01 09001 OP ONCOLOGY INFUSION CENTER	1, 356, 191	654, 657			0	
02 09002 WOUND CARE CENTER 03 09003 PAIN CLINIC	246, 731 137, 347	160, 309 102, 982		43, 944	0	
05 09005 OP PSYCH CLINIC	810, 132	416, 254		0	0	
00 09100 EMERGENCY	2, 571, 805	908, 920		783, 851	0	
00 09200 OBSERVATION BEDS (NON-DISTINCT						92
OTHER REIMBURSABLE COST CENTERS						
00 09400 HOME PROGRAM DIALYSIS		405 025		0	0	
00 09500 AMBULANCE SERVICES 00 10000 I &R SERVICES-NOT APPRVD PRGM	2, 306, 569	485, 835	25, 207	0		95 100
. OQ100001 & SERVICES-NOT APPRVD PRGM	0	0		0		100
SPECIAL PURPOSE COST CENTERS		0		0	0	1
. 0011300 I NTEREST EXPENSE						113
. 0011400 UTILIZATION REVIEW-SNF						114
. 0011500 AMBULATORY SURGICAL CENTER (D. P	.) 0	0	0	0		115.
. 0011600 HOSPICE	ab 117) 70 505 070	0	0	0 5 010 000		116.
. 00 SUBTOTALS (SUM OF LINES 1 throu NONREI MBURSABLE COST CENTERS	gh 117) 73, 595, 879	16, 997, 782	362, 875	5, 218, 898	3, 605, 506	118.
INGINET WIDDINGADLE CUST CENTERS		32, 371	0			4

<u>Health</u> Fina	ancial Systems	U HEALTH BLOOMI	NGTON HOSPI	TAL		In Lieu	i of Form CMS	6-2552-10
COST ALLOCA	ATI ON – GENERAL SERVI CE COSTS	_		- CCN: 15-0051	Fr		Date/Time F 7/14/2021 1	
	Cost Center Description	ADMI NI STRATI VE				HOUSEKEEPI NG	DI ETARY	
		& GENERAL 5.00	PLANT 7.00	LI NEN SERVI 8.00	CE	9.00	10.00	
190 011900	1 PROMPTCARE	732, 898			0	9.00	10.00	0190.01
	2 RENTAL PROPERTIES	30, 999			0	0		0190.02
190. 031900		134, 510			0	0		0190.03
	4 PHYSI CI AN RECRUI TMENT	0		0	Ő	0		0190.04
	5 FOUNDATI ON	2, 891	41, 1	93	0	0		0190.05
190.061900	6 MARKETI NG	0		0	0	0		0 1 90. 06
190. 07 1900	7 HME STORE	43		0	0	65, 916		0190.07
190. 08 1900	8 UNUSED SPACE	15, 552		0	0	0		0 190. 08
190. 09 1900	9 CLINICAL TRIALS	833	17, 1	64	0	0		0 190. 09
	O MORGAN OP BEHAVIORAL HEALTH CLINIC	0		0	0	0		0190.10
	1 COMMUNITY HEALTH SERVICES	1, 950, 119	488, 2	238	0	0		0190.11
191.001910		0		0	0	0		0191.00
	O PHYSICIANS' PRIVATE OFFICES	134, 248		0	0	0		0192.00
	O NONPAID WORKERS	0		0	0	0		0193.00
	OIU HEALTH PAOLI HOSPITAL	299, 093			0	0		0194.00
	1 I U HEALTH BEDFORD HOSPI TAL	588, 673	664, 6	647	0	0		0194.01
	2 IU HEALTH MORGAN HOSPITAL	0	15	0	0	0		0194.02
	3 IU HEALTH SIP	38, 291			0	0		0194.03
	4 HOME CARE	3, 998			0	0		0194.04
194.050795		7, 990	164, 6	534	0	0		0 194. 05 200. 00
200. 00 201. 00	Cross Foot Adjustments Negative Cost Centers				0	0		0201.00
201.00	TOTAL (sum lines 118 through 201)	77, 647, 520	19, 752, 1	77 362,8	0 875	5, 284, 814	3 605 50	0201.00
202.00	TOTAL (Sum TITLES TTO THEORY 201)	I 77,047,520	<b>I</b> 17,752,1	502,0	075	5, 204, 014	5,005,50	00 202.00

	Financial Systems         IU           LLOCATION - GENERAL SERVICE COSTS         IU	HEALTH BLOOMI	Provider C	CN: 15-0051 F	Period: From 01/01/2020	of Form CMS-2 Worksheet B Part I	2002
					o 12/31/2020	Date/Time Pre 7/14/2021 11:	epar
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON		PHARMACY	MEDI CAL RECORDS &	
		11.00	13.00	SUPPLY 14.00	15.00	LI BRARY 16.00	
	GENERAL SERVICE COST CENTERS	11.00	13.00	14.00	13.00	10.00	
	00100 CAP REL COSTS-BLDG & FIXT						1.
	00200 CAP REL COSTS-MVBLE EQUIP						2.
	00400 EMPLOYEE BENEFITS DEPARTMENT						4.
	00500 ADMI NI STRATI VE & GENERAL 00700 OPERATI ON OF PLANT						5.
	00800 LAUNDRY & LINEN SERVICE						8
	00900 HOUSEKEEPI NG						9.
	01000 DI ETARY						10.
	01100 CAFETERI A	1, 502, 411					11.
	01300 NURSI NG ADMI NI STRATI ON	90, 725	13, 727, 116	17 212 101			13.
	01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY	54, 830	0	17, 213, 191 159, 926			14.
	01600 MEDICAL RECORDS & LIBRARY	54, 850	0	137, 720		302, 195	
	01850 SOCI AL SERVICES	0	0	C		002,170	
. 01	01851 CENTRAL STERI LI ZATI ON	13, 567	243	161, 343	3 0	0	18
. 00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY	3, 988	0	C	0 0	0	23
	INPATIENT ROUTINE SERVICE COST CENTERS	264 100	6 000 445	027 400	70.040	20.277	- 20
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	364, 129 47, 319	6, 082, 445 805, 413	927, 423 263, 464		29, 367 4, 490	
	03200 CORONARY CARE UNIT	47, 319 36, 913	647, 335	130, 988		4,490 3,701	
	02060 NEONATAL INTENSIVE CARE UNIT	24, 728	445, 282	72, 950		2,695	
. 00	04100 SUBPROVI DER – I RF	8, 080	139, 279	20, 028	3, 023	511	41
	04200 SUBPROVI DER	0	0	C	-	0	
		8, 508	168, 275	24, 811	209	645	43
	ANCI LLARY SERVI CE COST CENTERS	75, 802	934, 123	2, 205, 308	23, 381	36, 696	50
	05001 CV SURGERY	73,802	734, 123	2,203,300	0	30, 070	
	05100 RECOVERY ROOM	38, 423	695, 476	153, 223	21, 866	5,509	
00	05200 DELIVERY ROOM & LABOR ROOM	36, 889	580, 974	148, 599		5, 886	52
	05300 ANESTHESI OLOGY	0	0	C	0 0	0	
	05400 RADI OLOGY-DI AGNOSTI C	41, 695	148, 089	93, 830		8, 598	
	05500 RADI OLOGY-THERAPEUTI C	29, 041	64, 931 0	200, 179	782	15, 928	
	05600 RADI OI SOTOPE 05700 CT SCAN	8, 798	0	59, 734	1,832	0 4, 599	
	05800 MAGNETIC RESONANCE IMAGING (MRI)	6, 058	0	8, 336		1, 395	
	05900 CARDI AC CATHETERI ZATI ON	15, 403	204, 435	279, 839		11, 489	
. 00	06000 LABORATORY	58, 012	0	C	0 0	17, 789	60
	06400 I NTRAVENOUS THERAPY	0	0	C	0 0	0	
	06500 RESPI RATORY THERAPY	31, 063	0	253, 758		2,845	
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	77, 944 0	0	10, 205 C	1 1	4, 363 0	
	06800 SPEECH PATHOLOGY	0	0				68
	06900 ELECTROCARDI OLOGY	10, 505	17, 552	14, 332	629	4,038	
. 00	07000 ELECTROENCEPHALOGRAPHY	2, 833	0	35, 996		1,639	70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3, 001, 518		14, 419	
	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	8, 220, 599		25, 119	
	07300 DRUGS CHARGED TO PATIENTS 07302 OP PHARMACY	0 3, 969	0	1, 704	10, 580, 691	50, 219 107	
	07400 RENAL DI ALYSI S	3, 909	0	6, 946		903	
	07500 ASC (NON-DI STI NCT PART)	0	0	0, 7, 10	0	0	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	C	0	0	
	07697 CARDIAC REHABILITATION	7, 808	60, 799	2, 441	8	461	76
	OUTPATIENT SERVICE COST CENTERS	17.010	100 077	0.7(0	0.70	2/0	
	09000 CLINIC 09001 OP ONCOLOGY INFUSION CENTER	17, 310 43, 884	122, 377 760, 373	8, 762 105, 960		369 6, 945	
	09002 WOUND CARE CENTER	43,884 7,920	121, 112	32, 174		6, 945 984	
	09003 PAIN CLINIC	5, 004	51, 330	10, 589		316	
05	09005 OP PSYCH CLINIC	28, 030	90, 063	727	0	429	90
	09100 EMERGENCY	78, 098	1, 368, 827	457, 101	54, 776	31, 044	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS	0	0	ſ		0	94
	09400 HOME PROGRAM DIALYSIS 09500 AMBULANCE SERVICES	0 103, 105	0	104, 303	5,024	8, 697	
	10000 I &R SERVICES-NOT APPRVD PRGM	03, 105	0	104, 303	0 0,024		100
	10100 HOME HEALTH AGENCY	0	0	C	0		101
	SPECIAL PURPOSE COST CENTERS						1
	11300 INTEREST EXPENSE						113
1 00	11400 UTI LI ZATI ON REVI EW-SNF			-			114
				C			លាដ
5. 00	11500 AMBULATORY SURGICAL CENTER (D. P.) 11600 HOSPICE	0	0				115 116

Health Financial Systems	U HEALTH BLOOMI	NGTON HOSPI TAL		In Lieu	of Form CMS-2552-10
COST ALLOCATI ON - GENERAL SERVI CE COSTS		Provider C	F	Period: From 01/01/2020 To 12/31/2020	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL
		ADMI NI STRATI ON	SERVICES &		RECORDS &
			SUPPLY		LI BRARY
	11.00	13.00	14.00	15.00	16.00
NONREI MBURSABLE COST CENTERS					
190.0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5, 331	0	(	0 0	0190.00
190. 01 19001 PROMPTCARE	18, 448	61, 474	17, 049	32	0190.01
190. 0219002 RENTAL PROPERTIES	0	0	(	0 0	0190.02
190. 0319003 OLCOTT	4, 653	0	46	6 0	0190.03
190. 0419004 PHYSI CI AN RECRUI TMENT	0	0	(	0 0	0190.04
190. 0519005 FOUNDATI ON	0	0	(	0 0	0190.05
190. 06 19006 MARKETI NG	0	0	(	0 0	0190.06
190. 0719007 HME STORE	0	0	(	0 0	0190.07
190. 0819008 UNUSED SPACE	0	0	(	0 0	0190.08
190. 0919009 CLINICAL TRIALS	0	0	(	0 0	0190.09
190.1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	(	0 0	0190.10
190. 11 19011 COMMUNI TY HEALTH SERVICES	61, 464	155, 523	18, 698	3 0	0190.11
191. 00 19100 RESEARCH	0	0	(	0 0	0191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	19, 552	1, 386	289	9 0	0192.00
193. 00 19300 NONPALD WORKERS	0	0	(	0 0	0193.00
194.0007950 IU HEALTH PAOLI HOSPITAL	4, 042		(	0 0	0194.00
194.0107951 IU HEALTH BEDFORD HOSPITAL	8, 540	0	(	0 0	0194.01
194.0207952 IU HEALTH MORGAN HOSPITAL	0	0	(	0 0	0194.02
194.0307953 IU HEALTH SIP	0	0	(	0 0	0194.03
194.0407954 HOME CARE	0	0	(	0 0	0194.04
194. 0507955 HOSPI CE	0	0	(	0 0	0194.05
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers	0	0	(	0 0	0201.00
202.00  TOTAL (sum lines 118 through 201)	1, 502, 411	13, 727, 116	17, 213, 191	10, 865, 259	302, 195 202. 00

	LLOCATION - GENERAL SERVICE COSTS	HEALTH BLOOMI				U OF FORM CMS-2	2552-10
CUSTA	LEUCATION - GENERAL SERVICE COSTS		Provider C	F	eriod: rom 01/01/2020	Worksheet B Part I	
				T	o 12/31/2020	Date/Time Pre 7/14/2021 11:	epared:
		OTHER GENER	RAL SERVICE				
	Cost Center Description	SOCIAL SERVICES		PARAMED ED	Subtotal	Intern &	
			STERILIZATION	PRGM-PHARMACY		Residents Cost & Post	
				RESI DENCY		Stepdown	
						Adjustments	
		18.00	18.01	23.00	24.00	25.00	
	GENERAL SERVICE COST CENTERS						
	00100 CAP REL COSTS-BLDG & FIXT						1.00
	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 5.00	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINI STRATI VE & GENERAL						4.00 5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPI NG						9.00
	01000 DI ETARY						10.00
	01100 CAFETERIA						11.00
	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY						13.00 14.00
	01500 PHARMACY						15.00
	01600 MEDI CAL RECORDS & LI BRARY						16.00
	01850 SOCI AL SERVI CES	0					18.00
	01851 CENTRAL STERI LI ZATI ON	0	1, 476, 805				18.01
23.00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	673, 583		<u> </u>	23.00
30 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	0	0	0	63, 815, 867	/ 0	30.00
	03100 I NTENSI VE CARE UNI T	0	0		8, 485, 619		
	03200 CORONARY CARE UNI T	0	0	0	6, 364, 308		
35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	4, 343, 469		1
	04100 SUBPROVI DER – I RF	0	0	0	1, 755, 109	0	
	04200 SUBPROVI DER	0	0	0		0	
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	958	0	1, 576, 410	0 0	43.00
50 00	05000 OPERATING ROOM	0	1, 354, 394	0	20, 217, 830	0	50.00
	05001 CV SURGERY	0	0		20, 217, 000	) O	
	05100 RECOVERY ROOM	0	0	0	5, 908, 085	5 0	51.00
	05200 DELIVERY ROOM & LABOR ROOM	0	91, 107	0	8, 446, 895	5 0	
	05300 ANESTHESI OLOGY	0	0	0	0	0	
	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	0	4, 107	0	7, 432, 428 6, 184, 953		
	05600 RADI OLOGI - THERAPEOTIC 05600 RADI OI SOTOPE	0		0	0, 164, 955		
	05700 CT SCAN	0	0	0	1, 559, 038	-	
	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1, 159, 971		
59.00	05900 CARDI AC CATHETERI ZATI ON	0	16, 086	0	3, 184, 116	0	59.00
	06000 LABORATORY	0	0	0	19, 291, 976		
	06400 I NTRAVENOUS THERAPY	0	0	0	C	0	
	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	0	0	0			
	06700 OCCUPATI ONAL THERAPY	0	0	0	11, 724, 041		1
	06800 SPEECH PATHOLOGY	0	0	0	C	0	1
69.00	06900 ELECTROCARDI OLOGY	0	0	0	1, 546, 687	0	1
	07000 ELECTROENCEPHALOGRAPHY	0	3, 080	0	1, 575, 157		
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11, 659, 396		
	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0	0 673, 583	31, 918, 533 55, 934, 405		
	07300 DRUGS CHARGED TO PATTENTS 07302 OP PHARMACY	0		073, 583	1, 418, 969		
	07400 RENAL DI ALYSI S	0	0	0	2, 146, 537		
	07500 ASC (NON-DI STI NCT PART)	0	0	Ő	C	0	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	C	0	
76.97	07697 CARDI AC REHABI LI TATI ON	0	0	0	1, 252, 766	0	76.97
00.00	OUTPATIENT SERVICE COST CENTERS		0		2 701 421		90.00
	09000 CLINIC 09001 OP ONCOLOGY INFUSION CENTER		0		3, 701, 431 7, 760, 373		
	09002 WOUND CARE CENTER	0	3, 765	Ű	1, 480, 330		
	09003 PAIN CLINIC	0	342		788, 582		
	09005 OP PSYCH CLINIC	0	0	, o	4, 180, 543		
	09100 EMERGENCY	0	1, 027	0	15, 305, 907		
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	I	l	l		0	92.00
9/ 00	OTHER REIMBURSABLE COST CENTERS 09400 HOME PROGRAM DIALYSIS	0	0	0		0	94.00
	09400 HOME PROGRAM DIALYSIS 09500 AMBULANCE SERVICES	0		0	11, 110, 157		
	10000 I &R SERVICES-NOT APPRVD PRGM	0	0	0	, 11, 110, 137 C		100.00
	10100 HOME HEALTH AGENCY	0	0	0	C		101.00
	SPECIAL PURPOSE COST CENTERS						1
			1	1			P
	11300 I NTEREST EXPENSE 11400 UTI LI ZATI ON REVI EW-SNF						113. 00 114. 00

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPI TAL	_	In Lieu	」of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	F	eriod: rom 01/01/2020 o 12/31/2020	Worksheet B Part I Date/Time Pre 7/14/2021 11:	epared:
	OTHER GENER		I		7/14/2021 11:	<u>13 am</u>
	UTHER GENER	AL SERVICE				
Cost Center Description	SOCIAL SERVICE	CENTRAL	PARAMED ED	Subtotal	Intern &	
			PRGM-PHARMACY		Residents Cost	
			RESI DENCY		& Post	
					Stepdown	
					Adjustments	
	18.00	18. 01	23.00	24.00	25.00	
115.0011500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116. 0011600 HOSPI CE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117	) 0	1, 474, 866	673, 583	327, 932, 269	0	118.00
NONREI MBURSABLE COST CENTERS	1		1			
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	539, 388		190.00
190. 0119001 PROMPTCARE	0	0	0	3, 615, 475		190.01
190. 0219002 RENTAL PROPERTIES 190. 0319003 OLCOTT	0	0	0	749, 026		190. 02 190. 03
190. 0419004 PHYSI CLAN RECRUI TMENT	0	0	0	704, 301		190.03 190.04
190. 05 19005 FOUNDATI ON	0	0	0	54, 201		190.04
190. 0619006 MARKETI NG	0	0	0	54, 201		190.05
190. 07 19007 HME STORE	0	1, 597	0	67, 705		190.00
190. 0819008 UNUSED SPACE	0	1, 377		69,975		190.08
190. 0919009 CLINICAL TRIALS	0	0	0	20, 912		190.09
190. 1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	20, 7.2		190.10
190. 11 19011 COMMUNI TY HEALTH SERVICES	0	342	0	9, 498, 470		190.11
191. 0019100 RESEARCH	0	0	0	0		191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	625, 252	0	192.00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193.00
194.0007950 IU HEALTH PAOLI HOSPITAL	0	0	0	1, 673, 190	0	194.00
194.0107951 IU HEALTH BEDFORD HOSPITAL	0	0	0	3, 321, 814		194.01
194.0207952 IU HEALTH MORGAN HOSPITAL	0	0	0	0		194.02
194. 0307953 IU HEALTH SIP	0	0	0	187, 730		194.03
194. 0407954 HOME_CARE	0	0	0	100, 375		194.04
194. 0507955 HOSPI CE	0	0	0	200, 583		194.05
200.00 Cross Foot Adjustments		<u>^</u>	0	0		200.00
201.00 Negative Cost Centers	0	1 476 005	672 502	240.260.444		201.00
202.00 TOTAL (sum lines 118 through 201)	0	1, 476, 805	673, 583	349, 360, 666	, U	202.00

In Lieu of Form CMS-2552-10 Worksheet B

	I Financial Systems IU ALLOCATION - GENERAL SERVICE COSTS	HEALTH BLOOMIN	Provider CCN: 15-0051	In Lieu of Form CM Period: Worksheet	
				From 01/01/2020 Part 1	
	Cost Center Description	Total		To 12/31/2020 Date/Time 7/14/2021	<u>11: 13</u>
		26.00			
00	GENERAL SERVICE COST CENTERS	г г			1
00 00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP				1
00	00400 EMPLOYEE BENEFITS DEPARTMENT				2
					4
00	00500 ADMI NI STRATI VE & GENERAL				5
00	00700 OPERATION OF PLANT				7
00	00800 LAUNDRY & LINEN SERVICE				8
00	00900 HOUSEKEEPI NG				9
	01000 DI ETARY				10
					11
	01300 NURSI NG ADMI NI STRATI ON				13
	01400 CENTRAL SERVICES & SUPPLY				14
	01500 PHARMACY				15
	01600 MEDI CAL RECORDS & LI BRARY				16
	01850 SOCI AL SERVI CES				18
	01851 CENTRAL STERI LI ZATI ON				18
3.00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY				23
	INPATIENT ROUTINE SERVICE COST CENTERS	i			
	03000 ADULTS & PEDIATRICS	63, 815, 867			30
	03100 I NTENSI VE CARE UNI T	8, 485, 619			31
	03200 CORONARY CARE UNIT	6, 364, 308			32
		4, 343, 469			35
	04100 SUBPROVI DER – I RF	1, 755, 109			41
		0			42
3.00		1, 576, 410			43
	ANCI LLARY SERVICE COST CENTERS				
	05000 OPERATING ROOM	20, 217, 830			50
	05001 CV SURGERY	0			50
	05100 RECOVERY ROOM	5, 908, 085			51
	05200 DELIVERY ROOM & LABOR ROOM	8, 446, 895			52
	05300 ANESTHESI OLOGY	0			53
	05400 RADI OLOGY-DI AGNOSTI C	7, 432, 428			54
	05500 RADI OLOGY-THERAPEUTI C	6, 184, 953			55
	05600 RADI OI SOTOPE	0			56
	05700 CT SCAN	1, 559, 038			57
	05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 159, 971			58
	05900 CARDI AC CATHETERI ZATI ON	3, 184, 116			59
	06000 LABORATORY	19, 291, 976			60
	06400 I NTRAVENOUS THERAPY	0			64
	06500 RESPI RATORY THERAPY	4, 702, 381			65
	06600 PHYSI CAL THERAPY	11, 724, 041			66
	06700 OCCUPATI ONAL THERAPY	0			67
	06800 SPEECH PATHOLOGY	0			68
	06900 ELECTROCARDI OLOGY	1, 546, 687			69
	07000 ELECTROENCEPHALOGRAPHY	1, 575, 157			70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11, 659, 396			71
	07200 IMPL. DEV. CHARGED TO PATIENTS	31, 918, 533			72
	07300 DRUGS CHARGED TO PATIENTS	55, 934, 405			73
	07302 OP PHARMACY	1, 418, 969			73
	07400 RENAL DI ALYSI S	2, 146, 537			74
	07500 ASC (NON-DISTINCT PART)	0			75
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0			75
5.97	07697 CARDI AC REHABI LI TATI ON	1, 252, 766			76
	OUTPATIENT SERVICE COST CENTERS				
	09000 CLINIC	3, 701, 431			90
	09001 OP ONCOLOGY INFUSION CENTER	7, 760, 373			90
0. 02	09002 WOUND CARE CENTER	1, 480, 330			90
	09003 PAIN CLINIC	788, 582			90
	09005 OP PSYCH CLINIC	4, 180, 543			90
	09100 EMERGENCY	15, 305, 907			91
2.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92
	OTHER REIMBURSABLE COST CENTERS				
	09400 HOME PROGRAM DIALYSIS	0			94
	09500 AMBULANCE SERVICES	11, 110, 157			95
	10000 I &R SERVICES-NOT APPRVD PRGM	0			100
01.00	10100 HOME HEALTH AGENCY	0			101
	SPECIAL PURPOSE COST CENTERS				
	11300 INTEREST EXPENSE				113
	11400 UTILIZATION REVIEW-SNF				114
	11500 AMBULATORY SURGICAL CENTER (D. P.)	0			115
	11600 HOSPI CE	0			116
16.00		227 022 240			118
16.00 18.00	) SUBTOTALS (SUM OF LINES 1 through 117)	327, 932, 269			1110
	SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	327, 932, 209			
18.00		539, 388			190

Health Financial	Systems		
COST ALLOCATION	- GENERAL	SERVICE	COSTS

111	ΗΕΑΙ ΤΗ	<b>BLOOMI NGTON</b>	HOSPI TAI
10		DECOMINGTON	

In Lieu of Form CMS-2552-10 Worksheet B

Health Financial Systems	U HEALTH BLOOMI	NGTON HOSPITAL	IN LIEU OF FORM CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CCN: 15-0051	Period: Worksheet B From 01/01/2020 Part I To 12/31/2020 Date/Time Prepared:
			7/14/2021 11: 13 am
Cost Center Description	Total		
	26.00		
190. 0219002 RENTAL PROPERTIES	749, 026		190. 02
190. 0319003 OLCOTT	704, 301		190. 03
190. 0419004 PHYSI CLAN RECRUI TMENT	0		190. 04
190. 0519005 FOUNDATI ON	54, 201		190. 05
190. 06 19006 MARKETI NG	0		190.06
190.0719007 HME STORE	67, 705		190. 07
190. 0819008 UNUSED SPACE	69, 975		190. 08
190. 09 19009 CLINICAL TRIALS	20, 912		190.09
190.1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0		190. 10
190. 11 19011 COMMUNI TY HEALTH SERVICES	9, 498, 470		190. 11
191. 0019100 RESEARCH	0		191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	625, 252		192.00
193. 0019300 NONPALD WORKERS	0		193.00
194.0007950 IU HEALTH PAOLI HOSPITAL	1, 673, 190		194.00
194.0107951 IU HEALTH BEDFORD HOSPITAL	3, 321, 814		194. 01
194.0207952 IU HEALTH MORGAN HOSPITAL	0		194. 02
194.0307953 IU HEALTH SIP	187, 730		194. 03
194.0407954 HOME CARE	100, 375		194. 04
194. 0507955 HOSPI CE	200, 583		194. 05
200.00 Cross Foot Adjustments	0		200.00
201.00 Negative Cost Centers	0		201.00
202.00 TOTAL (sum lines 118 through 201)	349, 360, 666		202.00
			·

Health Financial Systems	IU HEALTH BLOOMI				of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	CN: 15-0051   Pe   Fr   To	eriod: fom 01/01/2020 o 12/31/2020		marod
		CAPI TAL REI		) 12/31/2020	7/14/2021 11:	13 am
			LATED COSTS			
Cost Center Description	Directly Assigned New	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS	
	Capital Related	đ			DEPARTMENT	
	Costs 0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT 5. 00 00500 ADMI NI STRATI VE & GENERAL	0		81, 704 2, 438, 364	115, 545 3, 448, 297	115, 545 6, 565	4.00 5.00
7. 00 00700 OPERATION OF PLANT	0	837, 735	2, 022, 609	2, 860, 344	2, 140	7.00
8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG	0	9, 391 20, 328	22, 675 49, 079	32, 066 69, 407	0 2, 023	8.00 9.00
10. 00 01000 DI ETARY	0	47, 115	113, 753	160, 868	1, 383	10.00
11. 00 01100 CAFETERI A 13. 00 01300 NURSI NG ADMI NI STRATI ON	0	35, 077 97, 395	84, 688 235, 148	119, 765 332, 543	761 7 172	11.00 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	31, 678	76, 483	108, 161	0	14.00
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY	0	26, 396 19, 675	63, 731 47, 503	90, 127 67, 178	5, 158 0	15.00 16.00
18.00 01850 SOCIAL SERVICES	0	0	0	0	0	18.00
18. 01 01851 CENTRAL STERILIZATION 23. 00 02301 PARAMED ED PRGM-PHARMACY RESIDE	NCY 0	18, 130 6, 273	43, 773 15, 145	61, 903 21, 418	623 321	18. 01 23. 00
INPATI ENT ROUTI NE SERVI CE COST CENTER 30.00 03000 ADULTS & PEDI ATRI CS	RS 0	715, 780	1, 728, 164	2, 443, 944	23, 948	30.00
31. 00 03100 I NTENSI VE CARE UNI T	0		144, 633	2, 443, 944 204, 538	3, 299	
32.00 03200 CORONARY CARE UNIT 35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	78, 490 34, 692	189, 503 83, 759	267, 993 118, 451	2, 530 1, 816	
41.00 04100 SUBPROVIDER – IRF	0	33, 934	81, 930	115, 864	615	41.00
42. 00 04200 SUBPROVI DER 43. 00 04300 NURSERY	0	0 24, 070	0 58, 115	0 82, 185	0 588	42.00 43.00
ANCILLARY SERVICE COST CENTERS	°					
50. 00 05000 OPERATI NG ROOM 50. 01 05001 CV SURGERY	0	286, 320 0	691, 285 0	977, 605 0	5, 907 0	50. 00 50. 01
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	0	20, 200 199, 652	48, 769 482, 035	68, 969 681, 687	2, 701	51.00 52.00
53.00 05300 ANESTHESI OLOGY	0	199, 052	482, 035	081,087	2, 707 0	52.00 53.00
54. 00 05400 RADI 0L0GY-DI AGNOSTI C 55. 00 05500 RADI 0L0GY-THERAPEUTI C	0	113, 520 133, 352	274, 079 321, 962	387, 599 455, 314	3, 107 2, 293	54.00 55.00
56. 00 05600 RADI OI SOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI	) 0	7, 864 11, 315	18, 987 27, 319	26, 851 38, 634	681 565	57.00 58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	0	37, 764	91, 177	128, 941	1, 207	59.00
60. 00 06000 LABORATORY 64. 00 06400 I NTRAVENOUS THERAPY	0	101, 866 0	245, 944 0	347, 810 0	0	60.00 64.00
65. 00 06500 RESPI RATORY THERAPY	0	1,070		26, 274		65.00
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	0	56, 098 0	135, 442 0	191, 540 0	6, 234 0	66.00 67.00
	0	0	0	0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY	0	14, 300 25, 236	34, 526 60, 930	48, 826 86, 166	663 175	69. 00 70. 00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PAT 72.00 07200 I MPL. DEV. CHARGED TO PATI ENTS	I ENTS 0	0	0	0	0	71.00 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73. 01 07302 OP PHARMACY 74. 00 07400 RENAL DI ALYSI S	0	0 4, 594	0 11, 091	0 15, 685	368 0	73. 01 74. 00
75.00 07500 ASC (NON-DISTINCT PART)	0	4, 374	0	13, 003	0	75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI 76. 97 07697 CARDI AC REHABI LI TATI ON	CES 0	0 21, 913	0 52, 907	0 74, 820	0 554	75. 01 76. 97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC 90.01 09001 0P ONCOLOGY INFUSION CENTER	0	123, 162 111, 176	297, 359 268, 421	420, 521 379, 597	1, 344 3, 067	90. 00 90. 01
90. 02 09002 WOUND CARE CENTER 90. 03 09003 PALN CLINIC	0	27, 224 17, 489	65, 729 42, 224	92, 953 59, 713	533 270	90. 02 90. 03
90. 05 09005 PATN CETNIC 90. 05 09005 OP PSYCH CLINIC	0	70, 690		241, 361	2,500	
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	154, 356	372, 673	527, 029	4, 864	91.00 92.00
OTHER REIMBURSABLE COST CENTERS	1 / WA 1 /	ı		U		
94.00 09400 HOME PROGRAM DIALYSIS 95.00 09500 AMBULANCE SERVICES	0	0 82, 506	0 199, 201	0 281, 707	0 5, 486	94.00 95.00
100.00100001&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101. 0010100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101.00
113. 0011300 INTEREST EXPENSE 114. 0011400 UTI LI ZATI ON REVI EW-SNF						113.00 114.00
115. 0011500 AMBULATORY SURGI CAL CENTER (D. P	.) 0	0	0	0		115.00

Health Financial Systems IU	HEALTH BLOOMI	NGTON HOSPI TAL		In Lieu	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period:	Worksheet B	
				rom 01/01/2020 o 12/31/2020	Part II Date/Time Pre	narod
			'	0 12/31/2020	7/14/2021 11:	13 am
		CAPI TAL REL	ATED COSTS			
Cost Center Description	Di rectl y	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE	
	Assigned New				BENEFITS	
(	apital Related				DEPARTMENT	
	Costs	1.00	2.00	0.4	4.00	
116. 0011600 HOSPI CE	0	1.00	2.00	2A	4.00	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	4, 768, 130		, v		
NONREI MBURSABLE COST CENTERS	0	4, 700, 130	11, 312, 009	10, 200, 199	100, 043	110.00
190. 0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5, 497	13, 273	18, 770	174	190.00
190. 0119001 PROMPTCARE	0	37, 519				190.01
190. 0219002 RENTAL PROPERTIES	0	103, 516		103, 516		190.02
190. 0319003 OLCOTT	0	16, 031	C	16,031		190.03
190. 0419004 PHYSI CLAN RECRUI TMENT	0	0	C	0	0	190.04
190. 05 19005 FOUNDATI ON	0	6, 996	C	6, 996	0	190. 05
190. 0619006 MARKETI NG	0	0	C	0 0	0	190.06
190. 0719007 HME STORE	0	0	C	0 0		190. 07
190. 0819008 UNUSED SPACE	0	0	C	0 0		190. 08
190. 09 19009 CLINICAL TRIALS	0	2, 915	C	2, 915		190.09
190. 1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	C	0 0		190. 10
190. 1119011 COMMUNITY HEALTH SERVICES	0	82, 914	C	82, 914		190. 11
191. 0019100 RESEARCH	0	0		0		191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0		192.00
193.0019300NONPALD WORKERS 194.0007950IU HEALTH PAOLI HOSPITAL	0	54, 926	132, 613	187, 539		193.00 194.00
194. 010795111U HEALTH BEDFORD HOSPITAL	0	112, 872	272, 517			194.00
194. 020795211U HEALTH MORGAN HOSPITAL	0	112,072	272, 517	303, 307		194.01
194. 0307953 I U HEALTH SIP	0	2, 623		2,623		194.02
194. 0407954 HOME CARE	0	13, 991		13, 991		194.04
194. 0507955 HOSPI CE	0	27, 959		27,959		194.05
200.00 Cross Foot Adjustments	J J	, , 0,		0	Ĵ	200.00
201.00 Negative Cost Centers		0	C	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	5, 235, 889	12, 021, 058	17, 256, 947		
· · ·	-			-	•	

	Financial Systems IU TION OF CAPITAL RELATED COSTS	HEALTH BLOOMIN	Provi der C	CN: 15-0051 P	eriod: rom 01/01/2020		
						7/14/2021 11:	<u>13 am</u>
	Cost Center Description	ADMI NI STRATI VE & GENERAL	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	
		5.00	7.00	8.00	9.00	10.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MUBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMI NI STRATI VE & GENERAL	3, 454, 862					5.00
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	195, 330 3, 042	3, 057, 814				7.00
9.00	00900 HOUSEKEEPING	51, 078	8, 561 18, 531		141, 039		9.00
	01000 DI ETARY	32, 786	42, 949		337	238, 323	
	01100 CAFETERI A	12, 722	31, 975	7	249	0	11.00
	01300 NURSI NG ADMI NI STRATI ON	129, 179	88, 784		0	0	
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	167, 073 103, 123	28, 877 24, 063		3, 518 1, 759	0	
	01600 MEDI CAL RECORDS & LI BRARY	1, 625	17, 935		586	0	
18.00	01850 SOCI AL SERVICES	0	0	0	000	0	
	01851 CENTRAL STERI LI ZATI ON	11, 810	16, 527	73	0	0	18.01
23.00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY	6, 256	5, 718	0	0	0	23.00
30 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	459, 707	652, 497	12, 529	67, 787	198, 275	30.00
	03100 I NTENSI VE CARE UNI T	459,707 64,025	54, 609			198, 275	1
	03200 CORONARY CARE UNIT	47, 720	71, 550		0	15, 544	
	02060 NEONATAL INTENSIVE CARE UNIT	35, 484	31, 625		0	0	
	04100 SUBPROVIDER - IRF	12, 370	30, 934	1, 224	748	6, 296	
	04200 SUBPROVI DER 04300 NURSERY	0 11, 208	0 21, 942	471	0 2, 507	0	
45.00	ANCI LLARY SERVICE COST CENTERS	11,200	21, 742	471	2,007	0	5. 00
50.00	05000 OPERATI NG ROOM	132, 620	261, 006	4, 454	12, 123	0	50.00
	05001 CV SURGERY	0	0	-	0	0	
	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	47, 890 59, 941	18, 414		0 9 E17	0	
	05300 ANESTHESI OLOGY	59, 941	182, 000	2, 398	8, 517 0	0	
	05400 RADI OLOGY-DI AGNOSTI C	61, 757	103, 483	3, 604	4, 691	0	
55.00	05500 RADI OLOGY-THERAPEUTI C	50, 324	121, 562		0	0	55.00
	05600 RADI OI SOTOPE	0	0	0	0	0	
	05700 CT SCAN 05800 MAGNETIC RESONANCE IMAGING (MRI)	14, 218 10, 649	7, 169		0	0	
	05900 CARDI AC CATHETERI ZATI ON	23, 954	10, 315 34, 425		0	0	
	06000 LABORATORY	183, 879	92, 860		586	0	
	06400 I NTRAVENOUS THERAPY	0	0	-	0	0	
	06500 RESPI RATORY THERAPY	43, 181	7,015		0	0	
	06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY	111, 106	51, 138 0	0	1, 759	0	
	06800 SPEECH PATHOLOGY	0	0	0	0	0	1
	06900 ELECTROCARDI OLOGY	12, 213	13, 036	564	4, 691	0	
	07000 ELECTROENCEPHALOGRAPHY	13, 677	23, 005	0	0	0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS	85, 475 234, 101	0	0	0	0	
	07300 DRUGS CHARGED TO PATIENTS	441, 346	0	0	0	0	1
	07302 OP PHARMACY	13, 975	0	0	0	0	1
	07400 RENAL DI ALYSI S	20, 857	4, 188	0	0	0	
	07500 ASC (NON-DI STI NCT PART)	0	0	0	0	0	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 07697 CARDI AC REHABI LI TATI ON	0 10, 405	0 19, 976	0	0	0	
, 0. 71	OUTPATIENT SERVICE COST CENTERS	10, 405	17, 770	· 0	U U	0	,0.7/
	09000 CLINIC	27, 950	112, 273		0	0	
	09001 OP ONCOLOGY INFUSION CENTER	60, 342	101, 347		1,466	0	
	09002 WOUND CARE CENTER 09003 PAIN CLINIC	10, 978	24,817		1, 173	0	
	09003 PAIN CLINIC 09005 OP PSYCH CLINIC	6, 111 36, 046	15, 943 64, 440		0	0	
	09100 EMERGENCY	114, 429	140, 709		20, 919	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
04 00	OTHER REIMBURSABLE COST CENTERS					0	
	09400 HOME PROGRAM DIALYSIS 09500 AMBULANCE SERVICES	102, 628	75, 212	3, 033	0	0	
	10000 I &R SERVICES-NOT APPRVD PRGM	102, 020	0	0,000	0		100.00
	10100 HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS	· · ·					
	11300 INTEREST EXPENSE 11400 UTILIZATION REVIEW-SNF						113.00 114.00
	11400 UTLETZATION REVIEW-SNF 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	Ω	0	0		114.00
	11600 HOSPI CE	0	0	0	0		116.00
118.00		3, 274, 590	2, 631, 410	43, 669	139, 280	238, 323	
	NONREIMBURSABLE COST CENTERS	4, 961	5, 011	0	0	^	190. OC
100 00			5 011		()		

Health Financial Systems	of Form CMS-2552-10				
ALLOCATION OF CAPITAL RELATED COSTS		Provi der C	F	eriod: rom 01/01/2020 o 12/31/2020	
Cost Center Description		OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY
	& GENERAL		LINEN SERVICE		
	5.00	7.00	8.00	9.00	10.00
190. 01 19001 PROMPTCARE	32, 609			0	0190.01
190. 0219002 RENTAL PROPERTIES	1, 379			0	0190.02
190. 0319003 OLCOTT	5, 985	14, 614	0	0	0190.03
190. 04 19004 PHYSI CI AN RECRUI TMENT	0	0	0	0	0 190. 04
190. 0519005 FOUNDATI ON	129	6, 377	0	0	0 190. 05
190. 0619006 MARKETI NG	0	0	0	0	0190.06
190. 0719007 HME STORE	2	0	0	1, 759	0190.07
190. 0819008 UNUSED SPACE	692		0	0	0 190. 08
190. 09 19009 CLINICAL TRIALS	37	2, 657	0	0	0 190. 09
190. 1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0 190. 10
190. 11 19011 COMMUNITY HEALTH SERVICES	86, 768	75, 584	0	0	0190.11
191. 0019100 RESEARCH	0	0	0	0	0 191. 00
192. 0019200 PHYSI CLANS' PRI VATE OFFI CES	5, 973	0	0	0	0192.00
193. 0019300 NONPALD WORKERS	0	0	0	0	0 193. 00
194.0007950 IU HEALTH PAOLI HOSPITAL	13, 308			0	0 194. 00
194. 0107951 IU HEALTH BEDFORD HOSPITAL	26, 192	102, 893	0	0	0 194. 01
194.0207952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0 194. 02
194. 0307953 IU HEALTH SIP	1, 704			0	0 194. 03
194.0407954 HOME CARE	178			0	0 194. 04
194. 0507955 HOSPI CE	355	25, 487	0	0	0 194. 05
200.00 Cross Foot Adjustments		_			200.00
201.00 Negative Cost Centers	0	0	0	0	0 201. 00
202.00  TOTAL (sum lines 118 through 201)	3, 454, 862	3, 057, 814	43, 669	141, 039	238, 323 202. 00

	J HEALTH BLOOMI				of Form CMS-2	<u>2552-10</u>
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO	Fi	eriod: rom 01/01/2020	Worksheet B Part II	
			То	b 12/31/2020	Date/Time Pre 7/14/2021 11:	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS           1.00         00100         CAP REL COSTS-BLDG & FIXT						1.00
2. 00 00200 CAP REL COSTS-BEDG & TTXT						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL						5.00
7. 00 00700 OPERATI ON OF PLANT 8. 00 00800 LAUNDRY & LI NEN SERVI CE						7.00
9. 00 00900 HOUSEKEEPING						9.00
10. 00 01000 DI ETARY						10.00
11.00 01100 CAFETERIA	165, 479					11.00
13. 00 01300 NURSI NG ADMI NI STRATI ON 14. 00 01400 CENTRAL SERVI CES & SUPPLY	9, 993	567, 671 0	307, 629			13.00 14.00
15. 00 01500 PHARMACY	6, 039		2, 858	233, 263		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	87, 324	16.00
18. 00 01850 SOCIAL SERVICES	0	-	0	0	0	18.00
18. 01 01851 CENTRAL STERILIZATION 23. 00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	1, 494 439		2, 884	0	0	18.01 23.00
INPATIENT ROUTINE SERVICE COST CENTERS	437	U 0	0	0	0	23.00
30. 00 03000 ADULTS & PEDIATRICS	40, 108		16, 575	1, 510	8, 537	
31.00 03100 I NTENSI VE CARE UNI T	5, 212		4, 709	604	1,305	1
32. 00 03200 CORONARY CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT	4,066		2, 341 1, 304	205 50	1, 076 783	1
41.00 04100 SUBPROVI DER – I RF	890		358	65	148	
42. 00 04200 SUBPROVI DER	0		0	0	0	
43. 00 04300 NURSERY	937	6, 959	443	4	187	43.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	8, 349	38, 630	39, 414	502	10, 668	50.00
50. 01 05000 OPERATING ROOM 50. 01 05001 CV SURGERY	0, 349	38, 030	39,414	0	10, 008	50.00
51. 00 05100 RECOVERY ROOM	4, 232	-	2, 738	469	1,602	
52.00 05200 DELIVERY ROOM & LABOR ROOM	4, 063		2, 656	158	1, 711	
53. 00 05300 ANESTHESI OLOGY	0	0	0	0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C 55. 00 05500 RADI OLOGY-THERAPEUTI C	4, 592 3, 199		1, 677 3, 578	364 17	2, 499 4, 630	
56. 00 05600 RADI OI SOTOPE	0,177	2,000	0,070	0	0	56.00
57.00 05700 CT SCAN	969		1, 068	39	1, 337	57.00
58. 00 05800 MAGNETIC RESONANCE I MAGING (MRI)	667		149	16	406	
59. 00 05900 CARDI AC CATHETERI ZATI ON 60. 00 06000 LABORATORY	1, 697 6, 389		5, 001 0	109 0	3, 340 5, 171	59.00 60.00
64. 00 06400 I NTRAVENOUS THERAPY	0, 307	0	0	0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	3, 421	0	4, 535	62	827	65.00
66. 00 06600 PHYSI CAL THERAPY	8, 585	1 1	182	0	1, 268	1
67. 00 06700 OCCUPATI ONAL THERAPY 68. 00 06800 SPEECH PATHOLOGY	0	0	0	0	0 0	
69. 00 06900 ELECTROCARDI OLOGY	1, 157	726	256	13	1, 174	1
70.00 07000 ELECTROENCEPHALOGRAPHY	312	1 1	643	0	476	1
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	53, 645	0		71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	146, 910	0 227, 154	7, 302 14, 076	1
73. 01 07302 OP PHARMACY	437		30	0	31	
74.00 07400 RENAL DIALYSIS	0	0	124	55	263	74.00
75. 00 07500 ASC (NON-DI STI NCT PART)	0	0	0	0	0	75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 76. 97 07697 CARDI AC REHABI LI TATI ON	860	0 2, 514	0 44	0	0 134	
OUTPATIENT SERVICE COST CENTERS	000	2, 314	44	0	134	/0. //
90. 00 09000 CLINIC	1, 907		157	21	107	
90.01 09001 OP ONCOLOGY INFUSION CENTER	4, 833		1, 894	560	2,019	
90. 02 09002 WOUND CARE CENTER 90. 03 09003 PALN CLINIC	872	5, 008 2, 123	575 189	0	286 92	
90. 05 09005 0P PSYCH CLINIC	3, 087		13	0	125	
91.00 09100 EMERGENCY	8, 602		8, 170	1, 176	9,024	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
94.00 09400 HOME PROGRAM DI ALYSI S	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	11, 356		1, 864	108	-	94.00
100. 00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
TOU. UNTOUUNT &R SERVICES-NUT APPRVD PRGM		0	0	0		101.00
101. 0010100 HOME HEALTH AGENCY	0	0	0			
101. 00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0		i			110.00
101. 00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE	0					113.00 114.00
101. 00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	0		113. 00 114. 00 115. 00
101. 00 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 113. 00 11300 I NTEREST EXPENSE 114. 00 11400 UTI LI ZATI ON REVI EW-SNF	000000000000000000000000000000000000000	0	0 0 306, 984	0 0 233, 262	0	114. 00 115. 00 116. 00

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPI TAL	-	In Lieu	of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period: From 01/01/2020 Fo 12/31/2020	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL
		ADMI NI STRATI ON	SERVICES &		RECORDS &
			SUPPLY		LI BRARY
	11.00	13.00	14.00	15.00	16.00
NONREI MBURSABLE COST CENTERS					
190.0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	587		(	0 0	0 190.00
190. 01 19001 PROMPTCARE	2, 032	2, 542	305	5 1	0 190. 01
190. 0219002 RENTAL PROPERTIES	0	0	(	0 0	0 190. 02
190. 0319003 OLCOTT	512	0		1 0	0 190. 03
190. 0419004 PHYSI CLAN RECRUI TMENT	0	0	(	0 0	0 190. 04
190. 0519005 FOUNDATI ON	0	0	(	0 0	0 190. 05
190. 0619006 MARKETI NG	0	0	(	0 0	0 190.06
190. 0719007 HME STORE	0	0	(	0 0	0 190. 07
190. 08 19008 UNUSED SPACE	0	0	(	0 0	0 190. 08
190. 09 19009 CLINICAL TRIALS	0	0	(	0 0	0 190. 09
190.1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	(	0 0	0 190. 10
190. 11 19011 COMMUNI TY HEALTH SERVICES	6, 770	6, 431	334	4 0	0 190. 11
191. 0019100 RESEARCH	0	0	(	0 0	0 191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	2, 153	57	Į	5 0	0 192.00
193. 0019300 NONPALD WORKERS	0	0	(	0 0	0 193.00
194.0007950 IU HEALTH PAOLI HOSPITAL	445		(	0 0	0 194.00
194.0107951 I U HEALTH BEDFORD HOSPI TAL	941	0	(	0 0	0 194.01
194.0207952 IU HEALTH MORGAN HOSPITAL	0	0	(	0 0	0 194.02
194.0307953 IU HEALTH SIP	0	0	(	0 0	0 194.03
194. 0407954 HOME CARE	0	0	(	0 0	0194.04
194. 0507955 HOSPI CE	0	0	(	0 0	0 194.05
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers	0	0	(	0 0	0201.00
202.00 TOTAL (sum lines 118 through 201)	165, 479	567, 671	307, 629	233, 263	87, 324 202. 00

	Financial Systems IU	HEALTH BLOOMI	NGTON HOSPITAL	1	In Lieu eriod:	u of Form CMS-2 Worksheet B	2552-10
ALLOO!				Fi To	com 01/01/2020	Part II Date/Time Pre	epared:
		OTHER GENER	RAL SERVICE			7/14/2021 11:	<u>13 am</u>
	Cost Center Description S	OCIAL SERVICES		PARAMED ED PRGM-PHARMACY RESI DENCY	Subtotal	Intern & Residents Cost & Post Stepdown	
		18.00	18.01	23.00	24.00	Adjustments 25.00	
	GENERAL SERVICE COST CENTERS	18.00	18.01	23.00	24.00	23.00	
11.00 13.00 14.00 15.00 16.00 18.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01850 SOCIAL SERVICES 01851 CENTRAL STERILIZATION	0	95, 324				$\begin{array}{c} 1. 00\\ 2. 00\\ 4. 00\\ 5. 00\\ 7. 00\\ 8. 00\\ 9. 00\\ 10. 00\\ 11. 00\\ 13. 00\\ 14. 00\\ 15. 00\\ 16. 00\\ 18. 00\\ 18. 01\\ \end{array}$
	02301 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	34, 152			23.00
31.00 32.00 35.00 41.00 42.00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 03200 CORONARY CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF 04200 SUBPROVIDER 04300 NURSERY	0 0 0 0 0 0	0 0 0 0 0 0 62		4, 176, 951 397, 430 441, 355 211, 016 175, 272 0 127, 493	0 0 0 0 0 0 0	30.00 31.00 32.00 35.00 41.00 42.00 43.00
	ANCILLARY SERVICE COST CENTERS						
$\begin{array}{c} 50.\ 01\\ 51.\ 00\\ 52.\ 00\\ 53.\ 00\\ 54.\ 00\\ 55.\ 00\\ 55.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ \end{array}$	05000 OPERATI NG ROOM 05001 CV SURGERY 05100 RECOVERY ROOM 05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C 05600 RADI OLOGY-THERAPEUTI C 05600 RADI OL SOTOPE 05700 CT SCAN 05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06400 I NTRAVENOUS THERAPY 06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 PHYSI CAL THERAPY 06600 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS		87, 423 0 5, 881 0 265 0 0 0 0 1, 038 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1, 578, 701 0 179, 618 975, 745 0 579, 762 643, 602 0 52, 332 61, 401 209, 018 636, 703 0 87, 790 371, 812 0 83, 319 124, 653 143, 312		011 00
72.00 73.00 73.01 74.00 75.00 75.01	07200 IMPL. DEV. CHARGED TO PATIENTS 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 07302 OP PHARMACY 07400 RENAL DI ALYSI S 07500 ASC (NON-DI STINCT PART) 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 07697 CARDI AC REHABI LI TATI ON 0UTPATIENT SERVI CE COST CENTERS	0 0 0 0 0	0 0 0 0 0 0		143, 312 388, 313 682, 576 14, 841 41, 172 0 109, 307	0	72.00 73.00 73.01 74.00 75.00 75.01 76.97
90.01 90.02 90.03 90.05 91.00	09000 CLINIC 09001 OP ONCOLOGY INFUSION CENTER 09002 WOUND CARE CENTER 09003 PAIN CLINIC 09005 OP PSYCH CLINIC 09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART) 0THER REIMBURSABLE COST CENTERS	0 0 0 0 0	0 0 243 22 0 66		569, 341 587, 243 137, 438 85, 015 351, 296 897, 720	0 0 0 0 0 0	
95.00 100.00	09400 HOME PROGRAM DIALYSI S 09500 AMBULANCE SERVICES 10000 I &R SERVICES-NOT APPRVD PRGM 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0 0 0	0 0 0 0		0 483, 922 0 0	0	94.00 95.00 100.00 101.00
	11300 I NTEREST EXPENSE 11400 UTI LI ZATI ON REVIEW-SNF						113. 00 114. 00

Health Financial Systems	HEALTH BLOOMI	NGTON HOSPI TAI	_	In Lieu	i of Form CMS-2552-10	0
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/14/2021 11:13 am	
	OTHER GENEI	RAL SERVICE				
Cost Center Description	OCI AL SERVI CE	S CENTRAL STERI LI ZATI ON	PARAMED ED PRGM-PHARMAC RESI DENCY	Subtotal Y	Intern & Residents Cost & Post	
					Stepdown Adjustments	
	18.00	18.01	23.00	24.00	25.00	-
115. 0011500 AMBULATORY SURGI CAL CENTER (D. P.)	0	0		0	0 115. 00	
116.0011600 HOSPI CE	0	0		0	0 116.00	
118. 00 SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	0	95, 199		0 15, 605, 469	0118.00	J
190. 0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	i	29, 503	0190.00	a
190. 0119001 PROMPTCARE	0	0		201, 224	0190.01	
190. 0219002 RENTAL PROPERTIES	0	0		199, 259		
190. 0319003 OLCOTT	0	0		37, 455	0 190. 03	3
190. 04 19004 PHYSI CLAN RECRUI TMENT	0	0		0	0 190. 04	
190. 05 19005 FOUNDATI ON	0	0		13, 502	0 190. 05	
190. 0619006 MARKETI NG	0	0		0	0190.06	
190. 0719007 HME STORE	0	103		1, 864	0190.07	
190. 0819008 UNUSED SPACE	0	0		692	0 190. 08	
190. 0919009 CLINICAL TRIALS	0	0		5, 609	0 190. 09	
190. 1019010 MORGAN OP BEHAVI ORAL HEALTH CLINIC	0	0		0	0 190. 10	
190. 1119011 COMMUNI TY HEALTH SERVI CES 191. 0019100 RESEARCH	0	22		262, 435	0 190. 11 0 191. 00	
191. 0019100 RESEARCH 192. 0019200 PHYSICIANS' PRIVATE OFFICES	0			10, 192	0191.00	
193. 0019300 NONPALD WORKERS				10, 192	0192.00	
194. 0007950 I U HEALTH PAOLI HOSPITAL	0	0		251, 830	0194.00	
194. 0107951 I U HEALTH BEDFORD HOSPI TAL	0	0		516, 319	0194.01	
194.0207952 IU HEALTH MORGAN HOSPITAL	0	0		0	0 194. 02	
194.0307953 IU HEALTH SIP	0	0		6, 718	0 194. 03	3
194.0407954 HOME CARE	0	0		26, 923	0 194. 04	4
194. 0507955 HOSPI CE	0	0		53, 801	0 194. 05	ō
200.00 Cross Foot Adjustments			34, 15	2 34, 152	0 200. 00	
201.00 Negative Cost Centers	0	0		0 0	0 201. 00	
202.00  TOTAL (sum lines 118 through 201)	0	95, 324	34, 15	2 17, 256, 947	0 202. 00	)

IU HEALTH BLOOMINGTON HOSPITAL Provider CCN: 15-0051 Period:

In Lieu of Form CMS-2552-10 Worksheet B

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 15-0051	Period: Worksheet B From 01/01/2020 Part II To 12/31/2020 Date/Time P	repare
Cost Center Description	Total		7/14/2021 1	<u>1:13 a</u>
GENERAL SERVICE COST CENTERS	26.00			
. 00 00100 CAP REL COSTS-BLDG & FIXT				1.0
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.0
. 00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.0
5. 00 00500 ADMI NI STRATI VE & GENERAL				5.0
. 00 00700 OPERATION OF PLANT				7. (
3. 00 00800 LAUNDRY & LINEN SERVICE				8. (
0. 00 00900 HOUSEKEEPI NG				9. (
0. 00 01000 DI ETARY				10. (
1. 00 01100 CAFETERI A				11.
3. 00 01300 NURSING ADMINISTRATION				13.
4.00 01400 CENTRAL SERVICES & SUPPLY				14.
5. 00 01500 PHARMACY				15.
6.00 01600 MEDI CAL RECORDS & LI BRARY				16.
8.00 01850 SOCI AL SERVI CES				18.
8. 01 01851 CENTRAL STERILIZATION				18. (
23.00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY				23.
I NPATI ENT ROUTI NE SERVI CE COST CENTERS				
0. 00 03000 ADULTS & PEDI ATRI CS	4, 176, 951			30. (
1.00 03100 I NTENSI VE CARE UNI T	397, 430			31. (
2.00 03200 CORONARY CARE UNIT	441, 355			32.
5.00 02060 NEONATAL INTENSIVE CARE UNIT	211, 016			35.
1.00 04100 SUBPROVIDER - IRF	175, 272			41.
2.00 04200 SUBPROVI DER	0			42.
3.00 04300 NURSERY	127, 493			43.
ANCI LLARY SERVI CE COST CENTERS	1 579 701			50.
0. 01 05001 CV SURGERY	1, 578, 701 0			50. 50.
1. 00 05100 RECOVERY ROOM	179, 618			50.
2.00 05200 DELIVERY ROOM & LABOR ROOM	975, 745			52.
3. 00 05300 ANESTHESI OLOGY	,,,,,43			53.
4. 00 05400 RADI OLOGY-DI AGNOSTI C	579, 762			54.
5. 00 05500 RADI OLOGY-THERAPEUTI C	643, 602			55.
66. 00 05600 RADI OI SOTOPE	010,002			56.
57. 00 05700 CT SCAN	52, 332			57.
88.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	61, 401			58.
59.00 05900 CARDI AC CATHETERI ZATI ON	209, 018			59.
00. 00 06000 LABORATORY	636, 703			60.
4. 00 06400 I NTRAVENOUS THERAPY	0			64.
5. 00 06500 RESPI RATORY THERAPY	87, 790			65.
6. 00 06600 PHYSI CAL THERAPY	371, 812			66.
7.00 06700 OCCUPATI ONAL THERAPY	0			67.
8.00 06800 SPEECH PATHOLOGY	0			68.
9. 00 06900 ELECTROCARDI OLOGY	83, 319			69.
0.00 07000 ELECTROENCEPHALOGRAPHY	124, 653			70.
1.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	143, 312			71.
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	388, 313			72.
3.00 07300 DRUGS CHARGED TO PATIENTS	682, 576			73.
3.01 07302 OP PHARMACY	14, 841			73.
4.00 07400 RENAL DIALYSIS	41, 172			74.
5.00 07500 ASC (NON-DISTINCT PART)	0			75.
5. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0			75.
6. 97 07697 CARDI AC REHABI LI TATI ON	109, 307			76.
	E(0.014			
0.00 09000 CLINIC	569, 341			90.
0.01 09001 OP ONCOLOGY INFUSION CENTER	587, 243			90.
0. 02 09002 WOUND CARE CENTER	137, 438			90.
0. 03 09003 PAIN CLINIC 0. 05 09005 0P PSYCH CLINIC	85, 015			90.
	351, 296			90.
1.00 09100 EMERGENCY	897, 720			91.
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS				92.
4.00 09400 HOME PROGRAM DIALYSIS				94.
5. 00 09500 AMBULANCE SERVICES	483, 922			94. 95.
00. 0010000 I &R SERVICES-NOT APPRVD PRGM	403, 922			100.
01. 0010100 HOME HEALTH AGENCY	0			101.
SPECIAL PURPOSE COST CENTERS	0			
13. 0011300 I NTEREST EXPENSE	1			113.
14. 0011400 UTI LI ZATI ON REVI EW-SNF				114.
15. 0011500 AMBULATORY SURGI CAL CENTER (D. P. )	o			115.
16. 0011600 HOSPI CE	o			116.
18.00 SUBTOTALS (SUM OF LINES 1 through 117)	15, 605, 469			118.
NONREI MBURSABLE COST CENTERS				
90. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29, 503			190.
90. 0119001 PROMPTCARE	201, 224			190.

Health Financial Systems IU	HEALTH BLOOMING	GTON HOSPITAL	In Lieu of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020 Date/Time Prepared: 7/14/2021 11: 13 am
Cost Center Description	Total	•	
	26.00		
190. 02 19002 RENTAL PROPERTIES	199, 259		190. 02
190. 0319003 OLCOTT	37, 455		190. 03
190. 04 19004 PHYSI CI AN RECRUI TMENT	0		190. 04
190. 0519005 FOUNDATI ON	13, 502		190. 05
190. 0619006 MARKETI NG	0		190.06
190. 0719007 HME STORE	1, 864		190. 07
190. 0819008 UNUSED SPACE	692		190. 08
190. 09 19009 CLINICAL TRIALS	5, 609		190. 09
190. 1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0		190. 10
190. 11 19011 COMMUNI TY HEALTH SERVICES	262, 435		190. 11
191. 0019100 RESEARCH	0		191.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	10, 192		192.00
193. 0019300 NONPAI D WORKERS	0		193.00
194. 0007950 IU HEALTH PAOLI HOSPITAL	251, 830		194.00
194. 0107951 IU HEALTH BEDFORD HOSPITAL	516, 319		194. 01
194. 0207952 IU HEALTH MORGAN HOSPITAL	0		194. 02
194. 0307953 IU HEALTH SIP	6, 718		194. 03
194. 0407954 HOME CARE	26, 923		194. 04
194. 0507955 HOSPI CE	53, 801		194.05
200.00 Cross Foot Adjustments	34, 152		200.00
201.00 Negative Cost Centers			201.00
202.00  TOTAL (sum lines 118 through 201)	17, 256, 947		202.00

	Financial Systems IU	HEALTH BLOOMI	NGTON HOSPITAL		In Lieu eriod:	u of Form CMS-2 Worksheet B-1	
0001 //	LEGONTION STATISTICAL DAGIS			F	rom 01/01/2020 o 12/31/2020		
				I'	12/31/2020	7/14/2021 11:	
		CAPITAL REL	LATED COSTS				
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliation	ADMI NI STRATI VE	
		(SQUARE FEET)	(SQUARE FEET)	BENEFITS		& GENERAL	
				DEPARTMENT (GROSS		(ACCUM. COST)	
				SALARI ES)			
		1.00	2.00	4.00	5A	5.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	898, 158	l			İ	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	0,0,100	854, 082				2.00
	00400 EMPLOYEE BENEFITS DEPARTMENT	5, 805		117, 576, 063		071 710 11/	4.00
5.00 7.00	00500 ADMI NI STRATI VE & GENERAL 00700 OPERATI ON OF PLANT	173, 243 143, 704		6, 678, 766 2, 177, 160		271, 713, 146 15, 362, 139	5.00 7.00
8.00	00800 LAUNDRY & LINEN SERVICE	1, 611	1, 611	2, 177, 100	0	239, 214	
9.00	00900 HOUSEKEEPI NG	3, 487			0	4, 017, 136	
	01000 DI ETARY 01100 CAFETERI A	8, 082 6, 017		1, 407, 144 774, 310		2, 578, 562 1, 000, 541	
	01300 NURSI NG ADMI NI STRATI ON	16, 707		7, 295, 598		10, 159, 581	
14.00	01400 CENTRAL SERVI CES & SUPPLY	5, 434	5, 434	0	0	13, 139, 849	14.00
	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	4, 528		5, 247, 692	0	8, 110, 336	
	01850 SOCIAL SERVICES	3, 375			0	127, 826 0	16.00 18.00
18.01	01851 CENTRAL STERI LI ZATI ON	3, 110			0	928, 849	18.01
23.00	02301 PARAMED ED PRGM-PHARMACY RESIDENCY	1, 076	1, 076	326, 836	0	492,047	23.00
30 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	122, 784	122, 784	24, 397, 857	0	36, 152, 285	30, 00
31.00	03100 INTENSIVE CARE UNIT	10, 276			-	5, 035, 360	
	03200 CORONARY CARE UNIT	13, 464			0	3, 753, 021	32.00
	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	5, 951 5, 821	5, 951 5, 821	1, 847, 001 625, 623	0	2, 790, 697 972, 903	35.00 41.00
	04200 SUBPROVI DER	0	0	023, 023	0	0	42.00
43.00	04300 NURSERY	4, 129	4, 129	598, 659	0	881, 513	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	49, 115	49, 115	6, 008, 853	0	10, 430, 211	50.00
	05001 CV SURGERY	0		0,000,000	0	0	50.00
	05100 RECOVERY ROOM	3, 465			0	3, 766, 394	51.00
	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	34, 248	34, 248	2, 753, 957	0	4, 714, 194 0	52.00 53.00
	05400 RADI OLOGY-DI AGNOSTI C	19, 473	19, 473	3, 160, 399	0	4, 856, 995	
	05500 RADI OLOGY-THERAPEUTI C	22, 875	22, 875	2, 332, 402	0	3, 957, 825	
	05600 RADI OI SOTOPE 05700 CT SCAN	0 1, 349	0 1, 349	0 692, 624	0	0 1, 118, 215	56.00 57.00
	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 941		574, 564		837, 498	
59.00	05900 CARDI AC CATHETERI ZATI ON	6, 478				1, 883, 954	
	06000 LABORATORY 06400 I NTRAVENOUS THERAPY	17, 474 0			-	,	60.00 64.00
	06500 RESPIRATORY THERAPY	1, 320	-	-	Ŭ	3, 396, 038	
66.00	06600 PHYSI CAL THERAPY	9, 623		6, 341, 349		8, 738, 173	66.00
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	0	0	0	67.00 68.00
	06900 ELECTROCARDI OLOGY	2, 453	2, 453	674, 287	0	0 960, 488	
70.00	07000 ELECTROENCEPHALOGRAPHY	4, 329		177, 571	0	1,075,625	70.00
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	6, 722, 399	
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0		0	18, 411, 392 34, 710, 650	
73.01	07302 OP PHARMACY	0	0	374, 777	0	1, 099, 099	
	07400 RENAL DI ALYSI S	788		0	0	1, 640, 339	
	07500 ASC (NON-DI STI NCT PART) 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0	0	75.00 75.01
	07697 CARDI AC REHABI LI TATI ON	3, 759	3, 759	563, 901	0	818, 352	76.97
00.00	OUTPATIENT SERVICE COST CENTERS	01 107	01 107	1 0/7 405		0.100.01/	00.00
	09000 CLINIC 09001 OP ONCOLOGY INFUSION CENTER	21, 127 19, 071		1, 367, 435 3, 119, 841		2, 198, 216 4, 745, 743	
	09002 WOUND CARE CENTER	4, 670	4, 670			863, 391	90.01 90.02
90.03	09003 PAIN CLINIC	3, 000	3, 000	274, 197	0	480, 620	90.03
	09005 OP PSYCH CLINIC 09100 EMERGENCY	12, 126 26, 478		2, 543, 029 4, 947, 666		2, 834, 908 8, 999, 563	90.05 91.00
	09100 EMERGENCY 09200 OBSERVATION BEDS (NON-DISTINCT PART)	20, 478	20, 4/8	4, 747, 000		0, 777, 203	91.00 92.00
	OTHER REIMBURSABLE COST CENTERS			-		- 	
	09400 HOME PROGRAM DI ALYSI S	0	0	0 E E 0 400	0	0 071 417	
	09500 AMBULANCE SERVICES 10000 I&R SERVICES-NOT APPRVD PRGM	14, 153 0	14, 153 0	5, 580, 430 0	0	8, 071, 417 0	95.00 100.00
	10100 HOME HEALTH AGENCY	0	0	0	0		101.00
112 00	SPECIAL PURPOSE COST CENTERS						112 00
	11300 INTEREST EXPENSE 11400 UTI LI ZATI ON REVI EW-SNF						113.00 114.00
	· · ·	•	•	•	•		

	REALIN BLUUWI	NGTON HOSPI TAL			of Form CMS-2	
COST ALLOCATION - STATISTICAL BASIS		Provider C		eriod: rom 01/01/2020	Worksheet B-1	
				$n = \frac{12}{31}$	Date/Time Pre	enared.
					Date/Time Pre 7/14/2021 11:	13 am
	CAPI TAL REI	_ATED COSTS				
Cost Center Description	BLDG & FIXT	MVBLE EQUIP		Reconciliation		
	(SQUARE FEET)	(SQUARE FEET)	BENEFITS		& GENERAL	
			DEPARTMENT		(ACCUM. COST)	
			(GROSS			
	1 00	2.00	SALARIES)	5A	F 00	
115. 00 11500 AMBULATORY SURGI CAL CENTER (D. P. )	1.00	2.00	4.00	5A 0	5.00	115.00
116. 0011600 HOSPICE	0	0	0	0		115. 00 116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	817, 919	817, 919	108, 520, 263	-77, 647, 520		
NONREI MBURSABLE COST CENTERS	017, 919	017, 919	106, 520, 205	-77,047,520	257, 555, 107	110.00
190. 0019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	943	176, 856	0	390, 183	190 00
190. 0119001 PROMPTCARE	6, 436		1, 452, 956		2, 564, 643	
190. 0219002 RENTAL PROPERTIES	17, 757	0, 430	1, 432, 730	0	108, 476	
190. 0319003 OLCOTT	2, 750	-	317, 356	0	470, 692	
190. 04 19004 PHYSI CI AN RECRUI TMENT	2, , 00	0	0	0		190.04
190. 05 19005 FOUNDATI ON	1, 200	0	0	0	10, 117	
190. 0619006 MARKETI NG	0	0	0	0		190.06
190. 0719007 HME STORE	0	0	18	0	149	190.07
190. 0819008 UNUSED SPACE	0	0	0	0	54, 423	190. 08
190. 09 19009 CLINI CAL TRI ALS	500	0	0	0	2, 915	190.09
190.1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190. 11 19011 COMMUNI TY HEALTH SERVICES	14, 223	0	3, 674, 045	0	6, 824, 086	190. 11
191. 0019100 RESEARCH	0	0	0	0	0	191. OC
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	2, 038, 305	0	469, 777	
193. 0019300 NONPALD WORKERS	0	0	0	0		193. OC
194.0007950 IU HEALTH PAOLI HOSPITAL	9, 422	9, 422	476, 571	0	1, 046, 622	
194. 0107951 I U HEALTH BEDFORD HOSPI TAL	19, 362	19, 362	919, 693	0	2,059,954	
194.0207952 IU HEALTH MORGAN HOSPITAL	0	0	0	0		194.02
194. 0307953 I U HEALTH SI P	450		0	0	133, 992	
194. 0407954 HOME CARE	2,400		0	0	13, 991	
194.0507955 HOSPICE 200.00 Cross Foot Adjustments	4, 796	0	0	0	27,959	
200.00 Cross Foot Adjustments 201.00 Negative Cost Centers						200. 00 201. 00
201.00 Regarive cost centers 202.00 Cost to be allocated (per Wkst. B, Par	t 5, 235, 889	12, 021, 058	27, 040, 717		77, 647, 520	
1)	1 0,200,009	12, 021, 036	27,040,717		11,041,520	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5. 829586	14.074829	0. 229985		0. 285770	203 00
204.00 Cost to be allocated (per Wkst. B, Part )		14.074027	115, 545		3, 454, 862	
	L		115, 545		3, 434, 002	204.00
205.00 Unit cost multiplier (Wkst. B, Part II	)		0. 000983		0. 012715	205.00
206.00 NAHE adjustment amount to be allocated			2. 000 /00			206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						1

Health Financial Systems IL COST ALLOCATION - STATISTICAL BASIS	HEALTH BLOOMI	NGTON HOSPITAL Provider C	1	In Lieu eriod:	of Form CMS-2 Worksheet B-1	
COST ALLOCATION - STATISTICAL DASIS		Provider c	F	rom 01/01/2020	Date/Time Pre	epared:
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	7/14/2021 11: CAFETERI A	<u>13 am</u>
	PLANT (SQUARE FEET)	LINEN SERVICE (POUNDS OF	(HOURS OF SERVI CE)	(PATIENT DAYS)	(MANHOURS)	
		LAUNDRY)				
GENERAL SERVICE COST CENTERS	7.00	8.00	9.00	10.00	11.00	
1.00 00100 CAP REL COSTS-BLDG & FLXT						1.00
2. 00 00200 CAP REL COSTS-MVBLE EQUIP 4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL 7. 00 00700 OPERATI ON OF PLANT	575, 406					5.00 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1, 611	1, 212, 391				8.00
9. 00 00900 HOUSEKEEPI NG 10. 00 01000 DI ETARY	3, 487 8, 082	2	9, 621 23	53, 940		9.00 10.00
11. 00 01100 CAFETERI A	6, 017	198	17	0	3, 430, 092	11.00
13.00 01300 NURSI NG ADMI NI STRATI ON 14.00 01400 CENTRAL SERVI CES & SUPPLY	16, 707 5, 434	0	0 240	0 0	207, 131 0	
15. 00 01500 PHARMACY 16. 00 01600 MEDI CAL RECORDS & LI BRARY	4, 528	3, 763 0	120 40	0	125, 181 0	
18.00 01850 SOCIAL SERVICES	3, 375 0	0	40	0	0	
18.01 01851 CENTRAL STERILIZATION 23.00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	3, 110 1, 076	2, 031 0	0	0	30, 974 9, 105	1
INPATIENT ROUTINE SERVICE COST CENTERS				3	•	1
30. 00 03000 ADULTS & PEDI ATRI CS 31. 00 03100 I NTENSI VE CARE UNI T	122, 784 10, 276	347, 831 48, 591	4, 624 400	44, 876 4, 121	831, 328 108, 032	
32. 00 03200 CORONARY CARE UNI T	13, 464	43, 304	0	3, 518	84, 275	32.00
35. 00 02060 NEONATAL I NTENSI VE CARE UNI T 41. 00 04100 SUBPROVI DER – I RF	5, 951 5, 821	10, 130 33, 991	0 51	0 1, 425	56, 455 18, 447	
42. 00 04200 SUBPROVI DER 43. 00 04300 NURSERY	0 4, 129	0 13, 074	0 171	0	0 19, 424	
ANCILLARY SERVICE COST CENTERS						1
50. 00 05000 OPERATI NG ROOM 50. 01 05001 CV SURGERY	49, 115 0	123, 667 0	827 0	0	173, 061 0	50.00 50.01
51.00 05100 RECOVERY ROOM	3, 465	106, 674	0	0	87, 721	51.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	34, 248 0	66, 573 0	581 0	0	84, 220 0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C 55. 00 05500 RADI OLOGY-THERAPEUTI C	19, 473 22, 875	100, 072 0	320 0	0	95, 191 66, 303	
56. 00 05600 RADI 0I SOTOPE	22, 873	0	0	0	0	56.00
57.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 349 1, 941	0	0	0	20, 087 13, 831	
59.00 05900 CARDI AC CATHETERI ZATI ON	6, 478	23, 661	0	0	35, 166	59.00
60. 00 06000 LABORATORY 64. 00 06400 I NTRAVENOUS THERAPY	17, 474 0	210 0	40 0	0	132, 444 0	
65. 00 06500 RESPI RATORY THERAPY	1, 320	0	0	0	70, 918	
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 OCCUPATI ONAL THERAPY	9, 623 0	0	120 0	0 0	177, 951 0	
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0 2, 453	0 15, 645	0 320	0	0 23, 984	
70.00 07000 ELECTROENCEPHALOGRAPHY	4, 329	13, 043	0	0	6, 468	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73. 01 07302 0P PHARMACY 74. 00 07400 RENAL DI ALYSI S	788	0	0	0	9,062	73.01 74.00
75. 00 07500 ASC (NON-DI STI NCT PART) 75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	75.00 75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	3, 759	0	0	0	17, 827	
OUTPATIENT SERVICE COST CENTERS	21, 127	0	0	0	39, 520	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	19, 071	18, 711	100	0	100, 190	90.01
90. 02 09002 WOUND CARE CENTER 90. 03 09003 PAIN CLINIC	4, 670 3, 000	0	80 0	0	18, 082 11, 425	
90. 05 09005 0P PSYCH CLINIC 91. 00 09100 EMERGENCY	12, 126 26, 478	0 170, 044	0 1, 427	0	63, 993 178, 302	
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	20, 478	170, 044	1,427	0	178, 302	91.00
OTHER REIMBURSABLE COST CENTERS 94. 00 09400 HOME PROGRAM DI ALYSI S		0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	14, 153	84, 219	, s	0	235, 395	95.00
100.0010000 I&R SERVICES-NOT APPRVD PRGM 101.0010100 HOME HEALTH AGENCY	0	0	0	0		100. 00 101. 00
SPECIAL PURPOSE COST CENTERS						1
113. 0011300 INTEREST EXPENSE 114. 0011400 UTILIZATION REVIEW-SNF						113.00 114.00
115. 00 11500 AMBULATORY SURGICAL CENTER (D. P. ) 116. 00 11600 HOSPICE	0	0	0	0		115. 00 116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	495, 167	1, 212, 391	9, 501	53, 940	3, 151, 493	

	HEALTH BLOOMI	NGTON HOSPI TAL		In Lieu	of Form CMS-2552-1
COST ALLOCATION - STATISTICAL BASIS		Provider C	CN: 15-0051	eriod:	Worksheet B-1
				rom 01/01/2020 o 12/31/2020	Date/Time Prepared:
					7/14/2021 11:13 am
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	CAFETERI A
	PLANT	LINEN SERVICE		(PATIENT DAYS)	(MANHOURS)
	(SQUARE FEET)		SERVI CE)		
	7.00	LAUNDRY)	0.00	10.00	11.00
NONREI MBURSABLE COST CENTERS	7.00	8.00	9.00	10.00	11.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	0	0	0	12, 170 190. 00
190. 0119001 PROMPTCARE	6, 436			0	42, 117 190. 01
190. 0219002 RENTAL PROPERTIES	17, 757			0	42, 117 170.02
190. 0319003 OLCOTT	2, 750		0	0	10, 623 190. 03
190. 0419004 PHYSI CI AN RECRUI TMENT	2,700	0	C C	0	0190.04
190. 0519005 FOUNDATI ON	1, 200	0	C	0	0190.05
190. 0619006 MARKETI NG	0	0	C	0	0190.06
190. 0719007 HME STORE	0	0	120	0	1 190. 07
190. 0819008 UNUSED SPACE	0	0	C	0	0 190. 08
190. 09 19009 CLINICAL TRIALS	500	0	C	0	0190.09
190.1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	C	0	0190.10
190. 11 19011 COMMUNI TY HEALTH SERVICES	14, 223	0	C	0	140, 326 190. 11
191. 0019100 RESEARCH	0	0	C	0	0 191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	C	0	44, 638 192. 00
193. 0019300 NONPALD WORKERS	0	0	C	0	0 193.00
194.0007950 IU HEALTH PAOLI HOSPITAL	9, 422		C	0	9, 227 194. 00
194. 0107951 I U HEALTH BEDFORD HOSPI TAL	19, 362	0	C	0	19, 497 194. 01
194.0207952 IU HEALTH MORGAN HOSPITAL	0	0	C	0	0 194. 02
194. 0307953 IU HEALTH SIP	450		C	0	0194.03
194. 0407954 HOME_CARE	2,400		C	0	0194.04
194. 0507955 HOSPI CE	4, 796	0	C	0	0 194. 05
200.00 Cross Foot Adjustments					200. 00 201. 00
201.00 Negative Cost Centers 202.00 Cost to be allocated (per Wkst. B, Par	+ 10 750 177	242 075	E 204 014	2 405 504	
202.00 Cost to be allocated (per wkst. B, Par	1 19, 752, 177	362, 875	5, 284, 814	3, 605, 506	1, 502, 411 202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	34. 327374	0. 299305	549. 299865	66. 842900	0. 438009 203. 00
204.00 Cost to be allocated (per Wkst. B, Par	t 3, 057, 814	43, 669	141, 039	238, 323	165, 479 204. 00
205.00 Unit cost multiplier (Wkst. B, Part II	) 5. 314185	0. 036019	14. 659495	4. 418298	0. 048243 205. 00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00 NAHE unit cost multiplier (Wkst. D,					207.00
Parts III and IV)	l	I		I I	I

	Financial Systems IU LLOCATION - STATISTICAL BASIS	HEALTH BLOOMI				<u>) of Form CMS-2</u> Worksheet B-1	
CUST P	LEUCATION - STATISTICAL BASIS		Provider C	F	Period: From 01/01/2020		
					o 12/31/2020	Date/Time Pre 7/14/2021 11:	
						OTHER GENERAL	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	SERVI CE SOCI AL	
	cost center bescription	ADMI NI STRATI ON		(COSTED	RECORDS &	SERVI CES	
		(DI RECT NURS.	SUPPLY	REQUIS.)	LI BRARY	(TIME SPENT)	
		HRS.)	(COSTED		(GROSS		
		13.00	REQUI SI TI ONS) 14. 00	15.00	CHARGES) 16.00	18.00	
	GENERAL SERVICE COST CENTERS	10100		101 00	10100	10100	
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
5.00	00500 ADMI NI STRATI VE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING						8.00 9.00
	01000 DI ETARY						10.00
	01100 CAFETERI A						11.00
	01300 NURSI NG ADMI NI STRATI ON	1, 584, 524					13.00
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	0	38, 551, 798 358, 181	35, 644, 203			14.00 15.00
	01600 MEDICAL RECORDS & LIBRARY	0	29	C			16.00
	01850 SOCI AL SERVICES	0	0	C	0	0	
	01851 CENTRAL STERILIZATION 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	28	361, 355 0			0	
20.00	INPATIENT ROUTINE SERVICE COST CENTERS				, s	, <u> </u>	20.00
	03000 ADULTS & PEDIATRICS	702, 098		230, 822		0	
	03100 I NTENSI VE CARE UNI T 03200 CORONARY CARE UNI T	92, 969 74, 722	590, 071 293, 370	92, 336 31, 332		0	
	02060 NEONATAL INTENSIVE CARE UNIT	51, 399		7, 566		0	
	04100 SUBPROVI DER – I RF	16, 077	44, 857	9, 918	2, 969, 871	0	
	04200 SUBPROVI DER 04300 NURSERY	0 19, 424	0 55, 569	686	0 3, 748, 260	0	
43.00	ANCI LLARY SERVICE COST CENTERS	17,424		080	5, 748, 200	0	43.00
	05000 OPERATING ROOM	107, 826	4, 939, 154	76, 702	213, 350, 208	0	
	05001 CV SURGERY 05100 RECOVERY ROOM	0 80, 279	0 343, 168	, C 71, 733	0 32, 031, 479	0	50.01 51.00
	05200 DELIVERY ROOM & LABOR ROOM	67, 062		24, 139		0	
	05300 ANESTHESI OLOGY	0	0	C	0	0	
	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	17, 094 7, 495	210, 147 448, 334	55, 593 2, 567		0	
	05600 RADI OLOGI - ITILKAP LOTT C	0	440, 334	2, 507	92,004,185	0	
	05700 CT SCAN	0	133, 785	6, 010		0	
58.00 59.00	05800 MAGNETI C RESONANCE I MAGI NG (MRI) 05900 CARDI AC CATHETERI ZATI ON	0 23, 598	18, 670 626, 746	2,372		0	
60.00	06000 LABORATORY	23, 398	020, 740	16, 657 C		-	
	06400 I NTRAVENOUS THERAPY	0	0	C	0	0	011.00
	06500 RESPI RATORY THERAPY	0	568, 334	9,445			
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	22, 856 0		25, 363, 919 0	0	
68.00	06800 SPEECH PATHOLOGY	0	0	C	0	0	68.00
		2, 026		2,062		0	
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	80, 620 6, 722, 399		9, 528, 152 83, 833, 796	0	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18, 411, 391	C	146, 042, 213	0	72.00
	07300 DRUGS CHARGED TO PATIENTS	0	0	34, 710, 649		0	
	07302 OP PHARMACY 07400 RENAL DI ALYSI S	0	3, 816 15, 557	8, 330	623, 675 5, 251, 236	0	
	07500 ASC (NON-DI STI NCT PART)	0	0	C	0	0	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	C	0	0	
/6.9/	07697 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTERS	7, 018	5, 468	25	2, 682, 180	0	76. 97
	09000 CLINIC	14, 126				0	
	09001 OP ONCOLOGY INFUSION CENTER	87, 770		85, 590		0	
	09002 WOUND CARE CENTER 09003 PAIN CLINIC	13, 980 5, 925		170	5, 722, 698 1, 836, 064	0	
	09005 OP PSYCH CLINIC	10, 396		C	2, 492, 519	0	
	09100 EMERGENCY	158, 004	1, 023, 754	179, 698	180, 489, 157	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS		I		I	I	92.00
	09400 HOME PROGRAM DIALYSIS	0	0	C	0	0	94.00
	09500 AMBULANCE SERVICES	0	233, 604	16, 483	50, 562, 183		95.00
	10000 I &R SERVICES-NOT APPRVD PRGM 10100 HOME HEALTH AGENCY	0	0		0		100. 00 101. 00
101.00	SPECIAL PURPOSE COST CENTERS	0	0	(		0	
	11300 INTEREST EXPENSE						113.00
114.00	11400 UTI LI ZATI ON REVI EW-SNF						114.00

Heal th Financi	al Systems IU	HEALTH BLOOMI	NGTON HOSPI TAL		In Lieu	ı of Form CMS-2	2552-10	
	ON - STATISTICAL BASIS		Provider C			Period: Worksheet B-1		
					rom 01/01/2020			
				1	o 12/31/2020			
						7/14/2021 11: OTHER GENERAL	13 am	
0	act Contor Decorintion			DUADMACY		SERVI CE SOCI AL		
	ost Center Description	NURSING ADMINISTRATION	CENTRAL	PHARMACY	MEDI CAL	SERVI CES		
		DIRECT NURS.		(COSTED	RECORDS &			
		HRS. )	SUPPLY (COSTED	REQUIS.)	LI BRARY (GROSS	(TIME SPENT)		
		пкз.)			· · ·			
		13.00	REQUISITIONS) 14.00	15.00	CHARGES)	18.00		
115 0011500 AM	MBULATORY SURGICAL CENTER (D. P. )	13.00	14.00	15.00	16.00		115.00	
116. 0011600 HC		0	0		0		116.00	
	JBTOTALS (SUM OF LINES 1 through 117)	1, 559, 316	38, 470, 987	35 644 007	1, 755, 803, 954		118.00	
	BURSABLE COST CENTERS	1, 337, 310	30,470,907	33, 044, 077	1, 733, 003, 934	0	110.00	
	FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	(	0	0	190.00	
190. 0119001 PF		7, 096	38, 185	106			190.01	
	ENTAL PROPERTIES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00, 100			-	190.02	
190. 0319003 OL		0	102	(	0		190.03	
	HYSI CLAN RECRUI TMENT	0	0	(	0		190.04	
190. 0519005 FC		0	0	(	0	-	190.05	
190.0619006 MA		0	0	(	0		190.06	
190.0719007 HN		0	0	(	0		190.07	
190.0819008 UN		0	0	C C	0		190.08	
	LINICAL TRIALS	0	0	C	0	0	190.09	
	ORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	C	0		190.10	
190. 11 19011 CC	DMMUNITY HEALTH SERVICES	17, 952	41, 877	C	0 0	0	190. 11	
191.0019100 RE	ESEARCH	0	0	C	0 0	0	191.00	
192.0019200 PH	HYSI CLANS' PRI VATE OFFI CES	160	647	C	0 0	0	192.00	
193.0019300 NC	ONPALD WORKERS	0	0	C	0	0	193.00	
194.0007950 I L	J HEALTH PAOLI HOSPITAL	0	0	C	0 0	0	194.00	
194.0107951 I L	J HEALTH BEDFORD HOSPITAL	0	0	C	0 0	0	194.01	
194.0207952 I L	J HEALTH MORGAN HOSPITAL	0	0	C	0 0	0	194.02	
194. 0307953 I L	J HEALTH SIP	0	0	C	0 0	0	194.03	
194.0407954 HC		0	0	C	0 0	0	194.04	
194. 0507955 HC		0	0	C	0 0	0	194.05	
	ross Foot Adjustments						200.00	
	egative Cost Centers						201.00	
202.00 Co	ost to be allocated (per Wkst. B, Par	t 13, 727, 116	17, 213, 191	10, 865, 259	302, 195	0	202.00	
	, nit cost multiplier (Wkst. B, Part I)	8. 663243	0. 446495	0. 304825	0. 000172	0. 000000	203.00	
	ost to be allocated (per Wkst. B, Par		307, 629	233, 263			204.00	
		,			. ,	-		
	nit cost multiplier (Wkst. B, Part II	) 0. 358260	0. 007980	0.006544	0. 000050	0.000000	205.00	
	AHE adjustment amount to be allocated						206.00	
(r	per Wkst. B-2)							
207.00 NA	AHE unit cost multiplier (Wkst. D,						207.00	
Pa	arts III and IV)							

Health Financial Systems	IU HEALTH BLOOMI	NGTON HOSPITAL	In Li	ieu of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 1		Worksheet B-1
				20 Date/Time Prepared:
	OTHER GENERAL		L .	7/14/2021 11:13 am
Cost Costor Decerintian	SERVI CE			
Cost Center Description	CENTRAL STERI LI ZATI ON	PARAMED ED PRGM-PHARMACY		
	(TIME SPENT)	RESI DENCY		
	18.01	(TIME SPENT) 23.00		
GENERAL SERVICE COST CENTERS	10.01	23.00		
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				2.00 4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL				5.00
7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE				7.00 8.00
9. 00 00900 HOUSEKEEPI NG				9.00
10. 00 01000 DI ETARY				10.00
11. 00  01100 CAFETERIA 13. 00  01300 NURSI NG ADMINI STRATI ON				11. 00 13. 00
14. 00 01400 CENTRAL SERVICES & SUPPLY				14.00
				15.00
16.00 01600 MEDI CAL RECORDS & LI BRARY 18.00 01850 SOCI AL SERVI CES				16.00 18.00
18. 01 01851 CENTRAL STERILIZATION	64, 725			18.01
23.00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	100		23.00
30. 00 03000 ADULTS & PEDIATRICS	0	0		30.00
31.00 03100 I NTENSI VE CARE UNI T	0	0		31.00
32.00 03200 CORONARY CARE UNIT 35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0		32.00 35.00
41.00 04100 SUBPROVI DER – I RF	0	0		41.00
42. 00 04200 SUBPROVI DER 43. 00 04300 NURSERY	0 42	0		42.00 43.00
ANCI LLARY SERVICE COST CENTERS	42	0		43.00
50.00 O5000 OPERATING ROOM	59, 360	0		50.00
50.01 05001 CV SURGERY 51.00 05100 RECOVERY ROOM	0	0		50. 01 51. 00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3, 993	0		52.00
53. 00   05300   ANESTHESI OLOGY 54. 00   05400   RADI OLOGY-DI AGNOSTI C	0 180	0		53.00 54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	Ő		55.00
56. 00 05600 RADI 0I SOTOPE	0	0		56.00
57.00 05700 CT SCAN 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		57.00 58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	705	0		59.00
60. 00 06000 LABORATORY 64. 00 06400 I NTRAVENOUS THERAPY	0	0		60. 00 64. 00
65. 00 06500 RESPI RATORY THERAPY	0			65.00
66.00 06600 PHYSI CAL THERAPY	0	0		66.00
67.00 06700 OCCUPATI ONAL THERAPY 68.00 06800 SPEECH PATHOLOGY	0	0		67.00 68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	135	0		70.00 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		71.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	100		73.00
73. 01 07302 OP PHARMACY 74. 00 07400 RENAL DI ALYSI S	0	0		73. 01 74. 00
75.00 07500 ASC (NON-DISTINCT PART)	0	Ő		75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		75.01
76. 97 07697 CARDI AC REHABI LI TATI ON OUTPATI ENT SERVI CE COST CENTERS		0		76. 97
90. 00 09000 CLINIC	0	0		90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER 90.02 09002 WOUND CARE CENTER	0 165	0		90. 01 90. 02
90. 03 09003 PAIN CLINIC	15	0		90. 03
90. 05 09005 OP PSYCH CLINIC 91. 00 09100 EMERGENCY	0 45	0		90. 05 91. 00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	45	0		91.00
OTHER REIMBURSABLE COST CENTERS	1	_		
94. 00 09400 HOME PROGRAM DIALYSIS 95. 00 09500 AMBULANCE SERVICES	0	0		94.00 95.00
100. 00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.0010100 HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS 113. 0011300 I NTEREST EXPENSE				113.00
114.0011400 UTILIZATION REVIEW-SNF				114.00
115.0011500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		115.00

Heal th	Fi nanci al	Systems

## IU HEALTH BLOOMINGTON HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS		Provider CCI	N: 15-0051	Period:	Worksheet B-	1
				From 01/01/2020 To 12/31/2020	Date/Time Pr	enared
				10 12/31/2020	7/14/2021 11	:13 am
	OTHER GENERAL					
	SERVI CE					
Cost Center Description	CENTRAL	PARAMED ED				
	STERI LI ZATI ON	PRGM-PHARMACY				
	(TIME SPENT)	RESI DENCY				
		(TIME SPENT)				
	18.01	23.00				
116. 0011600 HOSPI CE	0	Ŭ,				116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	64, 640	100				118.00
NONREI MBURSABLE COST CENTERS						_
190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190. 01 19001 PROMPTCARE	0	0				190. 01
190. 0219002 RENTAL PROPERTIES	0	0				190. 02
190. 0319003 OLCOTT	0	0				190. 03
190. 04 19004 PHYSI CI AN RECRUI TMENT	0	0				190.04
190. 0519005 FOUNDATI ON	0	0				190.05
190. 06 19006 MARKETI NG	0	0				190.06
190. 07 19007 HME STORE	70					190. 07
190. 0819008 UNUSED SPACE	0	0				190. 08
190. 0919009 CLINICAL TRIALS	0	0				190.09
190. 1019010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0				190. 10
190. 11 19011 COMMUNI TY HEALTH SERVICES	15					190. 11
191. 0019100 RESEARCH	0	0				191.00
192.0019200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193. 0019300 NONPAI D WORKERS	0	0				193.00
194.0007950 IU HEALTH PAOLI HOSPITAL	0	0				194.00
194.0107951 IU HEALTH BEDFORD HOSPITAL	0	0				194.01
194.0207952 IU HEALTH MORGAN HOSPITAL	0	0				194.02
194. 0307953 IU HEALTH SIP	0	0				194.03
194. 0407954 HOME CARE	0	0				194.04
194. 0507955 HOSPI CE	0	0				194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	1 17/ 005	(70,500				201.00
202.00 Cost to be allocated (per Wkst. B, Par	t 1, 476, 805	673, 583				202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	22.014400	6 725 020000				203.00
						203.00
204.00 Cost to be allocated (per Wkst. B, Pai	t 95, 324	34, 152				204.00
205.00 Unit cost multiplier (Wkst. B, Part II		341. 520000				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	IU HEALTH BLOOMI	NGTON HOSPI TAL	-	In Lieu	of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0051 F	Period:	Worksheet C	
			F	From 01/01/2020 To 12/31/2020	Part I	
			!	10 12/31/2020	Date/Time Pre 7/14/2021 11:	epared:
			XVIII	llooni tol	PPS	13 alli
				Hospi tal	PP3	
		- · · · ·	<b>.</b>	Costs	<b>T I I O I</b>	<u> </u>
Cost Center Description		Therapy Limit	lotal 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 CEN	ERS					
30.00 03000 ADULTS & PEDIATRICS	63, 815, 867	'	63, 815, 867	7 0	63, 815, 867	30.00
31.00 03100 INTENSIVE CARE UNIT	8, 485, 619		8, 485, 619		8, 485, 619	
32.00 03200 CORONARY CARE UNIT	6, 364, 308		6, 364, 308		6, 364, 308	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	4, 343, 469		4, 343, 469		4, 343, 469	
41. 00 04100 SUBPROVI DER - I RF	1, 755, 109		1, 755, 109		1, 755, 109	
	1,755,109		1,755,109	7 U		
42. 00 04200 SUBPROVI DER	1 57( 110			0	0	
43.00 04300 NURSERY	1, 576, 410		1, 576, 410	) 0	1, 576, 410	43.00
ANCILLARY SERVICE COST CENTERS		i	i			4
50.00 05000 OPERATI NG ROOM	20, 217, 830		20, 217, 830	0 0	20, 217, 830	50.00
50. 01 05001 CV SURGERY	0	)	(	0 0	0	50.01
51.00 05100 RECOVERY ROOM	5, 908, 085		5, 908, 085	5 0	5, 908, 085	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8, 446, 895		8, 446, 895	5 0	8, 446, 895	52.00
53.00 05300 ANESTHESI OLOGY	0		(	0 0	0	1
54.00 05400 RADI OLOGY-DI AGNOSTI C	7, 432, 428		7, 432, 428	3 0	7, 432, 428	1
55. 00 05500 RADI OLOGY-THERAPEUTI C	6, 184, 953		6, 184, 953		6, 184, 953	
56. 00 05600 RADI 01 SOTOPE	0, 104, 705		0, 104, 930		0, 104, 933	1
57. 00 105700 CT SCAN	1 550 020	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1 550 020			
	1, 559, 038		1, 559, 038		1, 559, 038	
58.00 05800 MAGNETIC RESONANCE I MAGING (1			1, 159, 971		1, 159, 971	
59.00 05900 CARDI AC CATHETERI ZATI ON	3, 184, 116		3, 184, 116		3, 184, 116	
60. 00 06000 LABORATORY	19, 291, 976		19, 291, 976	6 0	19, 291, 976	60.00
64.00 06400 INTRAVENOUS THERAPY	0	)	(	0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	4, 702, 381	0	4, 702, 381	1 0	4, 702, 381	65.00
66.00 06600 PHYSI CAL THERAPY	11, 724, 041	0	11, 724, 041	1 0	11, 724, 041	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0	(	0	0	1
68.00 06800 SPEECH PATHOLOGY		0			0	
69. 00 06900 ELECTROCARDI OLOGY	1, 546, 687	, o	1, 546, 687	7 0	1, 546, 687	
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 575, 157		1, 575, 157		1, 575, 157	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO F						
71.00 07100 MEDICAL SUPPLIES CHARGED TO T	ATI ENTS 11, 659, 396		11, 659, 396		11, 659, 396	
72.00 07200 I MPL. DEV. CHARGED TO PATI EN			31, 918, 533		31, 918, 533	
73.00 07300 DRUGS CHARGED TO PATIENTS	55, 934, 405		55, 934, 405		55, 934, 405	
73.01 07302 OP PHARMACY	1, 418, 969		1, 418, 969		1, 418, 969	
74.00 07400 RENAL DIALYSIS	2, 146, 537		2, 146, 537	7 0	2, 146, 537	
75.00 07500 ASC (NON-DISTINCT PART)	0	)	(	0 0	0	75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SEI	VI CES 0	)	(	0 0	0	75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 252, 766		1, 252, 766	5 0	1, 252, 766	76.97
OUTPATIENT SERVICE COST CENTERS	• • •	•				1
90.00 09000 CLINIC	3, 701, 431		3, 701, 431	1 0	3, 701, 431	90.00
90. 01 09001 OP ONCOLOGY INFUSION CENTER	7, 760, 373		7, 760, 373		7, 760, 373	
90. 02 09002 WOUND CARE CENTER	1, 480, 330		1, 480, 330		1, 480, 330	
90. 03 09003 PAIN CLINIC	788, 582		788, 582		788, 582	
90. 05 09005 OP PSYCH CLINIC	4, 180, 543		4, 180, 543			
91.00 09100 EMERGENCY	15, 305, 907		15, 305, 907			
92.00 09200 OBSERVATION BEDS (NON-DISTING	T PART) 5, 196, 302		5, 196, 302	2	5, 196, 302	92.00
OTHER REIMBURSABLE COST CENTERS			-			
94.00 09400 HOME PROGRAM DIALYSIS	0	)	(	0 0	0	94.00
95.00 09500 AMBULANCE SERVICES	11, 110, 157	,	11, 110, 157	7 0	11, 110, 157	95.00
100.0010000 I&R SERVICES-NOT APPRVD PRGM	0	)	(	D	0	100.00
101.0010100 HOME HEALTH AGENCY	0		(		0	101.00
SPECIAL PURPOSE COST CENTERS						1
113. 0011300 I NTEREST EXPENSE						113.00
TIS. OGTISOOFINIEREST EAFENSE		1	1			114.00
114 OO 114OO UTULIZATION DEVLEW SNE						11 14 (//)
114. 0011400 UTILIZATION REVIEW-SNF						
115.0011500 AMBULATORY SURGICAL CENTER (I	. P. ) 0		(	D	0	115.00
115. 00 11500 AMBULATORY SURGI CAL CENTER (I 116. 00 11600 HOSPI CE	0	-	(		0 0	115. 00 116. 00
115.00AMBULATORYSURGI CALCENTER(I116.0011600HOSPI CE200.00Subtotal(see instructions)	0 333, 128, 571				0 0 333, 128, 571	115.00 116.00 200.00
115. 00 11500 AMBULATORY SURGI CAL CENTER (I 116. 00 11600 HOSPI CE	0		5, 196, 302	2	0 0 333, 128, 571 5, 196, 302	115.00 116.00 200.00 201.00

Health Financial Systems IU	HEALTH BLOOMI	NGTON HOSPI TAI	_	In Lieu	u of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0051	Period.	Worksheet C	
				rom 01/01/2020	Part I	
			'	o 12/31/2020	Date/Time Pre 7/14/2021 11:	apared:
		Title	e XVIII	Hospi tal	PPS	15 am
		Charges			1.0	
Cost Center Description	Inpatient	Outpati ent	Total (col 6	Cost or Other	TEFRA	
	inpatront	outputtone	+ col. 7)	Ratio	Inpatient	
			,,	natro	Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
30. 00 03000 ADULTS & PEDI ATRI CS	135, 893, 255		135, 893, 255			30.00
31. 00 03100 I NTENSI VE CARE UNI T	26, 106, 066		26, 106, 066			31.00
32. 00 03200 CORONARY CARE UNIT	21, 519, 432		21, 519, 432			32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT						35.00
	15, 667, 571 2, 969, 871		15, 667, 571			41.00
	2,909,871		2, 969, 871			•
	2 749 260		2 749 260			42.00
43.00 04300 NURSERY	3, 748, 260		3, 748, 260			43.00
ANCI LLARY SERVI CE COST CENTERS 50. 00 05000 OPERATI NG ROOM	70 007 404	104 100 710	212 250 200	0. 094764	0,000000	50.00
	79, 227, 496	134, 122, 712	213, 350, 208			•
50. 01 05001 CV SURGERY	U 5 410 404	0 ( 10 000		0. 000000	0. 000000	
51.00 05100 RECOVERY ROOM	5, 412, 486	26, 618, 993			0. 000000	
52.00 05200 DELIVERY ROOM & LABOR ROOM	31, 754, 802	2, 467, 168	34, 221, 970		0. 000000	
53.00 05300 ANESTHESI OLOGY		0		0.00000	0. 000000	
54.00 05400 RADI OLOGY-DI AGNOSTI C	19, 963, 255				0. 000000	
55. 00 05500 RADI OLOGY-THERAPEUTI C	4, 047, 098	88, 557, 087	92, 604, 185		0. 000000	
56. 00 05600 RADI 0I SOTOPE	0	0	C	0. 000000	0. 000000	
57.00 05700 CT SCAN	10, 407, 725	16, 328, 302			0. 000000	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2, 562, 664				0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	27, 334, 081	39, 464, 805			0. 000000	
60. 00 06000 LABORATORY	42, 193, 418	61, 228, 972	103, 422, 390		0. 000000	
64.00 06400 INTRAVENOUS THERAPY	0	0	C	0. 000000	0. 000000	64.00
65. 00 06500 RESPI RATORY THERAPY	14, 684, 002	1, 858, 473	16, 542, 475	0. 284261	0. 000000	65.00
66. 00 06600 PHYSI CAL THERAPY	13, 488, 276	11, 875, 643	25, 363, 919		0. 000000	
67.00 06700 OCCUPATI ONAL THERAPY	0	0	C	0. 000000	0. 000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	C	0. 000000	0. 000000	68.00
69.00 06900 ELECTROCARDI OLOGY	12, 719, 743	10, 757, 386	23, 477, 129	0. 065881	0. 000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1, 801, 483	7, 726, 669	9, 528, 152	0. 165316	0. 000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	32, 252, 933	51, 580, 863	83, 833, 796	0. 139078	0. 000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	85, 117, 377	60, 924, 836	146, 042, 213	0. 218557	0. 000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	77, 489, 760	213, 333, 843	290, 823, 603	0. 192331	0.000000	73.00
73.01 07302 OP PHARMACY	0	623, 675	623, 675	2. 275174	0.000000	73.01
74.00 07400 RENAL DIALYSIS	3, 723, 756	1, 527, 480	5, 251, 236	0. 408768	0. 000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	C	0.000000	0. 000000	75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	C	0.000000	0. 000000	75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	244, 768	2, 437, 412	2, 682, 180	0. 467070	0. 000000	76.97
OUTPATIENT SERVICE COST CENTERS			•			
90.00 09000 CLINIC	7, 925	2, 139, 803	2, 147, 728	1. 723417	0. 000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	3, 346, 445	37, 028, 660	40, 375, 105	0. 192207	0. 000000	90.01
90.02 09002 WOUND CARE CENTER	39, 372	5, 683, 326			0. 000000	
90. 03 09003 PAIN CLINIC	0	1, 836, 064			0. 000000	
90. 05 09005 OP PSYCH CLINIC	5, 066				0.000000	
91.00 09100 EMERGENCY	43, 671, 739				0, 000000	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	996, 467	33, 846, 447			0. 000000	
OTHER REIMBURSABLE COST CENTERS	7707107	00/010/11/	01/012/71	01117100	0100000	12:00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	0	0	0. 000000	0, 000000	94 00
95. 00 09500 AMBULANCE SERVICES	180, 317	50, 381, 866	50, 562, 183			
100. 0010000 I & SERVICES-NOT APPRVD PRGM	100, 017	00,001,000	00,002,100	0.217700	0.000000	100.00
101. 00 10100 HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS	0	0		1		101.00
113. 0011300 I NTEREST EXPENSE	1		1	1		113.00
114. 0011400 UTILIZATION REVIEW-SNF						114.00
115. 0011500 AMBULATORY SURGICAL CENTER (D. P. )	0	0				115.00
116. 0011600 H0SPICE	0					116.00
200.00 Subtotal (see instructions)	719 574 000	1 027 227 045	1 755 902 054			200.00
	/10, 3/0, 909	1, 037, 227, 045	1, 755, 803, 954			200.00 201.00
	710 574 000	1 027 227 045	1, 755, 803, 954			201.00 202.00
202.00 Total (see instructions)	/10, 570, 909	1, 037, 227, 045	1, 755, 803, 954	1	l	¥U2. UU

ealth Financial	· · · · · · · · · · · · · · · · · · ·	U HEALTH BLOOMING			of Form CMS-2552
OMPUTATION OF F	RATIO OF COSTS TO CHARGES		Provi der CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Date/Time Prepar
			Title XVIII	Hospi tal	7/14/2021 11:13 PPS
Cost	Center Description	PPS Inpatient		T	
		Ratio			
	DOUTLINE CEDULAE AAST AENTEDO	11.00			
	ROUTI NE SERVI CE COST CENTERS TS & PEDI ATRI CS	1			30
	INSIVE CARE UNIT				31
	NARY CARE UNIT				32
	IATAL INTENSIVE CARE UNIT				35
	PROVIDER - IRF				41
2.00 04200 SUBF					42
3. 00 04300 NURS					43
ANCI LLARY	SERVICE COST CENTERS				
0. 00 05000 OPEF		0. 094764			50
0.01 05001 CV S		0. 000000			50
1.00 05100 RECO		0. 184446			51
	VERY ROOM & LABOR ROOM	0. 246827			52
	STHESI OLOGY	0.00000			53
	OLOGY-DI AGNOSTI C	0. 148687			54
	OLOGY-THERAPEUTI C	0. 066789			55
5. 00 05600 RADI 7. 00 05700 CT S		0. 000000 0. 058312			56
	IETIC RESONANCE IMAGING (MRI)	0. 143020			58
	DIAC CATHETERIZATION	0. 047667			59
0. 00 06000 LABC		0. 186536			60
	AVENOUS THERAPY	0. 000000			64
	PIRATORY THERAPY	0. 284261			65
	SI CAL THERAPY	0. 462233			66
	IPATI ONAL THERAPY	0. 000000			67
8. 00 06800 SPEE	CH PATHOLOGY	0. 000000			68
9.00 06900 ELEC	CTROCARDI OLOGY	0. 065881			69
	TROENCEPHALOGRAPHY	0. 165316			70
	CAL SUPPLIES CHARGED TO PATIENTS	0. 139078			71
	DEV. CHARGED TO PATIENTS	0. 218557			72
	S CHARGED TO PATIENTS	0. 192331			73
3.01 07302 OP F		2.275174			73
4.00 07400 RENA		0. 408768 0. 000000			74
	(NON-DI STI NCT PART) CHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000			75
	DI AC REHABI LI TATI ON	0. 467070			76
	T SERVICE COST CENTERS	0. 40/0/0			/0
D. 00 09000 CLIN		1. 723417			90
	NCOLOGY INFUSION CENTER	0. 192207			90
	ID CARE CENTER	0. 258677			90
0. 03 09003 PAI N		0. 429496			90
). 05 09005 OP F		1. 677236			90
1.00 09100 EMEF		0. 084802			91
	RVATION BEDS (NON-DISTINCT PART)	0. 149135			92
	MBURSABLE COST CENTERS	1			
	PROGRAM DI ALYSI S	0.000000			94
		0. 219733			95
	SERVICES-NOT APPRVD PRGM				100
	HEALTH AGENCY JRPOSE COST CENTERS				101
13. 0011300   NTE		T T			113
	IZATION REVIEW-SNF				114
	ILATORY SURGICAL CENTER (D. P. )				115
16. 0011600 HOSE					116
	otal (see instructions)				200
	Observation Beds				201
	I (see instructions)	1 1			202

Health Financial Systems IL	HEALTH BLOOMI	NGTON HOSPI TAL	_	In Lieu	i of Form CMS-2	<u>2552-10</u>
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der C	CN: 15-0051	Period:	Worksheet C	
				From 01/01/2020	Part I	
				To 12/31/2020	Date/Time Pre 7/14/2021 11:	epared:
				lloopitol		13 811
			e XI X	Hospi tal	PPS	
			<b>.</b>	Costs	<b>T I A I</b>	
Cost Center Description		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	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS	63, 815, 867		63, 815, 86	7 0	63, 815, 867	30.00
31.00 03100 I NTENSI VE CARE UNI T	8, 485, 619		8, 485, 61		8, 485, 619	
32.00 03200 CORONARY CARE UNI T	6, 364, 308		6, 364, 30		6, 364, 308	
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	4, 343, 469		4, 343, 46		4, 343, 469	
41. 00 04100 SUBPROVI DER – I RF	1, 755, 109		1, 755, 10		1, 755, 109	
41.00 04100 SUBPROVIDER - TRP 42.00 04200 SUBPROVIDER						
	0			0 0	0	
43.00 04300 NURSERY	1, 576, 410		1, 576, 41	0 0	1, 576, 410	43.00
ANCI LLARY SERVI CE COST CENTERS		i	· · · · · - · -	.1		
50.00 05000 OPERATI NG ROOM	20, 217, 830		20, 217, 83			50.00
50. 01 05001 CV SURGERY	0			0 0	0	50.01
51.00 05100 RECOVERY ROOM	5, 908, 085		5, 908, 08	5 0	5, 908, 085	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8, 446, 895		8, 446, 89	5 0	8, 446, 895	52.00
53.00 05300 ANESTHESI OLOGY	0			0 0	0	
54.00 05400 RADI OLOGY-DI AGNOSTI C	7, 432, 428		7, 432, 42	8 0		
55. 00 05500 RADI OLOGY-THERAPEUTI C	6, 184, 953		6, 184, 95		6, 184, 953	
56. 00 05600 RADI OI SOTOPE	0, 104, 733		0, 104, 73		0, 104, 733	1
57. 00 05700 CT SCAN	1 550 029		1 550 02	8 0	1, 559, 038	
	1, 559, 038		1, 559, 03			
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 159, 971		1, 159, 97		1, 159, 971	
59. 00 05900 CARDI AC CATHETERI ZATI ON	3, 184, 116		3, 184, 11		3, 184, 116	
60.00 06000 LABORATORY	19, 291, 976		19, 291, 97		19, 291, 976	
64.00 06400 INTRAVENOUS THERAPY	0			0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	4, 702, 381	0	4, 702, 38	1 0	4, 702, 381	65.00
66.00 06600 PHYSI CAL THERAPY	11, 724, 041	0	11, 724, 04	1 0	11, 724, 041	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69.00 06900 ELECTROCARDI OLOGY	1, 546, 687		1, 546, 68	7 0	1, 546, 687	
70.00 07000 ELECTROENCEPHALOGRAPHY	1, 575, 157		1, 575, 15		1, 575, 157	70 00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	11, 659, 396		11, 659, 39		11, 659, 396	
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	31, 918, 533		31, 918, 53		31, 918, 533	
73. 00 07300 DRUGS CHARGED TO PATIENTS						
	55, 934, 405		55, 934, 40			
73. 01 07302 OP PHARMACY	1, 418, 969		1, 418, 96		1, 418, 969	
74.00 07400 RENAL DI ALYSI S	2, 146, 537		2, 146, 53		2, 146, 537	
75.00 07500 ASC (NON-DISTINCT PART)	0			0 0	0	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0			0 0	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 252, 766		1, 252, 76	6 0	1, 252, 766	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	3, 701, 431		3, 701, 43	1 0	3, 701, 431	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	7, 760, 373		7, 760, 37	3 0	7, 760, 373	90.01
90.02 09002 WOUND CARE CENTER	1, 480, 330		1, 480, 33			1
90. 03 09003 PAIN CLINIC	788, 582		788, 58		788, 582	
90. 05 09005 0P PSYCH CLINIC	4, 180, 543		4, 180, 54			
91. 00 09100 EMERGENCY	15, 305, 907		15, 305, 90		15, 305, 907	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	5, 196, 302		5, 196, 30		5, 196, 302	
	5, 190, 302		5, 190, 30.	2	5, 190, 302	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSI S	0			0 0		94.00
95. 00 09500 AMBULANCE SERVICES	11, 110, 157		11, 110, 15		11/110/10/	
100.00100001&R SERVICES-NOT APPRVD PRGM	0			0		100.00
101.0010100 HOME HEALTH AGENCY	0			0	0	101.00
SPECIAL PURPOSE COST CENTERS	_					
113.0011300 INTEREST EXPENSE						113.00
114. 0011400 UTILIZATION REVIEW-SNF						114.00
115. 0011500 AMBULATORY SURGICAL CENTER (D. P. )	0	1		o		115.00
116. 0011600 HOSPI CE	n	1		0		116.00
200.00 Subtotal (see instructions)	333, 128, 571	0	333, 128, 57	1 0	-	
201.00 Less Observation Beds	5, 196, 302		5, 196, 30		5, 196, 302	201 00
202.00 Total (see instructions)	327, 932, 269	0				
	JZ1, 7JZ, 209	<b>I</b> 0	JZ1, 7JZ, 20	1 V	521, 752, 209	F02.00

Health Financial Systems IU	HEALTH BLOOMI	NGTON HOSPI TAL	_	In Lieu	of Form CMS-2	2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0051 F	Period:	Worksheet C	
				rom 01/01/2020	Part I	
			'	o 12/31/2020	Date/Time Pre 7/14/2021 11:	apared: 13 am
		Ti †1	e XIX	Hospi tal	PPS	15 am
		Charges			1.10	
Cost Center Description	Inpatient	Outpati ent	Total (col. 6	Cost or Other	TEFRA	
	mparrone	outputtont	+ col. 7)	Ratio	Inpatient	
				illutio -	Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
30. 00 03000 ADULTS & PEDI ATRI CS	135, 893, 255		135, 893, 255	1		30.00
31. 00 03100 I NTENSI VE CARE UNI T	26, 106, 066		26, 106, 066			31.00
32. 00 03200 CORONARY CARE UNIT	21, 519, 432		21, 519, 432			32.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	15, 667, 571		15, 667, 571			35.00
41. 00 04100 SUBPROVIDER - IRF	2, 969, 871		2, 969, 871			41.00
42. 00 04200 SUBPROVI DER	2, 707, 071		2, 707, 071			41.00
	2 740 240		2 740 240			•
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	3, 748, 260		3, 748, 260	·		43.00
50. 00 05000 OPERATI NG ROOM	79, 227, 496	134, 122, 712	213, 350, 208	0. 094764	0. 000000	50.00
50. 01 05001 CV SURGERY	19,221,490	134, 122, 712	213, 330, 200	0.000000	0. 000000	•
	E 410 404	0	22 021 470			
51.00 05100 RECOVERY ROOM	5, 412, 486	26, 618, 993			0. 000000	
52.00 05200 DELIVERY ROOM & LABOR ROOM	31, 754, 802	2, 467, 168	34, 221, 970		0. 000000	
53. 00 05300 ANESTHESI OLOGY		0		0.000000	0.00000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	19, 963, 255	30, 023, 810			0.00000	
55. 00 05500 RADI OLOGY-THERAPEUTI C	4, 047, 098	88, 557, 087	92, 604, 185		0. 000000	
56. 00 05600 RADI OI SOTOPE	0	0		0.000000	0. 000000	
57.00 05700 CT SCAN	10, 407, 725	16, 328, 302			0. 000000	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2, 562, 664	5, 547, 879			0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	27, 334, 081	39, 464, 805			0. 000000	
60. 00 06000 LABORATORY	42, 193, 418	61, 228, 972	103, 422, 390		0. 000000	
64.00 06400 I NTRAVENOUS THERAPY	0	0	-	0. 000000	0. 000000	
65.00 06500 RESPI RATORY THERAPY	14, 684, 002	1, 858, 473			0. 000000	
66. 00 06600 PHYSI CAL THERAPY	13, 488, 276	11, 875, 643	25, 363, 919		0. 000000	
67.00 06700 OCCUPATI ONAL THERAPY	0	0	C	0. 000000	0. 000000	
68.00 06800 SPEECH PATHOLOGY	0	0	C	0. 000000	0. 000000	68.00
69. 00 06900 ELECTROCARDI OLOGY	12, 719, 743	10, 757, 386	23, 477, 129	0. 065881	0. 000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1, 801, 483	7, 726, 669	9, 528, 152	0. 165316	0. 000000	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	32, 252, 933	51, 580, 863	83, 833, 796	0. 139078	0. 000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	85, 117, 377	60, 924, 836			0. 000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	77, 489, 760	213, 333, 843	290, 823, 603	0. 192331	0. 000000	73.00
73.01 07302 OP PHARMACY	0	623, 675	623, 675	2. 275174	0. 000000	73.01
74.00 07400 RENAL DIALYSIS	3, 723, 756	1, 527, 480	5, 251, 236		0. 000000	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	C	0. 000000	0. 000000	
75.01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	C	0. 000000	0. 000000	
76. 97 07697 CARDI AC REHABI LI TATI ON	244, 768	2, 437, 412	2, 682, 180	0. 467070	0. 000000	76. 97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	7, 925	2, 139, 803		1. 723417	0. 000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	3, 346, 445	37, 028, 660	40, 375, 105	0. 192207	0. 000000	90.01
90.02 09002 WOUND CARE CENTER	39, 372	5, 683, 326	5, 722, 698	0. 258677	0. 000000	90.02
90. 03 09003 PALN CLINIC	0	1, 836, 064			0. 000000	
90.05 09005 OP PSYCH CLINIC	5, 066	2, 487, 453	2, 492, 519	1.677236	0. 000000	90.05
91.00 09100 EMERGENCY	43, 671, 739	136, 817, 418			0. 000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	996, 467	33, 846, 447	34, 842, 914	0. 149135	0. 000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	C	0.000000	0. 000000	94.00
95.00 09500 AMBULANCE SERVICES	180, 317	50, 381, 866	50, 562, 183	0. 219733	0. 000000	95.00
100.00100001&R SERVICES-NOT APPRVD PRGM	0	0	C			100.00
101.0010100 HOME HEALTH AGENCY	0	0	C			101.00
SPECIAL PURPOSE COST CENTERS						
113.0011300 INTEREST EXPENSE						113.00
114. 0011400 UTI LI ZATI ON REVI EW-SNF						114.00
115. 0011500 AMBULATORY SURGI CAL CENTER (D. P. )	0	0	c c			115.00
116. 00 11600 HOSPI CE	0	n n				116.00
200.00 Subtotal (see instructions)	718, 576, 909	1.037.227.045	1, 755, 803, 954			200.00
201.00 Less Observation Beds	, 5, 6, 707	,,, 510	, , ,			201.00
202.00 Total (see instructions)	718, 576, 909	1.037.227.045	1, 755, 803, 954			202.00
		., 33., 22,, 040	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I I	I	F

Health Financial Systems	U HEALTH BLOOMIN	IGTON HOSPI TAL	In Lieu of	Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0051	Period: Wor	rksheet C
			To 12/31/2020 Da	rt I te/Time Prepared:
				14/2021 11:13 am
Cost Center Description	PPS Inpatient	Title XIX	Hospi tal	PPS
	Ratio			
	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDIATRICS				30.00
31.00 03100 I NTENSI VE CARE UNI T 32.00 03200 CORONARY CARE UNI T				31.00
35. 00 02060 NEONATAL I NTENSI VE CARE UNI T				32.00 35.00
41. 00 04100 SUBPROVI DER – I RF				41.00
42. 00 04200 SUBPROVI DER				42.00
43.00 04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS				
50.00 O5000 OPERATI NG ROOM	0. 094764			50.00
50. 01 05001 CV SURGERY	0. 000000			50.01
51.00 O5100 RECOVERY ROOM	0. 184446			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 246827			52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000			53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 148687			54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	0. 066789 0. 000000			55.00 56.00
57. 00 05700 CT SCAN	0. 058312			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 143020			58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 047667			59.00
60. 00 06000 LABORATORY	0. 186536			60.00
64. 00 06400 I NTRAVENOUS THERAPY	0. 000000			64.00
65. 00 06500 RESPI RATORY THERAPY	0. 284261			65.00
66. 00 06600 PHYSI CAL THERAPY	0. 462233			66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000			67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000			68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 065881			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 165316			70.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0. 139078			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 218557			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 192331			73.00
73. 01 07302 0P PHARMACY 74. 00 07400 RENAL DI ALYSI S	2. 275174 0. 408768			73.01 74.00
75. 00 07500 ASC (NON-DI STINCT PART)	0. 000000			74.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000			75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 467070			76.97
OUTPATIENT SERVICE COST CENTERS				
90. 00 09000 CLINIC	1. 723417			90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0. 192207			90. 01
90.02 09002 WOUND CARE CENTER	0. 258677			90.02
90. 03 09003 PAIN CLINIC	0. 429496			90.03
90. 05 09005 0P PSYCH CLINIC	1. 677236			90.05
91.00 09100 EMERGENCY	0. 084802			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0. 149135			92.00
94.00 09400 HOME PROGRAM DI ALYSI S	0. 000000			94.00
95. 00 09500 AMBULANCE SERVICES	0. 219733			95.00
100.0010000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.0010100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS				
113. 0011300 I NTEREST EXPENSE				113.00
114. 0011400 UTI LI ZATI ON REVIEW-SNF				114.00
115. 0011500 AMBULATORY SURGICAL CENTER (D.P.) 116. 0011600 HOSPICE				115.00
200.00 Subtotal (see instructions)				116.00 200.00
201.00 Less Observation Beds				200.00
202.00 Total (see instructions)				201.00
	• •			

	J HEALTH BLOOMI				u of Form CMS-2	2552-10
CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE REDUCTIONS FOR MEDICAID ONLY	RATIOS NET OF	Provider (	CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020		epared:
		Ti †I	e XIX	Hospi tal	PPS	13 dili
Cost Center Description	Total Cost	Capital Cost			Operating Cost	·
	(Wkst. B, Part				Reduction	
	I, col. 26)	II col. 26)	Cost (col. 1	-	Amount	
			col. 2)			
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	00 017 000	1 570 701	10 (00 1)			50.00
50. 00 O5000 OPERATING ROOM	20, 217, 830	1, 578, 701				
50. 01 05001 CV SURGERY 51. 00 05100 RECOVERY ROOM	5, 908, 085	C 179, 618		0 0 57 0		
52.00 05200 DELIVERY ROOM & LABOR ROOM	5, 908, 085 8, 446, 895	975, 745			0	
53. 00 05300 ANESTHESI OLOGY	0, 440, 093	975,745	7,471,13	0 0	0	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	7, 432, 428	579, 762	6, 852, 66	6 0	0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	6, 184, 953	643, 602			0	1
56. 00 05600 RADI OL SOTOPE	0, 104, 735	043, 002		0 0	0	1
57. 00 05700 CT SCAN	1, 559, 038	52, 332			0	1
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 159, 971	61, 401			0	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	3, 184, 116	209, 018			0	1
60. 00 06000 LABORATORY	19, 291, 976	636, 703			0	
64.00 06400 INTRAVENOUS THERAPY	0	(	)	0 0	0	1
65. 00 06500 RESPI RATORY THERAPY	4, 702, 381	87, 790	4, 614, 59	0	0	1
66. 00 06600 PHYSI CAL THERAPY	11, 724, 041	371, 812			0	1
67.00 06700 OCCUPATI ONAL THERAPY	0	Ċ		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	C		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	1, 546, 687	83, 319	1, 463, 36	68 0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1, 575, 157	124, 653	1, 450, 50	04 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11, 659, 396	143, 312	11, 516, 08	34 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	31, 918, 533	388, 313	31, 530, 22	20 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	55, 934, 405	682, 576	55, 251, 82	29 0	0	73.00
73.01 07302 OP PHARMACY	1, 418, 969	14, 841			0	
74.00 07400 RENAL DIALYSIS	2, 146, 537	41, 172	2, 105, 36	55 0	0	
75.00 07500 ASC (NON-DISTINCT PART)	0	C	D	0 0	0	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	C	D	0 0		
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 252, 766	109, 307	1, 143, 45	59 0	0	76.97
	0 701 401	F(0, 241	2 122 00		0	00.00
	3, 701, 431	569, 341				
90.01 09001 OP ONCOLOGY INFUSION CENTER 90.02 09002 WOUND CARE CENTER	7, 760, 373	587, 243			0	
90. 02 09002 WOUND CARE CENTER 90. 03 09003 PAIN CLINIC	1, 480, 330 788, 582	137, 438 85, 015			0	1
90. 05 09005 PATH CETNIC 90. 05 09005 OP PSYCH CLINIC	4, 180, 543	351, 296			0	1
91. 00 09100 EMERGENCY	15, 305, 907	897, 720			0	1
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	5, 196, 302	340, 114			0	1
OTHER REIMBURSABLE COST CENTERS	3, 170, 302	340, 114	r <u> </u>		0	/2.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	(	ol	0 0	0	94.00
95. 00 09500 AMBULANCE SERVICES	11, 110, 157	483, 922	10, 626, 23		0	
100. 0010000 I &R SERVICES-NOT APPRVD PRGM	0	C		0 0		100.00
101.0010100 HOME HEALTH AGENCY	0	Ċ		0 0		101.00
SPECIAL PURPOSE COST CENTERS			•			
113. 0011300 INTEREST EXPENSE						113.00
114.0011400 UTILIZATION REVIEW-SNF						114.00
115.0011500 AMBULATORY SURGICAL CENTER (D.P.)	0	C		0 0		115.00
116. 0011600 HOSPI CE	0	C		0 0		116.00
200.00 Subtotal (sum of lines 50 thru 199)	246, 787, 789	10, 416, 066				200.00
201.00 Less Observation Beds	5, 196, 302	340, 114				201.00
202.00 Total (line 200 minus line 201)	241, 591, 487	10, 075, 952	2 231, 515, 53	35 0	0	202.00

Health Financial Systems II	J HEALTH BLOOMII	NGTON HOSPITA	L	In Lie	eu of Form CMS-2552-1
CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE REDUCTIONS FOR MEDICAID ONLY	RATIOS NET OF	Provider C	CN: 15-0051	Period: From 01/01/202 To 12/31/202	Worksheet C 20 Part II 20 Date/Time Prepared 7/14/2021 11:13 am
		Ti †I	e XIX	Hospi tal	PPS
Cost Center Description	Cost Net of	Total Charges			
	Capital and	(Worksheet C,	Cost to Char	ae	
	Operating Cost				
	Reduction	8)	/ col. 7)		
	6.00	7.00	8.00		
ANCI LLARY SERVI CE COST CENTERS	0100	7100	0100		
50. 00 05000 OPERATI NG ROOM	20, 217, 830	213, 350, 208	0. 0947	64	50.00
50. 01 05001 CV SURGERY	0				50.0
51.00 05100 RECOVERY ROOM	5, 908, 085	32,031,479			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8, 446, 895	34, 221, 970			52.00
53.00 05300 ANESTHESI OLOGY	0	C .,,	0. 0000		53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	7, 432, 428	49, 987, 065			54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	6, 184, 953	92, 604, 185			55.00
56. 00 05600 RADI 0I SOTOPE	0	C			56.00
57. 00 05700 CT SCAN	1, 559, 038	26, 736, 027			57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	1, 159, 971	8, 110, 543			58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	3, 184, 116	66, 798, 886			59.00
60. 00 06000 LABORATORY	19, 291, 976	103, 422, 390			60.00
64. 00 06400 I NTRAVENOUS THERAPY	0	.00, 122, 0,0	0. 0000		64.00
65. 00 06500 RESPIRATORY THERAPY	4, 702, 381	16, 542, 475			65.00
66. 00 06600 PHYSI CAL THERAPY	11, 724, 041	25, 363, 919			66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	20,000,777			67.00
68. 00 06800 SPEECH PATHOLOGY	0	C	0. 0000		68.00
69. 00 06900 ELECTROCARDI OLOGY	1, 546, 687	23, 477, 129			69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 575, 157	9, 528, 152			70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11, 659, 396	83, 833, 796			71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	31, 918, 533	146, 042, 213			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	55, 934, 405	290, 823, 603			73.00
73. 01 07302 OP PHARMACY	1, 418, 969				73.0
74. 00 07400 RENAL DI ALYSI S	2, 146, 537	5, 251, 236			74.00
75. 00 07500 ASC (NON-DI STI NCT PART)	0	0,201,200			75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	Ċ	0. 0000		75.0
76. 97 07697 CARDI AC REHABI LI TATI ON	1, 252, 766	2, 682, 180			76.9
OUTPATIENT SERVICE COST CENTERS	.,,	_,,			
90. 00 09000 CLINIC	3, 701, 431	2, 147, 728	1. 7234	17	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	7, 760, 373	40, 375, 105			90.0
90.02 09002 WOUND CARE CENTER	1, 480, 330				90.02
90. 03 09003 PAIN CLINIC	788, 582	1, 836, 064			90.03
90. 05 09005 OP PSYCH CLINIC	4, 180, 543	2, 492, 519			90.0
91.00 09100 EMERGENCY	15, 305, 907				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	5, 196, 302	34, 842, 914			92.00
OTHER REIMBURSABLE COST CENTERS		,		•	
94. 00 09400 HOME PROGRAM DI ALYSI S	0	C	0.0000	00	94.00
95.00 09500 AMBULANCE SERVICES	11, 110, 157	50, 562, 183			95.00
100.0010000 I &R SERVICES-NOT APPRVD PRGM	0	C		00	100.00
101.0010100 HOME HEALTH AGENCY	0	C	0. 0000		101.00
SPECIAL PURPOSE COST CENTERS				•	
113.0011300 I NTEREST EXPENSE					113.00
114. 00 11400 UTI LI ZATI ON REVI EW-SNF				1	114.00
115.0011500 AMBULATORY SURGICAL CENTER (D.P.)	0	C	0. 0000	00	115.00
116. 0011600 HOSPI CE	0	C	0. 0000		116.00
200.00 Subtotal (sum of lines 50 thru 199)	246, 787, 789	1, 549, 899, 499		1	200.00
201.00 Less Observation Beds	5, 196, 302				201.00
202.00 Total (line 200 minus line 201)		1, 549, 899, 499			202.00
			•	-	•

Health Financial Systems	IU HEALTH BLOOMI	NGTON HOSPI TAL	_	In Lieu	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CA	APITAL COSTS	Provider C		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Pre 7/14/2021 11:	epared: 13 am
		Title	× XVIII	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		,	
	11, 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	4, 176, 951	0	4, 176, 95	1 48, 854	85.50	30.00
31.00 INTENSIVE CARE UNIT	397, 430		397, 43	0 4, 121	96.44	31.00
32.00 CORONARY CARE UNIT	441, 355		441, 35	5 3, 518	125.46	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	211, 016		211, 01			35.00
41.00 SUBPROVIDER - IRF	175, 272	0	175, 27			41.00
42.00 SUBPROVIDER	0	0		0 0		42.00
43.00 NURSERY	127, 493		127, 49	3 2,707		43.00
200.00 Total (lines 30 through 199)	5, 529, 517		5, 529, 51			200.00
Cost Center Description	Inpatient	Inpatient				
	Program days	Program				
	i i ogi um uujo	Capital Cost				
		(col. 5 x col.				
		6)				
	6,00	7.00	1			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	17, 091	1, 461, 281				30.00
31.00 INTENSIVE CARE UNIT	1, 632	157, 390				31.00
32.00 CORONARY CARE UNI T	1, 476					32.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0				35.00
41.00 SUBPROVIDER - IRF	815	100, 245				41.00
42. 00 SUBPROVI DER	0.0	0				42.00
43. 00 NURSERY	0	0				43.00
200.00 Total (lines 30 through 199)	21, 014	1,904,095				200.00
	1 27,011	., / , 0 / 0	I			F-0.00

	J HEALTH BLOOMI	NGTON HOSPI TA	L	In Lieu	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	TAL COSTS	Provi der (	CN: 15-0051	Period: From 01/01/2020	Worksheet D Part II	
				To 12/31/2020	Date/Time Pre	-nared
				10 12/01/2020	7/14/2021 11:	13 am
			e XVIII	Hospi tal	PPS	
Cost Center Description	Capital Related			t Inpatient	Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	Wkst. B, Part		·	. Charges	column 4)	
	II, col. 26)	8)	2)			
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS				<u> </u>		
50. 00 05000 OPERATING ROOM	1, 578, 701	213, 350, 208				50.00
50. 01 05001 CV SURGERY	0	00 001 170	0.00000		0	50.01
51.00 05100 RECOVERY ROOM	179, 618					
52.00 05200 DELI VERY ROOM & LABOR ROOM 53.00 05300 ANESTHESI OLOGY	975, 745	34, 221, 970				
53. 00 05300 ANESTHESI OLOGY 54. 00 05400 RADI OLOGY-DI AGNOSTI C	0 570 740	49, 987, 065	0. 00000 0. 01159		00,027	
55. 00 05500 RADI OLOGY-DI AGNOSTI C	579, 762					
56. 00 05600 RADI 0L0GY - THERAPEUTI C	643, 602	92, 604, 185	0. 00095		14, 419 0	56.00
57. 00 05700 CT SCAN	52, 332	26, 736, 027				
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	61, 401	8, 110, 543				
59. 00 05900 CARDI AC CATHETERI ZATI ON	209, 018					
60. 00 06000 LABORATORY	636, 703	103, 422, 390				
64. 00 06400 I NTRAVENOUS THERAPY	030,703	103, 422, 390	0. 00000		0	
65. 00 06500 RESPIRATORY THERAPY	87, 790	16, 542, 475				65.00
66. 00 06600 PHYSI CAL THERAPY	371, 812	25, 363, 919				
67. 00 06700 OCCUPATI ONAL THERAPY	0	20,000,711				
68.00 06800 SPEECH PATHOLOGY	0	(	0. 00000		0	68.00
69. 00 06900 ELECTROCARDI OLOGY	83, 319	23, 477, 129				
70.00 07000 ELECTROENCEPHALOGRAPHY	124, 653	9, 528, 152				
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	143, 312	83, 833, 796	0. 00170	9 13, 439, 630	22, 968	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	388, 313			9 40, 585, 016	107, 916	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	682, 576	290, 823, 603	0. 00234	7 29, 757, 075	69, 840	73.00
73.01 07302 OP PHARMACY	14, 841	623, 675	0. 02379		0	73.01
74.00 07400 RENAL DIALYSIS	41, 172	5, 251, 236	0. 00784	0 1, 949, 319	15, 283	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	C			0	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	C	0.00000		0	75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	109, 307	2, 682, 180	0. 04075	3 88, 071	3, 589	76.97
OUTPATIENT SERVICE COST CENTERS				-		
90.00 09000 CLINIC	569, 341	2, 147, 728				
90. 01 09001 OP ONCOLOGY INFUSION CENTER	587, 243	40, 375, 105				
90. 02 09002 WOUND CARE CENTER	137, 438					90.02
90. 03 09003 PAIN CLINIC 90. 05 09005 0P PSYCH CLINIC	85, 015				0 491	90.03 90.05
	351, 296					
91.00 09100 EMERGENCY 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	897, 720 340, 114	180, 489, 157 34, 842, 914				
01400 04200 085 000 000 000 000 000 000 000 000 0	340, 114	34, 842, 912	0.00976	320, 932	3, 133	92.00
94.00 09400 HOME PROGRAM DIALYSIS	0	(	0. 00000	0 0	0	94.00
95. 00 09500 AMBULANCE SERVICES	0	L L	0.00000	0	0	94.00
200.00 Total (lines 50 through 199)	9 932 144	1, 499, 337, 316		201, 135, 115	993, 932	
	1 7, 752, 144	1, 77, 337, 310	1	L 201, 155, 115	775,752	r-00.00

Health Financial Systems	U HEALTH BLOOMI	NGTON HOSPITAL		Inlie	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER			CN: 15-0051 F	eri od:	Worksheet D	2002 10
				rom 01/01/2020 o 12/31/2020	Part III	narod
			'	0 12/31/2020	Date/Time Pre 7/14/2021 11:	13 am
			XVIII	Hospi tal	PPS	
Cost Center Description				Allied Health	All Other	
	Post-Stepdown		Post-Stepdown		Medi cal	
	Adjustments	1.00	Adjustments		Education Cost	
INPATIENT ROUTINE SERVICE COST CENTERS	1A	1.00	2A	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS	0	0		0	0	30, 00
31. 00 03100 I NTENSI VE CARE UNI T		-	-	-	0	
32. 00 03200 CORONARY CARE UNIT	0	0		0	0	
35. 00 02060 NEONATAL INTENSIVE CARE UNIT	Ő	Ő		0	0	
41.00 04100 SUBPROVIDER - IRF	0	0	C	0	0	
42. 00 04200 SUBPROVI DER	0	0	C	0	0	42.00
43.00 04300 NURSERY	0	0	C	0	0	
200.00 Total (lines 30 through 199)	0	0	C	0		200.00
Cost Center Description	Swi ng-Bed	Total Costs		Per Diem (col.	Inpatient	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3, minus col. 4)				
	4,00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS	4.00	5.00	0.00	7.00	0.00	
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	48, 854	0.00	17,091	30.00
31.00 03100 I NTENSI VE CARE UNI T		0			1,632	
32.00 03200 CORONARY CARE UNI T		0	3, 518	0.00	1, 476	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT		0	3, 325	0.00	0	35.00
41.00 04100 SUBPROVI DER – I RF	0	0	1, 425		815	
42.00 04200 SUBPROVI DER	0	0	C	0.00	0	
43.00 04300 NURSERY		0			0	
200.00 Total (lines 30 through 199)		0	63, 950		21,014	200.00
Cost Center Description	Inpatient Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
	9.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	0					30.00
31.00 03100 I NTENSI VE CARE UNI T	0					31.00
32.00 03200 CORONARY CARE UNIT						32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT 41.00 04100 SUBPROVIDER - IRF						35.00 41.00
41.00 04100 SUBPROVIDER - TRF 42.00 04200 SUBPROVIDER						41.00
43. 00 04300 NURSERY	0					42.00
200.00 Total (lines 30 through 199)	0					200.00
	I O	I				F 00.00

Health Financial Systems IU	HEALTH BLOOMI	ΝΩΤΩΝ ΗΩSPLITAL		Inlie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI THROUGH COSTS			CN-15-0051	Period: Erom 01/01/2020	Worksheet D	
				10 12,01,2020	Date/Time Pre 7/14/2021 11:	13 am
			XVIII	Hospi tal	PPS	
Cost Center Description				Allied Health		
		Post-Stepdown Adjustments		Post-Stepdown Adjustments		
	<u>Cost</u> 1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS	1.00	20	2.00	54	3.00	
50. 00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
50. 01 05001 CV SURGERY	0	0		0 0	-	
51.00 05100 RECOVERY ROOM	0	0		0 0	0	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	1
53.00 05300 ANESTHESI OLOGY	0	0		0 0	0	1
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56. 00 05600 RADI 0I SOTOPE	0	0		0 0	0	
57.00 05700 CT SCAN	0	0		0 0	0	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	•
60. 00 06000 LABORATORY	0	0		0 0	0	
64.00 06400 I NTRAVENOUS THERAPY	0	0		0 0	0	
65.00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.00
69.00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	673, 583	73.00
73.01 07302 OP PHARMACY	0	0		0 0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0		0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		0 0	0	75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0	0	75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		0 0	-	
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0		0 0	0	
90.02 09002 WOUND CARE CENTER	0	0		0 0	0	
90. 03 09003 PAIN CLINIC	0	0		0 0	0	
90. 05 09005 OP PSYCH CLINIC	0	0		0 0	0	
91.00 09100 EMERGENCY	0	0		0 0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
OTHER REIMBURSABLE COST CENTERS	1 1			4		
94.00 09400 HOME PROGRAM DI ALYSI S	0	0		0 0	0	1.1.00
95.00 09500 AMBULANCE SERVICES		_			( <b>-</b>	95.00
200.00 Total (lines 50 through 199)	0	0	1	0 0	673, 583	200.00

Health Financial Systems IU	HEALTH BLOOMI	NGTON HOSPITAL		Inlieu	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI				Period:	Worksheet D	.552 10
THROUGH COSTS	ERVICE OTHER I		F	rom 01/01/2020	Part IV	
			٦ [	o 12/31/2020	Date/Time Pre 7/14/2021 11:	epared:
						13 am
			XVIII	Hospi tal	PPS	
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.	$(col. 5 \div col.$	
		4)	cols. 2, 3,	8)	7)	
			and 4)		(see	
					instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATI NG ROOM	0	0	(	213, 350, 208	0.000000	50.00
50. 01 05001 CV SURGERY	0	0	(	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	(	32, 031, 479	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	34, 221, 970	0.000000	52.00
53. 00 05300 ANESTHESI OLOGY	0	0	(		0. 000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		49, 987, 065	0. 000000	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	Ő			0. 000000	
56. 00 05600 RADI OL SOTOPE	0	0		,2,001,100	0. 000000	
57. 00 05700 CT SCAN	0	0	(	26, 736, 027	0. 000000	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0	(		0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		-,,	0. 000000	
60. 00 06000 LABORATORY	0	0			0. 000000	
64. 00 06400 I NTRAVENOUS THERAPY	0	0			0. 000000	
	0	0		-		
	0	-	-		0.000000	
66.00 06600 PHYSI CAL THERAPY	0	0			0. 000000	
67.00 06700 OCCUPATI ONAL THERAPY	0	0		, v	0.000000	
68.00 06800 SPEECH PATHOLOGY	0	0	(	°	0.000000	
69. 00 06900 ELECTROCARDI OLOGY	0	0	(		0.000000	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	(	.,	0. 000000	
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	(		0. 000000	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	(		0. 000000	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	673, 583	673, 583		0. 002316	
73.01 07302 OP PHARMACY	0	0	(		0. 000000	
74.00 07400 RENAL DI ALYSI S	0	0	(	-,	0. 000000	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	(	, s	0. 000000	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	(	-	0. 000000	
76. 97 07697 CARDIAC REHABILITATION	0	0	(	2, 682, 180	0. 000000	76.97
OUTPATIENT SERVICE COST CENTERS		-				
90. 00 09000 CLINIC	0	0		_, ,	0. 000000	
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	(	40, 375, 105	0. 000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	(	5, 722, 698	0. 000000	90.02
90. 03 09003 PAIN CLINIC	0	0	(	1, 836, 064	0. 000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	(	2, 492, 519	0. 000000	90.05
91.00 09100 EMERGENCY	0	0	(	180, 489, 157	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	(	34, 842, 914	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	(	) 0	0. 000000	94.00
95. 00 09500 AMBULANCE SERVICES		-				95.00
200.00 Total (lines 50 through 199)	0	673, 583	673, 583	3 1, 499, 337, 316		200.00
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	J HEALTH BLOOMIN			In Lieu	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	ERVICE OTHER PA	.SS Provider C	CN: 15-0051	Period: From 01/01/2020	Worksheet D Part IV	
THROUGH COSTS				o 12/31/2020		epared:
					7/14/2021 11:	13 am
			XVIII	Hospi tal	PPS	
Cost Center Description	Outpati ent	Inpatient	Inpatient	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col. 7)		Costs (col. 8 x col. 10)		Costs (col. 9 x col. 12)	
	9,00	10,00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	9.00	10.00	11.00	12.00	13.00	
50. 00 05000 OPERATING ROOM	0, 000000	34, 454, 799	(	27, 769, 323	0	50.00
50. 01 05001 CV SURGERY	0. 000000	0			0	50.01
51.00 05100 RECOVERY ROOM	0. 000000	2, 294, 988			0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	223, 726		21, 928	0	52.00
53.00 05300 ANESTHESI OLOGY	0. 000000	0		0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	8, 530, 560	(	7, 732, 970	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	2,074,747	(	33, 789, 090	0	55.00
56. 00 05600 RADI OI SOTOPE	0. 000000	0	(	0	0	56.00
57.00 05700 CT SCAN	0. 000000	4, 526, 458	(	4, 452, 391	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	999, 623	(	1, 165, 116	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	11, 159, 210	(	14, 487, 152	0	59.00
60. 00 06000 LABORATORY	0. 000000	15, 369, 598	(	6, 657, 318	0	60.00
64.00 06400 I NTRAVENOUS THERAPY	0. 000000	0	(	0 0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	5, 340, 297	(	416, 038	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	4, 679, 316	(	94, 748	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	0	(	0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	0	(	0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	5, 785, 476	(	-,,		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	803, 082		.,		70.00
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0. 000000	13, 439, 630				71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 000000	40, 585, 016		,		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.002316	29, 757, 075	68, 917	91, 153, 737	211, 112	
73.01 07302 OP PHARMACY	0.00000	0			0	73.01
74.00 07400 RENAL DI ALYSI S	0.00000	1, 949, 319		101/200	0	74.00
75. 00 07500 ASC (NON-DI STI NCT PART) 75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000 0. 000000	0	· · · · · · · · · · · · · · · · · · ·		0	75.00 75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	88, 071		-	0	76.97
OUTPATIENT SERVICE COST CENTERS	0.000000	00,071		703, 555	0	/0. 7/
90. 00 09000 CLINIC	0,000000	4, 574	(	922,055	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0. 000000	1, 487, 031		,	-	90.01
90. 02 09002 WOUND CARE CENTER	0. 000000	27, 515		1, 021, 922	0	90.02
90. 03 09003 PAIN CLINIC	0. 000000	0			0	90.03
90. 05 09005 OP PSYCH CLINIC	0. 000000	3, 486				90.05
91.00 09100 EMERGENCY	0.000000	17, 230, 586	(			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	320, 932	(	11, 686, 206	0	92.00
OTHER REIMBURSABLE COST CENTERS						]
94.00 09400 HOME PROGRAM DIALYSIS	0. 000000	0	(	0 0	0	94.00
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		201, 135, 115	68, 917	288, 949, 243	211, 112	200.00

Health Financial Systems	IU HEALTH BLOOMI			In Lieu	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES	AND VACCINE COS	T Provider C		Period: From 01/01/2020	Worksheet D Part V	
				To 12/31/2020	Date/Time Pro	epared:
		Title	e XVIII	Hospi tal	7/14/2021 11: PPS	:13 am
			Charges	noopi tui	Costs	
Cost Center Description	Cost to Charge	PPS Reimburseo	Cost	Cost	PPS Services	
	Ratio From	Services (see		Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9	1	Subject To	Subject To Ded. & Coins.		
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATI NG ROOM	0. 094764			0 0	2, 631, 532	
50. 01 05001 CV SURGERY	0.00000			0 0		00101
51.00 O5100 RECOVERY ROOM	0. 184446			0 0 0 0	1, 097, 878	
52.00 05200 DELIVERY ROOM & LABOR ROOM 53.00 05300 ANESTHESIOLOGY	0. 246827			0 0	5, 412 0	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 148687			0 0	1, 149, 792	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 066789			0 0	2, 256, 740	
56. 00 05600 RADI OI SOTOPE	0. 000000			0 0	0	56.00
57.00 05700 CT SCAN	0. 058312	4, 452, 391		0 0	259, 628	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 143020	1, 165, 116		0 0	166, 635	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 047667			0 0	690, 559	
60. 00 06000 LABORATORY	0. 186536			0 0	1, 241, 829	
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	0.00000			0 0 0 0	110 242	
66. 00 06600 PHYSI CAL THERAPY	0. 284261 0. 462233			0 0	118, 263 43, 796	
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000				43,770	1
68.00 06800 SPEECH PATHOLOGY	0.000000			0 0	0	1
69. 00 06900 ELECTROCARDI OLOGY	0. 065881	3, 388, 616		0 0	223, 245	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 165316			0 0	295, 031	
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT				0 0	2, 376, 776	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0. 218557			0 0	3, 737, 554	
73. 00 07300 DRUGS CHARGED TO PATIENTS 73. 01 07302 OP PHARMACY	0. 192331 2. 275174			0 262, 273	17, 531, 689 0	
74. 00 07400 RENAL DI ALYSI S	0. 408768			0 0	54, 879	
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000			0 0	01,077	1
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0.00000			0 0	0	1
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 467070	903, 533		0 0	422, 013	76.97
OUTPATIENT SERVICE COST CENTERS			•	-		
90.00 09000 CLINIC	1. 723417			0 105	1, 589, 085	
90. 01 09001 OP ONCOLOGY INFUSION CENTER	0. 192207			0 28		
90. 02 09002 WOUND CARE CENTER 90. 03 09003 PAIN CLINIC	0. 258677 0. 429496			0 0	264, 348 251, 825	
90. 05 09005 PP PSYCH CLINIC	1. 677236			0 0	402, 252	
91. 00 09100 EMERGENCY	0. 084802			0 79		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0 15	1, 742, 822	
OTHER REIMBURSABLE COST CENTERS						1
94.00 09400 HOME PROGRAM DI ALYSI S	0. 000000			0 0		94.00
95.00 09500 AMBULANCE SERVICES	0. 219733				10 507 65	95.00
200.00 Subtotal (see instructions)		288, 949, 243		0 262, 500	43, 587, 834	
201.00 Less PBP Clinic Lab. Services-Progr Only Charges				0		201.00
202.00 Net Charges (line 200 - line 201)		288, 949, 243		0 262, 500	43, 587, 834	202.00
	•		•			

		HEALTH BLOOMIN				of Form CMS-	-2552-10
APPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES A	ND VACCINE COST	Provider C	CN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Pr 7/14/2021 11	repared:
			Title	e XVIII	Hospi tal	PPS	: 13 alli
		Cos				1 110	
	Cost Center Description	lost Reimbursed Services					
	9		Servi ces Not				
		& Coins. (see	Subject To				
		inst.)	Ded. & Coins.				
			(see inst.)	1			
		6.00	7.00				
	LLARY SERVICE COST CENTERS						
	O OPERATI NG ROOM	0	0				50.00 50.01
	1 CV SURGERY O RECOVERY ROOM	0	0				50.01
	O DELIVERY ROOM & LABOR ROOM	0	0				52.00
	O ANESTHESI OLOGY	0	0				52.00
	0 RADI OLOGY-DI AGNOSTI C	0	0				54.00
	O RADI OLOGY-THERAPEUTI C	0	0				55.00
•	O RADI OI SOTOPE	0	0				56.00
	O CT SCAN	0	Ő				57.00
	O MAGNETIC RESONANCE I MAGING (MRI)	0	0				58.00
	O CARDI AC CATHETERI ZATI ON	0	0	)			59.00
60.00 06000	O LABORATORY	0	0				60.00
64.00 06400	O I NTRAVENOUS THERAPY	0	0				64.00
65.00 06500	0 RESPI RATORY THERAPY	0	0	)			65.00
	O PHYSI CAL THERAPY	0	0				66.00
	O OCCUPATI ONAL THERAPY	0	0	)			67.00
	O SPEECH PATHOLOGY	0	0	)			68.00
	0 ELECTROCARDI OLOGY	0	0				69.00
	O ELECTROENCEPHALOGRAPHY	0	0				70.00
	O MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0				71.00
	OIMPL. DEV. CHARGED TO PATIENTS ODRUGS CHARGED TO PATIENTS	0	50, 443				72.00
	2 OP PHARMACY	0	50, 443				73.00
	O RENAL DI ALYSI S	0	0				74.00
	O ASC (NON-DI STINCT PART)	0	0				75.00
	O PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0				75.01
	7 CARDI AC REHABI LI TATI ON	0	0				76.97
	ATIENT SERVICE COST CENTERS						
90.00 09000	O CLINIC	0	181				90.00
	1 OP ONCOLOGY INFUSION CENTER	0	5				90.01
	2 WOUND CARE CENTER	0	0	)			90.02
	3 PAIN CLINIC	0	0	)			90.03
	5 OP PSYCH CLINIC	0	0	)			90.05
91.00 09100		0	7				91.00
	0 OBSERVATION BEDS (NON-DISTINCT PART)	0	2	<u> </u>			92.00
	R REIMBURSABLE COST CENTERS	0	0	1			94.00
	O AMBULANCE SERVICES	0	U	'			94.00
200.00	Subtotal (see instructions)	0	50, 638				200.00
201.00	Less PBP Clinic Lab. Services-Program	0	50, 050				200.00
		U U		1			-01.00
	Only Charges						

	J HEALTH BLOOMI	NGTON HOSPITAL		In Lieu	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	TAL COSTS	Provider C	CN: 15-0051	eriod:	Worksheet D	
		Component		rom 01/01/2020 o 12/31/2020		narod
		Component	CCN. 15-1051 1	0 12/31/2020	7/14/2021 11:	13 am
		Title	xVIII \$u	bprovider - IR		
Cost Center Description	Capital Related			Inpatient	Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	Wkst. B, Part			Charges	column 4)	
	II, col. 26)	8)	2)	Ť		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS	_	-			-	
50.00 05000 OPERATI NG ROOM	1, 578, 701	213, 350, 208	0.007400	3, 437	25	50.00
50. 01 05001 CV SURGERY	0	0	0. 000000	0	0	50.01
51.00 05100 RECOVERY ROOM	179, 618	32, 031, 479	0. 005608	1, 071	6	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	975, 745	34, 221, 970	0. 028512	0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0	0	0. 000000	0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	579, 762			25, 248	293	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	643, 602	92, 604, 185	0. 006950		98	55.00
56. 00 05600 RADI OI SOTOPE	0	0	0. 000000	0	0	56.00
57.00 05700 CT SCAN	52, 332	26, 736, 027			23	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	61, 401	8, 110, 543	0. 007571	4,042	31	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	209, 018	66, 798, 886	0. 003129	0	0	59.00
60. 00 06000 LABORATORY	636, 703	103, 422, 390	0. 006156	115, 046	708	60.00
64.00 06400 INTRAVENOUS THERAPY	0		0. 000000	0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	87, 790	16, 542, 475	0. 005307	17, 861	95	65.00
66.00 06600 PHYSI CAL THERAPY	371, 812			1, 820, 659	26, 689	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0	0. 000000	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0. 000000	0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	83, 319	23, 477, 129	0. 003549	5, 791	21	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	124, 653	9, 528, 152	0. 013083	4, 180	55	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	143, 312	83, 833, 796	0. 001709	23, 928	41	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	388, 313	146, 042, 213	0. 002659	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	682, 576	290, 823, 603	0. 002347	256, 915	603	73.00
73.01 07302 OP PHARMACY	14, 841				0	
74.00 07400 RENAL DI ALYSI S	41, 172	5, 251, 236			202	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0			0	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0.000000		0	
76. 97 07697 CARDIAC REHABILITATION	109, 307	2, 682, 180	0. 040753	37, 204	1, 516	76.97
OUTPATIENT SERVICE COST CENTERS				-		
90. 00 09000 CLINIC	569, 341				-	
90.01 09001 OP ONCOLOGY INFUSION CENTER	587, 243				0	
90.02 09002 WOUND CARE CENTER	137, 438				0	
90. 03 09003 PAIN CLINIC	85, 015				0	
90. 05 09005 OP PSYCH CLINIC	351, 296				0	
91.00 09100 EMERGENCY	897, 720				64	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	34, 842, 914	0.00000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			0.000000		-	
94.00 09400 HOME PROGRAM DI ALYSI S	0	0	0. 000000	0	0	
95.00 09500 AMBULANCE SERVICES	0 500 000	1 400 007 01/		2 270 444	20.470	95.00
200.00 Total (lines 50 through 199)	9, 592, 030	1, 499, 337, 316	1	2, 379, 666	30, 470	200.00

Health Financial Systems	U HEALTH BLOOMI	NGTON HOSPITAL			Inlieu	of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S				Period.		Worksheet D	1002 10
THROUGH COSTS				From 01/0	21/2020	Part IV	
		Component	CCN: 15-T051	To 12/3	31/2020	Date/Time Pre	epared:
		Titlo	XVIII S	ubprovi de	or IDE	7/14/2021 11: PPS	13 am
Cost Center Description	Non Physician		Vursing Scho	ubprovi de			
cost center bescription		Post-Stepdown		Post-St		пец пеагти	
	Cost	Adjustments		Adjust			
	1.00	2A 2A	2.00	3/		3.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	ZR	2.00	31	η Ι	3.00	
50. 00 05000 OPERATING ROOM	0	0	1	0	0	0	50,00
50. 01 05001 CV SURGERY	0	0		0	0	0	
51. 00 05100 RECOVERY ROOM	0	0		0	0	0	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	0	01100
53. 00 05300 ANESTHESI OLOGY	0	0		0	0	0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0	0	0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0	Ő	0	
56. 00 05600 RADI OI SOTOPE	0	0		0	Ő	0	56.00
57. 00 05700 CT SCAN	0	0		0	Ő	0	
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0	0		0	0	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0	0	0	
60. 00 06000 LABORATORY	0	0		0	0	0	
64.00 06400 INTRAVENOUS THERAPY	0	0		0	Ő	0	
65. 00 06500 RESPI RATORY THERAPY	0	0		0	0	0	
66.00 06600 PHYSI CAL THERAPY	0	0		0	Ō	0	
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0	Ō	0	
68.00 06800 SPEECH PATHOLOGY	0	0		0	0	0	
69.00 06900 ELECTROCARDI OLOGY	0	0		0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	673, 583	73.00
73.01 07302 OP PHARMACY	0	0		0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0		0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		0	0	0	75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0	0	0	75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				_			
90. 00 09000 CLINIC	0	0		0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0		0	0	0	20101
90.02 09002 WOUND CARE CENTER	0	0		0	0	0	101.02
90. 03 09003 PAIN CLINIC	0	0		0	0	0	
90.05 09005 OP PSYCH CLINIC	0	0		0	0	0	
91.00 09100 EMERGENCY	0	0		0	0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0		0	92.00
OTHER REIMBURSABLE COST CENTERS	1	-	1				
94.00 09400 HOME PROGRAM DI ALYSI S	0	0		0	0	0	
95.00 09500 AMBULANCE SERVICES							
200.00 Total (lines 50 through 199)	0	0		0	o	673, 583	95.00

Under the Filmen of all Constants						0550 10
Health Financial Systems II APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	J HEALTH BLOOMI	NGTUN HUSPITAL			u of Form CMS-2	2552-10
	ERVICE UTHER P	ASS Provider C	CN: 15-0051	eriod: rom 01/01/2020	Worksheet D Part IV	
THROUGH COSTS		Component		o 12/31/2020	Date/Time Pre	epared:
					Date/Time Pre 7/14/2021 11:	13 am
		Title	•XVIII \$u	bprovider - IR		
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)	cols. 2, 3,	8)	7)	
		ŕ	and 4)	ŕ	(see	
			, í		instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0	0	213, 350, 208	0. 000000	50.00
50. 01 05001 CV SURGERY	0				0. 000000	
51. 00 05100 RECOVERY ROOM	0	-	-			
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0	-			
53. 00 05300 ANESTHESI OLOGY	0	0	0	01,221,770	0. 000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0	0	49, 987, 065		
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0			
56. 00 05600 RADI OLOGI - MERALEUTI C	0	0		72,004,100	0. 000000	
57. 00 05700 CT SCAN	0	0	0	26, 736, 027	0. 000000	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	8, 110, 543		
	0	0	0			
	0	0	0	66, 798, 886		
	0	0	0	103, 422, 390		
64.00 06400 I NTRAVENOUS THERAPY	0	0	0		0.00000	
65. 00 06500 RESPI RATORY THERAPY	0	0	0	16, 542, 475		
66. 00 06600 PHYSI CAL THERAPY	0	0	0	25, 363, 919		
67.00 06700 OCCUPATI ONAL THERAPY	0	0	0	0	0. 000000	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0. 000000	
69.00 06900 ELECTROCARDI OLOGY	0	0	0	23, 477, 129		
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	9, 528, 152	0. 000000	
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0			
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	Ũ	0	146, 042, 213		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	673, 583	673, 583			
73.01 07302 OP PHARMACY	0	0	0	623, 675		
74.00 07400 RENAL DIALYSIS	0	0	0	5, 251, 236		
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0. 000000	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0. 000000	
76. 97 07697 CARDIAC REHABILITATION	0	0	0	2, 682, 180	0. 000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0	0	2, 147, 728	0. 000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	40, 375, 105	0. 000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	5, 722, 698	0. 000000	90.02
90. 03 09003 PAIN CLINIC	0	0	0	1, 836, 064	0. 000000	90.03
90. 05 09005 OP PSYCH CLINIC	0	0	0	2, 492, 519	0. 000000	90.05
91.00 09100 EMERGENCY	0	0	0	180, 489, 157	0. 000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	34, 842, 914		
OTHER REIMBURSABLE COST CENTERS						1
94.00 09400 HOME PROGRAM DI ALYSI S	0	0	0	0	0. 000000	94.00
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	673, 583	673, 583	1, 499, 337, 316		200.00
	•				•	•

Health Financial Systems IL	HEALTH BLOOMIN	IGTON HOSPI TAL	_	In Lieu	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	ERVICE OTHER PA	SS Provider C	CN: 15-0051 P	eri od:	Worksheet D	
THROUGH COSTS		Common and		rom 01/01/2020		
		Component	CCN: 15-T051 T	o 12/31/2020	Date/Time Pre 7/14/2021 11:	
		Title	XVIII Sul	bprovider - IR		15 ull
Cost Center Description	Outpati ent	Inpatient	Inpatient	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col.	J	Costs (col. 8		Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	0. 000000	3, 437	0	0	0	50.00
50. 01 05001 CV SURGERY	0. 000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0. 000000	1, 071	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0	0	0	0	52.00
53.00 05300 ANESTHESI OLOGY	0. 000000	0	0	0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	25, 248	0	0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	14, 097	0	0	0	55.00
56. 00 05600 RADI OI SOTOPE	0. 000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0. 000000	11, 625	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 000000	4, 042	0	0	0	58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	0	0	0	0	59.00
60. 00 06000 LABORATORY	0. 000000	115, 046	0	0	0	60.00
64.00 06400 I NTRAVENOUS THERAPY	0. 000000	0	0	0	0	64.00
65.00 06500 RESPI RATORY THERAPY	0. 000000	17, 861	0	0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	1, 820, 659	0	0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDI OLOGY	0. 000000	5, 791	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	4, 180		0	0	70.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0. 000000	23, 928	0	0	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 002316	256, 915	595	0	0	73.00
73.01 07302 OP PHARMACY	0. 000000	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0. 000000	25, 725	0	0	0	74.00
75.00 07500 ASC (NON-DI STI NCT PART)	0. 000000	0	0	0	0	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0.00000	0	0	0	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	37, 204	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0.00000	0	-	0	0	90.00
90. 01 09001 OP ONCOLOGY INFUSION CENTER	0. 000000	0	0	0	0	90.01
90. 02 09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90. 03 09003 PAIN CLINIC 90. 05 09005 OP PSYCH CLINIC	0. 000000	0	0	0	0	90.03
90. 05 09005 0P PSYCH CLINIC 91. 00 09100 EMERGENCY	0. 000000 0. 000000	•	0	0	-	90.05
		12, 837	0	0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS	0.000000			0	0	04 00
94.00 09400 HOME PROGRAM DIALYSIS 95.00 09500 AMBULANCE SERVICES	0. 000000	0	0	0	0	94.00
200.00 Total (lines 50 through 199)		2, 379, 666	595	0	0	200.00
200. 04 Trotal (Tries 50 through 199)	I I	2, 317, 000	090	l O	0	£00.00

		J HEALTH BLOOMI			In Lieu	u of Form CMS-	2552-10
APPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES A	ND VACCINE COS	T Provider C	CN: 15-0051	Period: From 01/01/2020	Worksheet D Part V	
			Component			Date/Time Pr 7/14/2021 11	
			Title	XVIII Su	ıbprovider - IR		
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimburseo	Cost	Cost	PPS Services	
		Ratio From	Services (see		Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9	2	Subject To	Subject To		
					Ded. & Coins.		
		1.00	2.00	(see inst.)	(see inst.)	E 00	
	LLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	O OPERATI NG ROOM	0. 094764	0	(	0 0	C	50.00
	1 CV SURGERY	0. 000000					
	O RECOVERY ROOM	0. 184446	-			Ő	
	O DELIVERY ROOM & LABOR ROOM	0. 246827	0			0	
	O ANESTHESI OLOGY	0. 000000	0		0 0	0	
	O RADI OLOGY-DI AGNOSTI C	0. 148687	0		0 0	0	
	O RADI OLOGY-THERAPEUTI C	0. 066789	0	(	0	C	
	O RADI OI SOTOPE	0. 000000		0	0 0	C	56.00
	O CT SCAN	0. 058312	0	0	0 0	C	57.00
	O MAGNETIC RESONANCE IMAGING (MRI)	0. 143020	0	0	0 0	C	58.00
	O CARDI AC CATHETERI ZATI ON	0. 047667	0	(	0 0	0	59.00
60.00 06000	0 LABORATORY	0. 186536	0	(	0 0	0	60.00
64.00 06400	O I NTRAVENOUS THERAPY	0. 000000	0	(	0 0	C	64.00
	0 RESPI RATORY THERAPY	0. 284261	0	(	0 0	C	65.00
	O PHYSI CAL THERAPY	0. 462233			0 0	0	
	O OCCUPATI ONAL THERAPY	0. 000000			0 0	0	
	O SPEECH PATHOLOGY	0. 000000			0 0	0	
	O ELECTROCARDI OLOGY	0. 065881	0		0 0	0	
	O ELECTROENCEPHALOGRAPHY	0. 165316			0	0	
	O MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0. 139078			0	0	
	O I MPL. DEV. CHARGED TO PATIENTS	0. 218557	0			0	
	O DRUGS CHARGED TO PATIENTS	0. 192331	0		39	0	
	2 OP PHARMACY O RENAL DI ALYSI S	2. 275174 0. 408768			0		
	O ASC (NON-DISTINCT PART)	0. 408788					
	O PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000				0	
	7 CARDI AC REHABI LI TATI ON	0. 467070			0 0	0	
	ATIENT SERVICE COST CENTERS	0. 10/0/0	<u> </u>		<u> </u>		/0. //
	OCLINIC	1. 723417	0	(	0 0	C	90.00
90.01 0900	1 OP ONCOLOGY INFUSION CENTER	0. 192207	0			C	90.01
90.02 09002	2 WOUND CARE CENTER	0. 258677	0	(	0 0	0	90.02
90.03 09003	3 PAIN CLINIC	0. 429496	0	(	0 0	0	90.03
90.05 09005	5 OP PSYCH CLINIC	1. 677236	0	(	0 0	0	90.05
91.00 09100	0 EMERGENCY	0. 084802	0	(	0 0	C	91.00
	O OBSERVATION BEDS (NON-DISTINCT PART)	0. 149135	0	(	0 0	0	92.00
	R REIMBURSABLE COST CENTERS	1	i	1	1	i	4
	O HOME PROGRAM DI ALYSI S	0. 000000		(			94.00
	O AMBULANCE SERVICES	0. 219733		(		_	95.00
200.00	Subtotal (see instructions)		0		39	C	200.00
201.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
202.00	Only Charges Net Charges (line 200 - line 201)		o	c c	39	0	202.00
202.04	met ondriges (Trite 200 - Trite 201)	1	I 0	T C	4 37		F02.00

		J HEALTH BLOOMING				of Form CMS-	-2552-10
APPORTI ONMI	ENT OF MEDICAL, OTHER HEALTH SERVICES A	ND VACCINE COST		CN: 15-0051	Period: From 01/01/2020		
			Component	CCN: 15-T051	To 12/31/2020	Date/Time Pr 7/14/2021 11	
			Title	e XVIII	\$ubprovider - IR		i io alli
		Cost					
	Cost Center Description	Cost Reimbursed	Cost				
		Services	Reimbursed				
		Subject To Ded. S					
		& Coins. (see	Subject To				
			ed. & Coins. (see inst.)				
		6.00	7.00	1			
ANCI	LLARY SERVICE COST CENTERS						
	O OPERATI NG ROOM	0	C				50.00
	1 CV SURGERY	0	C				50.01
	O RECOVERY ROOM	0	C				51.00
	O DELIVERY ROOM & LABOR ROOM	0	C				52.00
	O ANESTHESI OLOGY	0	C				53.00
	O RADI OLOGY-DI AGNOSTI C	0	C				54.00
	O RADI OLOGY-THERAPEUTI C	0	C				55.00
	O RADI OI SOTOPE O CT SCAN	0					56.00
	OMAGNETIC RESONANCE IMAGING (MRI)	0	C				58.00
	O CARDI AC CATHETERI ZATI ON	0	0				59.00
	O LABORATORY	0	C				60.00
	OINTRAVENOUS THERAPY	0	C				64.00
	O RESPI RATORY THERAPY	0	C				65.00
	O PHYSI CAL THERAPY	0	C				66.00
67.00 0670	O OCCUPATI ONAL THERAPY	0	C				67.00
68.00 0680	O SPEECH PATHOLOGY	0	C				68.00
	0 ELECTROCARDI OLOGY	0	C				69.00
	0 ELECTROENCEPHALOGRAPHY	0	C				70.00
	O MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	C				71.0
	O I MPL. DEV. CHARGED TO PATIENTS	0	C				72.0
	O DRUGS CHARGED TO PATIENTS	0	8				73.0
	2 OP PHARMACY O RENAL DI ALYSI S	0					73.0
	O ASC (NON-DISTINCT PART)	0	0				75.0
	0 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	C				75.0
	7 CARDI AC REHABI LI TATI ON	0	C				76.9
	ATIENT SERVICE COST CENTERS		-				
90.00 0900	O CLINIC	0	C				90.00
	1 OP ONCOLOGY INFUSION CENTER	0	C				90.01
	2 WOUND CARE CENTER	0	C				90.02
	3 PAIN CLINIC	0	C				90.03
	5 OP PSYCH CLINIC	0	C				90.05
•	O EMERGENCY	0	C				91.00
	O OBSERVATION BEDS (NON-DISTINCT PART) R REIMBURSABLE COST CENTERS	0	C	1			92.00
	O HOME PROGRAM DIALYSIS	0	C	1			94.00
	O AMBULANCE SERVICES	0	C				95.00
200.00	Subtotal (see instructions)	0	8				200.00
201.00	Less PBP Clinic Lab. Services-Program	-					201.00
	Only Charges						
	Net Charges (line 200 - line 201)	0	8				202.00

Health Financial Systems	IU HEALTH BLOOMI	NGTON HOSPI TAL	_	In Lieu	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAP	PLTAL COSTS	Provider C			Date/Time Pre 7/14/2021 11:	epared: 13 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Capital Related	d 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	4, 176, 951	0	4, 176, 95	1 48, 854	85.50	30.00
31.00 INTENSIVE CARE UNIT	397, 430		397, 43		96.44	31.00
32.00 CORONARY CARE UNIT	441, 355		441, 35			
35.00 NEONATAL INTENSIVE CARE UNIT	211,016		211, 01			35.00
41.00 SUBPROVIDER - IRF	175, 272	0	175, 27			
42. 00 SUBPROVI DER	0,212	0		0		42.00
43.00 NURSERY	127, 493	0	127, 49	2,707		43.00
200.00 Total (lines 30 through 199)	5, 529, 517		5, 529, 51			200.00
Cost Center Description	Inpati ent	I npati ent	5, 527, 51	03,730		200.00
Cost Center Description	Program days	Program				
	ri ugi alli ugys	Capital Cost				
		(col. 5 x col.				
		(COL 5 X COL 6)				
	6,00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00				
30. 00 ADULTS & PEDIATRICS	996	85, 158				30, 00
31. 00 I NTENSI VE CARE UNI T	909					31.00
32. 00 CORONARY CARE UNIT	909	07,004				32.00
35.00 NEONATAL INTENSIVE CARE UNIT	490	Ŭ				35.00
41.00 SUBPROVIDER - IRF	27	3, 321				41.00
42.00 SUBPROVIDER	0	0				42.00
43.00 NURSERY	1, 274					43.00
200.00 Total (lines 30 through 199)	3, 696	267, 243	I			200.00

Health Financial Systems	HEALTH BLOOMI			In Lieu	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	TAL COSTS	Provi der C		Period: From 01/01/2020	Worksheet D Part II	
				To 12/31/2020	Date/Time Pre 7/14/2021 11:	epared:
		Ti †I	e XIX	Hospi tal	PPS	
Cost Center Description	apital Relate				Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	Wkst. B, Part				column 4)	
	11, col. 26)	8)	2)	i ondi goo		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATI NG ROOM	1, 578, 701	213, 350, 208	0.00740	0 1, 083, 111	8,015	50.00
50. 01 05001 CV SURGERY	0	· · ·	0.00000			50.01
51.00 05100 RECOVERY ROOM	179, 618	32, 031, 479			394	
52.00 05200 DELIVERY ROOM & LABOR ROOM	975, 745					52.00
53.00 05300 ANESTHESI OLOGY	0		0. 00000		0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	579, 762	49, 987, 065	0. 01159	8 429, 461	4, 981	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	643, 602	· · ·				
56. 00 05600 RADI OI SOTOPE	0	C	0.00000			56.00
57.00 05700 CT SCAN	52, 332	26, 736, 027			355	•
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	61, 401					58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	209, 018					
60. 00 06000 LABORATORY	636, 703					
64.00 06400 I NTRAVENOUS THERAPY	000,700		0. 00000		0,20,	
65. 00 06500 RESPI RATORY THERAPY	87, 790	16, 542, 475			-	
66. 00 06600 PHYSI CAL THERAPY	371, 812					
67. 00 06700 OCCUPATI ONAL THERAPY	0					
68.00 06800 SPEECH PATHOLOGY	0	-	0. 00000		0	68.00
69. 00 06900 ELECTROCARDI OLOGY	83, 319	23, 477, 129			-	
70.00 07000 ELECTROENCEPHALOGRAPHY	124, 653					
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	143, 312					
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	388, 313					
73.00 07300 DRUGS CHARGED TO PATIENTS	682, 576					
73.01 07302 OP PHARMACY	14, 841				0	
74.00 07400 RENAL DI ALYSI S	41, 172				-	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0					
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	-			-	75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	109, 307	2, 682, 180				76.97
OUTPATIENT SERVICE COST CENTERS		_/ == / • = = /		-		
90.00 09000 CLINIC	569, 341	2, 147, 728	0. 26509	0 0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	587, 243				1, 495	
90. 02 09002 WOUND CARE CENTER	137, 438					90.02
90. 03 09003 PAIN CLINIC	85, 015				0	90.03
90. 05 09005 OP PSYCH CLINIC	351, 296				0	90.05
91.00 09100 EMERGENCY	897, 720				3, 686	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	340, 114					
OTHER REIMBURSABLE COST CENTERS						1
94.00 09400 HOME PROGRAM DIALYSIS	0	C	0.00000	0 0	0	94.00
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	9, 932, 144	1, 499, 337, 316	,	8, 715, 100	56, 926	200.00

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In Lieu of Form CMS-2552-10

Hearth Financial Systems	U HEALTH BLUUMI	NGTUN HUSPITAL	_	III LI eu	L OT FOLIII CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH CO	OSTSProvider C	CN: 15-0051 P	Period:	Worksheet D	
			F	rom 01/01/2020	Part III	
			T	o 12/31/2020	Date/Time Pre	epared:
					7/14/2021 11	:13 am
			e XIX	Hospi tal	PPS	<u> </u>
Cost Center Description	Nursing School	Nursing School	Allied Health	Allied Health	All Other	
	Post-Stepdown	-	Post-Stepdown	Cost	Medi cal	
	Adjustments		Adjustments		Education Cost	-
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS	17	1.00	2/1	2.00	3.00	
		0		1	0	20.00
	0	0		0	0	
31.00 03100 INTENSIVE CARE UNIT	0	0	C C	0	0	
32.00 03200 CORONARY CARE UNIT	0	0	C	0 0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	C	0	0	35.00
41. 00 04100 SUBPROVI DER – I RF	0	0	C	0	0	41.00
42.00 04200 SUBPROVI DER	0	0	0		0	
43. 00 04300 NURSERY	0	0			0	
	0	0		0	-	
200.00 Total (lines 30 through 199)	0	0	0	0		200.00
Cost Center Description	Swi ng-Bed	Total Costs		Per Diem (col.	Inpati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
	instructions)	minus col. 4)				
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	0.00	0.00	7.00	0.00	
30. 00 03000 ADULTS & PEDIATRICS		0	48, 854	0,00	996	30.00
	0	0				
31.00 03100 INTENSIVE CARE UNIT		0	4, 121			
32.00 03200 CORONARY CARE UNIT		0	3, 518			
35.00 02060 NEONATAL INTENSIVE CARE UNIT		0	3, 325	0.00	490	35.00
41. 00 04100 SUBPROVI DER – I RF	0	0	1, 425	0.00	27	41.00
42. 00 04200 SUBPROVI DER	0	0	0	0.00		1
43. 00 04300 NURSERY	U	0	2, 707			43.00
		0	63, 950			200.00
		0	03, 950		3, 090	200.00
Cost Center Description	Inpati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col. 8)					
	9,00					
INPATIENT ROUTINE SERVICE COST CENTERS	7100					
30. 00 03000 ADULTS & PEDIATRICS	0					30.00
	0					
31. 00 03100 I NTENSI VE CARE UNI T	0					31.00
32.00 03200 CORONARY CARE UNI T	0					32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00 04100 SUBPROVI DER – I RF	0					41.00
42.00 04200 SUBPROVI DER	0					42.00
43. 00 04300 NURSERY	0					43.00
200.00 Total (lines 30 through 199)	0					200.00
200. 04 Trotal (Tries So through 199)	0	l				¥00.00

Health Financial Systems IU	HEALTH BLOOMI	NGTON HOSPITAL		Inlie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI			CN: 15-0051	Period:	Worksheet D	2002 10
THROUGH COSTS				From 01/01/2020 To 12/31/2020	Part IV  Date/Time Pr∉	epared.
				10 12/01/2020	Date/Time Pre 7/14/2021 11:	13 am
			e XIX	Hospi tal	PPS	
Cost Center Description				Allied Health	Allied Health	
		Post-Stepdown		Post-Stepdown		
	Cost	Adjustments	2.00	Adjustments 3A	2.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2A	2.00	3A	3.00	
50. 00 05000 OPERATI NG ROOM	0	0	1 (	0 0	0	50.00
50. 01 05001 CV SURGERY	0	-		0 0	-	
51. 00 05100 RECOVERY ROOM	0	0			0	1
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0			0	
53. 00 05300 ANESTHESI OLOGY	0	0			0	1
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0			0	1
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0			0	
56. 00 05600 RADI OL SOTOPE	0	0			0	
57. 00 05700 CT SCAN	0	0			0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0			0	
60. 00 06000 LABORATORY	0	0			0	•
64. 00 06400 I NTRAVENOUS THERAPY	0	0			0	
65. 00 06500 RESPIRATORY THERAPY	0	0			0	
66.00 06600 PHYSI CAL THERAPY	0	0			0	1
67. 00 06700 OCCUPATI ONAL THERAPY	0	0			0	1
68. 00 06800 SPEECH PATHOLOGY	0	0			0	1
69. 00 06900 ELECTROCARDI OLOGY	0	0			0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0			0	
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	673, 583	1
73.01 07302 OP PHARMACY	0	0		0	0	1
74.00 07400 RENAL DI ALYSI S	0	0		0	0	
75.00 07500 ASC (NON-DISTINCT PART)	0	0		0 0	0	75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0	0	75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0	(	0 0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	(	0 0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	(	0 0	0	90.02
90. 03 09003 PAIN CLINIC	0	0	(	0 0	0	90.03
90. 05 09005 OP PSYCH CLINIC	0	0	(	0 0	0	90.05
91.00 09100 EMERGENCY	0	0	(	0 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		(	C	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSI S	0	0		0 0	0	
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	(	0 0	673, 583	200.00

Health Financial Systems	J HEALTH BLOOMI			In Liou	ı of Form CMS-2	0552 10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	EDVICE OTHED D	ASS Drovidor C	- CN: 15 0051	Period:	Worksheet D	2002-10
THROUGH COSTS	ERVICE UINER P	ASS PLOVIDEL C	CN. 15-0051	From 01/01/2020	Part IV	
				To 12/31/2020	Date/Time Pre 7/14/2021 11:	epared:
						13 am
	-	Titl	e XIX	Hospi tal	PPS	
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	_					
50.00 05000 OPERATING ROOM	0	0		0 213, 350, 208	0. 000000	50.00
50. 01 05001 CV SURGERY	0	0		0 0	0. 000000	50.01
51.00 05100 RECOVERY ROOM	0	0		0 32, 031, 479	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 34, 221, 970	0.000000	52.00
53.00 05300 ANESTHESI OLOGY	0	0		0 0	0.000000	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 49, 987, 065	0.000000	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		92, 604, 185	0.000000	55.00
56. 00 05600 RADI 0I SOTOPE	0	0		0 0	0.000000	56.00
57.00 05700 CT SCAN	0	0		26, 736, 027	0.000000	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	-		8, 110, 543	0. 000000	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		66, 798, 886	0. 000000	
60. 00 06000 LABORATORY	0	0		0 103, 422, 390	0. 000000	
64. 00 06400 I NTRAVENOUS THERAPY	0	0		0 100, 122, 0,0	0. 000000	
65. 00 06500 RESPI RATORY THERAPY	0	0		0 16, 542, 475	0. 000000	
66. 00 06600 PHYSI CAL THERAPY	0	0		25, 363, 919	0.000000	
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 20,000,717	0. 000000	
68. 00 06800 SPEECH PATHOLOGY	0	0			0. 000000	
69. 00 06900 ELECTROCARDI OLOGY		0		23, 477, 129	0. 000000	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		9, 528, 152	0. 000000	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		83, 833, 796	0. 000000	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 146, 042, 213	0. 000000	
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	673, 583	673, 58		0. 002316	
73. 01 07302 OP PHARMACY	0	075,505	075, 50	623, 675	0. 000000	
74. 00 07400 RENAL DI ALYSI S	0	0		5, 251, 236	0. 000000	
75. 00 07500 ASC (NON-DISTINCT PART)	0	0		0 0, 201, 200	0. 000000	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0			0. 000000	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	-		2, 682, 180	0. 000000	
OUTPATIENT SERVICE COST CENTERS		0	· · · · · · · · · · · · · · · · · · ·	2,002,100	0.000000	10. 71
90. 00 09000 CLINIC	0	0	1	0 2, 147, 728	0. 000000	90.00
90. 01 09001 OP ONCOLOGY INFUSION CENTER	0			40, 375, 105	0. 000000	
90. 02 09002 WOUND CARE CENTER		0		5, 722, 698	0. 000000	
90. 03 09003 PALN CLINIC	0	0		1, 836, 064	0. 000000	
90. 05 09005 0P PSYCH CLINIC	0	0		0 2, 492, 519	0. 000000	
91. 00 09100 EMERGENCY	0	0				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0 180, 489, 157 0 34, 842, 914	0. 000000 0. 000000	
07100 0020000BSERVATION BEDS (NON-DISTINCT PART) 07100 000000000000000000000000000000000	0	0		0 34, 842, 914	0.00000	92.00
	0	0	1	0 0	0. 000000	94.00
	0	0	'	0	0.000000	94.00 95.00
95.00 09500 AMBULANCE SERVICES 200.00 Total (lines 50 through 199)	0	673, 583	470 E0	3 1, 499, 337, 316		200.00
200.00 [10.01 (1105 30 till ough 199)	<b>I</b> 0	I 073, 383	I 0/3, 38	JI 1, 477, 337, 310		<u>200.00</u>

APPORT I OWENT OF I INATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS         Provider CN: 15-0051         Period: Period: To 12/37/2005         Worksheet D Period: Divid/2021         Worksheet D Period: Divid/2021         Worksheet D Period: Divid/2021         Worksheet D Period: Divid/2021         Worksheet D Period: Period: Period: Period: Divid/2021         Worksheet D Period:	Health Financial Systems	J HEALTH BLOOMIN	IGTON HOSPI TAL	-	In Lieu	u of Form CMS-2	2552-10
To         12/31/2020         Date/Time Prepared: Program           Cost Center Description         Outpatient Ratio of Cost contact         Inpatient Program Cost Center         Inpatient Program Program Pass-Through Cost Center         Outpatient Program Program Pass-Through Cost Center         Outpatient Program Program Pass-Through Cost Center         Outpatient Program Program Pass-Through Cost Center         Outpatient Program Pass-Through Cost Center         Outpatient Program Pass-Through Cost Center         Outpatient Program Pass-Through Cost Center           50:00         65000 (PERATIR 6ROM         0.000000         1.00         11:00         12:00         13:00           50:00         65000 (PERATIR 6ROM         0.000000         1.00         0         0         50:00           50:00         65000 AustPhresion AustOres         0.000000         1.00         0         0         0         50:00           50:00         65000 AustPhresion AustOres         0.000000         1.00         0         0         50:00         50:00           51:00         65000 Cr scAN         0.000000         0         0         0         55:00           50:00         65000 Cr scAN         0.000000         1.00         0         0         55:00           50:00         65000 Cr scAN         0.000000         0         0 <td< td=""><td></td><td>ERVICE OTHER PA</td><td>SS Provider C</td><td>CN: 15-0051 P</td><td>eriod:</td><td>Worksheet D</td><td></td></td<>		ERVICE OTHER PA	SS Provider C	CN: 15-0051 P	eriod:	Worksheet D	
Cost Center Description         Outpatient Ratio of Cost to Charges (Col. 6 + col. 7)         Inpatient Inpatient Program Casts (col. 9)         Hospital Program Casts (col. 9)         Outpatient Program Casts (col. 9)           50. 00         05000 OPERATING ROM         0.000000         1.00         11.00         12.00         13.00           50. 00         05000 OPERATING ROM         0.000000         0.02200         0         0         50.01           50. 00         05000 OPERATING ROM         0.000000         0.000000         0 <t< td=""><td>THROUGH COSTS</td><td></td><td></td><td></td><td>rom 01/01/2020 o 12/31/2020</td><td> Part IV  Date/Time Pre</td><td>- nared</td></t<>	THROUGH COSTS				rom 01/01/2020 o 12/31/2020	Part IV  Date/Time Pre	- nared
Cost Center Description         Outpatient Ratio of Cost (of Charges) (col. 6 + col. 7)         Inpatient Program (col. 6 + col. 8)         Inpatient Program (col. 6)         Outpatient Program (col. 6)           000         5000         5000         000         10.00         10.00         10.00         10.00         0					0 12/01/2020	7/14/2021 11:	13 am
Ratio of Cost to Charges         Program Charges         Program (harges)           50.00         0         0         0         0							
to         Charges (col. 6 + col. 7)         Charges (col. 6 + col. 7)         Charges (col. 6 + col. 7)         Charges (col. 6 + col. 7)         Pass-Through (cots (col. 9)         Charges (col. 10)         Pass-Through (cots (col. 9)         Col. 10)         x col. 10)	Cost Center Description						
Koli         Costs         Costs <thc< td=""><td></td><td></td><td></td><td></td><td>5</td><td></td><td></td></thc<>					5		
7)         x col. 10)         x col. 12)           MACILLARY SERVICE COST CENTERS         9.00         10.00         12.00         13.00           50.00         050000         070000         10.003,111         0         0         0         50.00           50.00         050001         CV SURGERY         0.000000         10.003,110         0         0         0         50.00           51.00         DS100 PECOVERY ROOM         0.000000         70,272         0         0         51.00           52.00         DS2000 PELI VERY ROOM & LABOR ROOM         0.000000         74.00         0         52.00           53.00         DS300 AMESTHESI DLOGY         0.000000         429.461         0         0         53.00           56.00         DS400 FADI LOCY-THERAPEUTI C         0.000000         91.281         0         0         55.00           57.00         DS700 CTSCAN         0.000000         11.02,20         0         0         55.00           58.00         DS800 MAGNETI C RESONANCE I MAGI NG (MRI )         0.000000         140.204         0         0         55.00           59.00         DS800 MAGNETI C RESONANCE I MAGI NG (MRI )         0.000000         140.204         0         0         58.00<			Charges		Charges	5	
9.00         10.00         11.00         12.00         13.00           50.00         05000 (DPEAT1 NG ROUM         0.000000         1.083.111         0         0         0         50.00           50.00         05000 (DPEAT1 NG ROUM         0.000000         1.083.111         0         0         0         50.01           51.00         05000 (DEU USPK ROOM & LABOR ROUM         0.000000         70.272         0         0         0         51.00           52.00         05200 (DEU USPK ROOM & LABOR ROUM         0.000000         74.374         0         0         0         51.00           54.00         54.00 (S400 RADI LOGY-THERAPEUTI C         0.000000         483.774         0         0         0         53.00           56.00         6560 RADI OLOGY-THERAPEUTI C         0.000000         11.281         0         0         55.00           57.00         05500 RADI ROLOGY-THERAPEUTI C         0.000000         0         0         0         0         55.00           58.00         05600 RADI ROLOGY-THERAPEUTI C         0.000000         140.204         0         0         55.00           59.00         05600 RADI ROLOGY         0.000000         141.322         0         0         66.00 <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>							
ANCILLARY SERVICE COST CENTERS           0.00         05000 (DEPRATINE ROM         0.000000         1,083,111         0         0         0         0         50.01           50.00         05000 (DEPRATINE ROM         0.000000         1,083,111         0         0         0         0         51.00         51.00         52.00         0         51.00         52.00         0         51.00         52.00         0         0         0         0         0         0         0         52.00         0         52.00         0         0         0         0         0         0         52.00         0			10.00		10.00		
50:00         05500         0FERATING ROOM         0.000000         1, 053, 111         0         0         0         0         0         50:00           50:01         05001         05001         05001         0		9.00	10.00	11.00	12.00	13.00	
S0. 01         OSOTI (CY SURGERY COM         O. 000000         O         O         O         O         O         O         S0. 01           S1. 00         DS100 RECOVERY ROM         0. 000000         70, 272         O         O         D         S1. 00         S0. 00 <td< td=""><td></td><td>0,00000</td><td>1 002 111</td><td>0</td><td></td><td>0</td><td>FO 00</td></td<>		0,00000	1 002 111	0		0	FO 00
51:00         051:00         COUVERY ROOM         0.000000         70.272         0         0         51:00           52:00         052:00         COUDELL/EVERY ROOM & LABOR ROOM         0.000000         483,774         0         0         0         53:00           54:00         054:00         CADORADI LOGY-THERAPEUTIC         0.000000         429,461         0         0         0         55:00           55:00         C56:00         CADOROCT SCAN         0.000000         0         0         0         55:00           56:00         C56:00         CATHETERIZATION         0.000000         0         0         0         55:00           57:00         CS7:00         CATHETERIZATION         0.000000         140:204         0         0         55:00           58:00         CARDIAC CATHETERIZATION         0.000000         140:204         0         0         55:00           59:00         COOROC CARDIAC CATHETERIZATION         0.000000         140:244         0         0         0         0         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00				-	-	-	
52:00         65:00 <td< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></td<>						-	
53.00       INSTITUSTING       0.00000       0       0       0       53.00         54.00       ISSAO ANESTHESI DLOGY       0.000000       429.461       0       0       0       55.00         56.00       05500 RADI OLOGY-TH RAPEUTI C       0.000000       91.281       0       0       0       55.00         57.00       05700 CT SCAN       0       0.000000       181.302       0       0       55.00         59.00       05000 CARDI AC CATHETERI ZATION       0.000000       140.204       0       0       58.00         60.00       06000 LINGRACHOUS THERAPY       0.000000       140.204       0       0       66.00         60.00       06000 LINTRAVENUS THERAPY       0.000000       743.173       0       0       66.00         60.00       06000 PHYSI CAL THERAPY       0.000000       243.173       0       0       66.00         60.00       06000 PHYSI CAL THERAPY       0.000000       0       0       0       66.00         60.00       06000 CLIPATI ONAL THERAPY       0.000000       0       0       0       66.00         60.00       06000 PHYSI CAL THERAPY       0.000000       0       0       0       66.00         6				-	0	-	
54.00       DS400       RADI OLOGY-DI AGNOSTI C       0.00000       429, 461       0       0       54.00         55.00       DS500       RADI OLOGY-THERAPEUTI C       0.000000       0       0       0       55.00         56.00       DS600       RADI OLOGY-THERAPEUTI C       0.000000       0       0       0       0       55.00         57.00       DS700 CT SCAN       0.000000       13.302       0       0       55.00         58.00       DS900 MARNETI C RESONANCE I MAGI NG (MRI )       0.000000       64.423       0       0       55.00         59.00       DS900 CARDI AC CATHETERI ZATI ON       0.000000       1.018,324       0       0       66.00         64.00       D4600 INTRAVENOUS THERAPY       0.000000       743,173       0       0       66.00         65.00       D6500 GS00 SPECE HATORY THERAPY       0.000000       0       0       0       66.00       66.00         66.00       D6500 GS00 SPECE HATORY THERAPY       0.000000       0       0       0       66.00       66.00       66.00       66.00       66.00       66.00       66.00       67.00       0       0       66.00       67.00       0       0       67.00       0       <				3	0	-	
55:00       PS60       RADI 0LOGY -THERAPEUTI C       0.000000       91, 281       0       0       0       55:00         56:00       PS600       RADI 0LOGY -THERAPEUTI C       0.000000       0			•	0	0	-	
56.00         05600         RADI OI SOTOPE         0.000000         0         0         0         57.00           57.00         05700 CT SCAN         0.000000         181,302         0         0         57.00           58.00         05900 CARDI AC CATHETERI ZATI ON         0.000000         64,423         0         0         59.00           60.00         60000         LABORATORY         0.000000         140,204         0         0         66.00           60.00         60000         LABORATORY         0.000000         0         0         0         66.00           66.00         06000         LABORATORY         0.000000         743,173         0         0         66.00           66.00         06500         PESPI RATORY THERAPY         0.000000         0         0         0         66.00           66.00         66000         6600         DEGOROPHISI CAL THERAPY         0.000000         0         0         0         66.00           6000         66000         CECTROCARDI OLOGY         0.000000         204,023         0         0         71.00           71.00         07100         MELCTROCARDI OLOGY         0.000000         204,023         0         0 <t< td=""><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td></td></t<>				0	0	0	
57.00       0570       CT SCAN       0.000000       181,302       0       0       57.00         58.00       05800       MAGNETIC RESONANCE I MAGING (MRI )       0.000000       64,423       0       0       58.00         59.00       05900       CARDIAC CATHETERIZATION       0.000000       140,204       0       0       65.00         60.00       06000       LABORATORY       0.000000       1,018,324       0       0       66.00         64.00       64000       INTRAVENUUS THERAPY       0.000000       743,173       0       0       66.00         65.00       06500       RESPI RATORY THERAPY       0.000000       216,125       0       0       66.00         66.00       06700       0CUPATIONAL THERAPY       0.000000       0       0       0       66.00         67.00       06700       0CUPATIONAL THERAPY       0.000000       204,023       0       0       66.00         68.00       PEECH PATHOLOGY       0.000000       204,023       0       0       0       69.00       67.00       68.00       70.00       68.00       72.00       70.00       70.00       70.00       70.00       70.00       70.02       71.00       71.00			0	0	0	-	
58.00       D6800       MAONETIC RESONANCE I MAGING (MRI)       0.000000       64, 423       0       0       58.00         59.00       D59000       CARDI AC CATHETERIZATION       0.000000       1,40, 204       0 <td></td> <td></td> <td>181, 302</td> <td>0</td> <td>0</td> <td>0</td> <td></td>			181, 302	0	0	0	
59:00       D59:00       CARDIAC CATHETERIZATION       0.000000       140,204       0       0       0       59:00         60:00       LABORATORY       0.000000       1,018,324       0 <td< td=""><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td></td></td<>				0	0	0	
64.00       06400       INTRAVENOUS THERAPY       0.000000       70       0       0       64.00         65.00       06500       RESPI RATORY THERAPY       0.000000       743, 173       0       0       0       65.00         66.00       06500       RESPI RATORY THERAPY       0.000000       216, 125       0       0       0       66.00         67.00       0C020PATI (DNAL THERAPY       0.000000       0       0       0       67.00         68.00       068000       SPEECH PATHOLOGY       0.000000       0       0       0       68.00         69.00       069000       ELECTROCARDI OLOGY       0.000000       204, 023       0       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       478, 029       0       0       71.00         72.00       07302       DRUSS CHARGED TO PATI ENTS       0.000000       635, 115       0       0       0       73.01       73.01       73.00       0       73.00       73.00       0       0       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       73.01       75.01       75.01       75.01		0. 000000		0	0	0	59.00
65.00       06500       RESPIRATORY THERAPY       0.000000       743,173       0       0       65.00         66.00       06600       PHYSI CAL THERAPY       0.000000       16,125       0       0       0       66.00         67.00       0500       0CUPATI ONAL THERAPY       0.000000       0       0       0       66.00         68.00       06800       SPEECH PATHOLOGY       0.000000       0       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       204,023       0       0       0       69.00         70.00       OCTOO CELECTROCARDI DLOGY       0.000000       40.824       0       0       0       71.00         71.00       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000200       478,029       0       0       72.00       72.00       72.00       0       0       73.00	60. 00 06000 LABORATORY	0. 000000	1,018,324	0	0	0	60.00
66.00       06600       PHYSI CAL THERAPY       0.000000       216,125       0	64.00 06400 INTRAVENOUS THERAPY	0. 000000	0	0	0	0	64.00
67.00       06700       0CCUPATI ONAL THERAPY       0.000000       0       0       0       67.00         68.00       06800       SPECH PATHOLOGY       0.000000       0       0       0       68.00         69.00       60600       ELECTROCARDI OLOGY       0.000000       204,023       0       0       68.00         70.00       O7000       ELECTROENCEPHALOGRAPHY       0.000000       40,824       0       0       0       70.00         71.00       O7100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000000       478,029       0       0       71.00       71.00         72.00       O7200       IMPL. DEV. CHARGED TO PATI ENTS       0.002316       1,698,134       3,933       0       0       73.00       73.01       73.02       0       0       0       73.01       73.01       07302 DRUGS CHARGED TO PATI ENTS       0.000000       0       0       0       73.01       73.01       07302 ASC (NON-DI STI NCT PART)       0.000000       0       0       0       74.00       75.00       0       0       75.00       0       0       75.01       03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       0       75.01       75.01       75.02	65.00 06500 RESPI RATORY THERAPY	0. 000000	743, 173	0	0	0	65.00
68.00       06800       SPEECH PATHOLOGY       0.00000       0       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       204, 023       0       0       69.00         70.00       OTOOD       ELECTROCARDI OLOGY       0.000000       40, 824       0       0       70.00         71.00       OT100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000000       478, 029       0       0       71.00         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0.000216       1, 698, 134       3, 933       0       73.00       73.00         73.01       07302       DP PHARMACY       0.000000       0       0       0       0       73.00         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       74.00         75.01       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       0       75.01         76.97       ORADI AC REHABI LI TATI ON       0.000000       0       0       0       75.01         76.97       OPOOLOP ONCOLOGY I NFUSION CENTER       0.000000       0       0       0       0       0	66. 00 06600 PHYSI CAL THERAPY	0. 000000	216, 125	0	0	0	66.00
69.00       06900       ELECTROCARDIOLOGY       0.000000       204,023       0       0       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       40,824       0       0       0       70.00         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       0.000000       478,029       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.000000       835,115       0       0       0       72.00         73.01       07302       OP PHARMACY       0.000000       0       0       0       73.01         73.01       07302       OP PHARMACY       0.000000       0       0       0       73.01         74.00       07400       RENAL DI ALYSIS       0.000000       0       0       0       74.00         75.00       07500 ASC (NON-DI STINCT PART)       0.000000       0       0       0       75.00       75.00         76.97       ORJA CR ERHABILI TATI C/PSYCHOLOGI CAL SERVICES       0.000000       0       0       0       76.97         90.01       OPOOLI AC REHABILI LTATI ON       0.000000       0       0       0       0       0			0	0	0	0	67.00
70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       40,824       0       0       0       70.00         71.00       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0.000000       478,029       0       0       71.00         72.00       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0.000000       835,115       0       0       0       72.00         73.00       DRUGS CHARGED TO PATIENTS       0.002316       1,698,134       3,933       0       0       73.01         74.00       O7400 RENAL DIALYSIS       0.000000       0       0       0       0       73.01         75.00       O7500 ASC (NON-DISTINCT PART)       0.000000       0       0       0       0       75.00         75.01       03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       0       76.97         76.97       O7697 CARDI AC REHABILLITATI ON       0.000000       0       0       0       0       76.97         90.00       O9000 CLINIC       0.000000       0       0       0       0       90.00       90.00       90.01       90.01       90.01       90.01       90.01       90.02       90.02       90.02       90.02       90.02       90.02 <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>-</td> <td></td>			0	0	0	-	
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0.000000       478,029       0       0       0       71.00         72.00       07200 I MPL.       DEV.       CHARGED TO PATI ENTS       0.000000       835,115       0       0       0       72.00         73.01       07300 DRUGS CHARGED TO PATI ENTS       0.002316       1,698,134       3,933       0       0       73.01         74.00       07400 RENAL DI ALYSI S       0.000000       57,921       0       0       73.01         74.00       07500 ASC (NON-DI STI NCT PART)       0.000000       0       0       0       75.00         75.01       03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       0       76.97         76.97       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       76.97         90.00       09000 CLI NI C       0.000000       0       0       0       90.00       90.01       90.01       90.00       90.00       90.01         90.01       09001 OP ONCOLOGY I NFUSION CENTER       0.000000       0       0       0       90.02       90.02       WOUND CARE CENTER       0.000000       0       0       90.03       90.03				0	0	-	
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.000000       835,115       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.002316       1,698,134       3,933       0       0       73.00         73.01       07302       OP PHARMACY       0.000000       0       0       0       0       73.00         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0.000000       0       0       0       75.00         76.97       07697       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       76.97         76.97       07697       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       0       76.97         90.00       09000       CLINIC       0.000000       0       0       0       0       90.00         90.01       09001       OP ONCOLOGY INFUSION CENTER       0.000000       0       0       0       0       90.02         90.02       09002       UNINC CARE CENTER       0.000000       0       0       0       <				0	0	-	
73.00       07300       DRUGS CHARGED TO PATIENTS       0.002316       1,698,134       3,933       0       0       73.00         73.01       07302       OP PHARMACY       0.000000       0       0       0       0       73.01         74.00       07400       RENAL DI ALYSI S       0.000000       57,921       0       0       0       74.00         75.00       07500       ASC (NON-DI STINCT PART)       0.000000       0       0       0       0       75.01         76.97       07697       CARDI AC REHABILI TATI ON       0.000000       0       0       0       0       76.97         00       09001       CLINIC       0.000000       5,825       0       0       0       90.00         90.00       09002       CLINIC       0.000000       102,768       0       0       90.02         90.01       09001       OP ONCOLOGY INFUSION CENTER       0.000000       0       0       0       90.02         90.02       09002       VIDUND CARE CENTER       0.000000       0       0       0       90.02         90.03       09003       PAIN CLINIC       0.000000       0       0       0       90.05       90.05 <td></td> <td></td> <td></td> <td>3</td> <td>0</td> <td>-</td> <td></td>				3	0	-	
73.01       07302       OP PHARMACY       0.000000       0       0       0       0       73.01         74.00       07400       RENAL DI ALYSI S       0.000000       57,921       0       0       0       74.00         75.01       07500       ASC (NON-DI STINCT PART)       0.000000       0       0       0       0       75.00         75.01       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       0       0       0       75.01         76.97       07697       CARDI AC REHABI LI TATI ON       0.000000       5,825       0       0       0       76.97         0UTPATI ENT SERVICE COST CENTERS       0.000000       102,768       0       0       90.00       90.01       9000 CLI NI C       90.00       90.02       90.02       90.02       90.02       90.02       90.00       90.00       90.00       90.02       90.02       90.02       90.03       90.00       90.00       90.00       90.02         90.02       9002 WOUND CARE CENTER       0.000000       0       0       0       90.02         90.03       09003 PAI N CLI NI C       0.000000       0       0       0       90.05       91.00				3	0	-	
74.00       07400       RENAL DI ALYSI S       0.000000       57,921       0       0       74.00         75.00       07500       ASC (NON-DI STI NCT PART)       0.000000       0       0       0       75.00         75.01       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       0       0       75.01         76.97       CARDI AC REHABI LI TATI ON       0.000000       5,825       0       0       0       76.97         0.00       09000 CLI NI C       0.000000       0       0       0       0       90.00         90.00       090001 OP ONCOLOGY INFUSION CENTER       0.000000       102,768       0       0       90.01         90.01       09001 OP ONCOLOGY INFUSION CENTER       0.000000       0       0       0       90.02         90.02       09002 WOUND CARE CENTER       0.000000       0       0       0       90.02         90.03       09003 PAI N CLI NI C       0.000000       0       0       0       90.05         90.05       090505 OP PSYCH CLI NI C       0.000000       0       0       0       0       0       90.05         91.00       09100 EMERGENCY       0.0000000       741			1, 698, 134	3, 933	0	-	
75.00       07500       ASC (NON-DI STINCT PART)       0.000000       0       0       0       75.00         75.01       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       0       0       75.01         76.97       O7697       CARDI AC REHABI LI TATI ON       0.000000       5,825       0       0       0       76.97         0UTPATI ENT SERVI CE COST CENTERS       0.000000       0 <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td>			0	0	0	0	
75.01       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       0       0       75.01         76.97       07697       CARDI AC REHABI LI TATI ON       0.000000       5,825       0       0       0       76.97         000       09000       CLI NI C       0.000000       0				0	0	-	
76.97         O7697         CARDI AC REHABI LI TATI ON         0.00000         5,825         0         0         0         76.97           OUTPATI ENT SERVICE COST CENTERS         0			0	0	0	-	
OUTPATI ENT SERVICE COST CENTERS           90.00         09000 CLINIC         0.00000         0			0	0		-	
90.00       09000       CLINIC       0.000000       0       0       0       0       90.00         90.01       09001       OP ONCOLOGY INFUSION CENTER       0.000000       102,768       0       0       0       90.01         90.02       09002       WOUND CARE CENTER       0.000000       0       0       0       0       90.02         90.03       09003       PAIN CLINIC       0.000000       0       0       0       0       90.03         90.05       09005       OP PSYCH CLINIC       0.000000       0       0       0       0       90.05         91.00       09100       EMERGENCY       0.000000       741,054       0       0       91.00         92.00       09200 OBSERVATION BEDS (NON-DISTINCT PART)       0.000000       29,957       0       0       92.00         0THER REIMBURSABLE COST CENTERS       0.000000       0       0       92.00       94.00       94.00       95.00       9500       9500       9500       9500       95.00       95.00       95.00       95.00	OUTPATIENT SERVICE COST CENTERS	0.000000	5, 025	0	0	0	/0. 7/
90. 01       09001       OP ONCOLOGY INFUSION CENTER       0.000000       102,768       0       0       90.01         90. 02       09002       WOUND CARE CENTER       0.000000       0       0       0       90.02         90. 03       09003       PAI N CLINIC       0.000000       0       0       0       90.03         90. 05       09005       OP SYCH CLINIC       0.000000       0       0       0       90.05         91. 00       09100       EMERGENCY       0.000000       0       0       0       91.00         92. 00       095ERVATION BEDS (NON-DISTINCT PART)       0.000000       741,054       0       0       0       92.00         07HER REIMBURSABLE COST CENTERS       0.000000       0       0       0       94.00       94.00       95.00		0,00000	0	0	0	0	90 00
90. 02         09002         WOUND CARE CENTER         0.00000         <			0	3	0	-	
90.03       09003       PAIN CLINIC       0.000000       0       0       0       90.03         90.05       09005       OP PSYCH CLINIC       0.000000       0       0       0       90.05         91.00       09100       EMERGENCY       0.000000       741,054       0       0       0       91.00         92.00       OBSERVATI ON BEDS (NON-DISTINCT PART)       0.000000       741,054       0       0       0       92.00         07HER REIMBURSABLE COST CENTERS       0.000000       0       0       0       94.00       94.00       94.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00       95.00				0	0	-	
91.00       09100       EMERGENCY       0.000000       741,054       0       0       0       91.00         92.00       09200       0BSERVATI ON BEDS (NON-DISTINCT PART)       0.000000       29,957       0       0       0       92.00         0THER REIMBURSABLE COST CENTERS       0.000000       0       0       0       94.00       94.00       95.00       9500       AMBULANCE SERVICES       95.00			0	0	0	0	
91.00       09100       EMERGENCY       0.000000       741,054       0       0       0       91.00         92.00       09200       0BSERVATI ON BEDS (NON-DISTINCT PART)       0.000000       29,957       0       0       0       92.00         0THER REIMBURSABLE COST CENTERS       0.000000       0       0       0       94.00       94.00       95.00       9500       AMBULANCE SERVICES       95.00			0	0	0	-	•
OTHER         REI MBURSABLE         COST         CENTERS           94. 00         09400         HOME         PROGRAM         DI         ALVIN         O         94. 00         94. 00         95. 00         0         0         0         94. 00         95. 00 <td>91.00 09100 EMERGENCY</td> <td>0. 000000</td> <td>741, 054</td> <td>0</td> <td>0</td> <td>0</td> <td>91.00</td>	91.00 09100 EMERGENCY	0. 000000	741, 054	0	0	0	91.00
94.00         09400         HOME         PROGRAM         DI ALYSI S         0.000000         0         0         0         94.00         95.00         95.00         000000         0         0         0         94.00         95.00	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	29, 957	0	0	0	92.00
95. 00 09500 AMBULANCE SERVICES 95. 00	OTHER REIMBURSABLE COST CENTERS						l
		0. 000000	0	0	0	0	
200.00 [lotal (lines 50 through 199) [ 8,715,100] 3,933 0] 0[200.00							
	200.00  Total (lines 50 through 199)	I I	8, 715, 100	3, 933	0	0	200.00

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPI TAI	_	In Lieu	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPI	TAL COSTS	Provider C	CN: 15-0051 F	Period:	Worksheet D	
				rom 01/01/2020	Part II	
		Component	CCN: 15-T051	To 12/31/2020	Date/Time Pre 7/14/2021 11:	epared:
		Ti +1	eXIX Su	ıbprovider - IR		IS alli
Cost Center Description	Capital Related				Capital Costs	
cost center bescription		(from Wkst. C,		Program	(column 3 x	
	Wkst. B, Part	Dart L col			column 4)	
	II, col. 26)	8)	2)	charges	corumr 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATING ROOM	1, 578, 701	213, 350, 208	0.007400	0	0	50.00
50. 01 05001 CV SURGERY	1, 578, 701		0. 000000		0	
51. 00 05100 RECOVERY ROOM	179, 618	-			-	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	975, 745				0	
53. 00 05300 ANESTHESI OLOGY	975,745		0. 000000		0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	579, 762	°			10	
55. 00 05500 RADI OLOGY-THERAPEUTI C	643, 602				0	
56. 00 05600 RADI 0I SOTOPE	043, 002				0	
57. 00 05700 CT SCAN	52, 332	0			0	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	61, 401				0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	209, 018				0	
60. 00 06000 LABORATORY					-	
	636, 703 0				13 0	
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	87, 790	-	0. 000000 0. 005307		0	
66. 00 06600 PHYSI CAL THERAPY	371, 812					
67.00 06700 OCCUPATI ONAL THERAPY	371,812				833	
68. 00 06800 SPEECH PATHOLOGY	0	-	0. 000000		0	
69. 00 06900 ELECTROCARDI OLOGY	83, 319	°			2	69.00
70. 00 07000 ELECTROCARDIOLOGY	124, 653				2	
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS	143, 312				1	70.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	388, 313				0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	682, 576				-	
73. 01 07302 OP PHARMACY					4	
74. 00 07400 RENAL DI ALYSI S	14, 841 41, 172				0	
75. 00 07500 ASC (NON-DISTINCT PART)	41, 172				0	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0				0	
76. 97 07697 CARDI AC REHABI LI TATI ON	109, 307	-			0	
OUTPATIENT SERVICE COST CENTERS	107, 307	2,002,100	0.04075		0	/0. 7/
90. 00 09000 CLINIC	569, 341	2, 147, 728	0. 265090	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	587, 243				0	
90. 02 09002 WOUND CARE CENTER	137, 438				0	
90. 03 09003 PAIN CLINIC	85, 015				0	10.02
90. 05 09005 0P PSYCH CLINIC	351, 296				0	
91. 00 09100 EMERGENCY	897, 720				4	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	077,720				0	
OTHER REIMBURSABLE COST CENTERS		37, 072, 714	0.00000	γ <u></u>	0	/2.00
94. 00 09400 HOME PROGRAM DI ALYSI S	0	C	0.00000	0	0	94.00
95. 00 09500 AMBULANCE SERVICES	0		0.00000	ĺ	0	95.00
200.00 Total (lines 50 through 199)	9, 592, 030	1, 499, 337, 316		63, 408	867	200.00
	7, 372, 030	I, 77, 557, 510	1	00,400	007	F 00.00

Health Financial Systems IU APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	HEALTH BLOOMI				u of Form CMS-2	
THROUGH COSTS	ERVICE UTHER PA	ASS Provider C	CN: 15-0051	Period: From 01/01/2020 To 12/31/2020 ubprovider - IR	Worksheet D	
		Component	CCN: 15-T051	To 12/31/2020	Date/Time Pre	epared:
					7/14/2021 11:	13 am
Cost Costor Decerintian	Nen Dhuei ei en					
Cost Center Description		Post-Stepdown		Allied Health Post-Stepdown		
	Cost	Adjustments		Adj ustments		
	1,00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS	1.00	ZR	2.00	- ON	0.00	
50.00 05000 OPERATI NG ROOM	0	0		0 0	0	50.00
50. 01 05001 CV SURGERY	0	0		0 0	0	50.01
51.00 05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
53.00 05300 ANESTHESI OLOGY	0	0		0 0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	
56. 00 05600 RADI OI SOTOPE	0	0		0 0	0	
57.00 05700 CT SCAN	0	0		0 0	0	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 0	0	
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	0	
	0	0		0 0	0	
64. 00 06400 I NTRAVENOUS THERAPY 65. 00 06500 RESPI RATORY THERAPY	0	0			0	
66.00 06600 PHYSICAL THERAPY	0	0			0	1
67. 00 06700 OCCUPATI ONAL THERAPY	0	0			0	
68. 00 06800 SPEECH PATHOLOGY	0	0			0	
69. 00 06900 ELECTROCARDI OLOGY	0	0			0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0 0	0		0 0	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	1
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	673, 583	73.00
73.01 07302 OP PHARMACY	0	0		0 0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0		0 0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		0 0	0	
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS			1			00.00
	0	0		0 0	° °	
90.01 09001 0P ONCOLOGY INFUSION CENTER 90.02 09002 WOUND CARE CENTER	0	0			0	
90. 02 109002 WOUND CARE CENTER 90. 03 109003 PAIN CLINIC	0	0			0	•
90. 05 09005 0P PSYCH CLINIC	0	0			0	/01/00
91. 00 09100 EMERGENCY	0	0			0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	
OTHER REIMBURSABLE COST CENTERS						1
94.00 09400 HOME PROGRAM DI ALYSI S	0	0		0 0	0	94.00
95.00 09500 AMBULANCE SERVICES					1	95.00
200.00 Total (lines 50 through 199)	0	0		0 0	673, 583	200.00

Health Financial Systems IL APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	J HEALTH BLOOMI	NGTON HOSPITAL		eriod:	<u>ı of Form CMS-2</u> Worksheet D	2552-10
THROUGH COSTS	ERVICE UINER PA	ASS PLOVIDEL C	CN. 15-0051	rom 01/01/2020	Part IV	
		Component	CCN: 15-T051 T		Date/Time Pre 7/14/2021 11:	epared:
		T; +1		harovidor ID	<u>  //14/2021_11:</u> ₣ PPS	13 am
Cost Center Description	All Other	Total Cost	<u>e XIX \$u</u> Total	<u>bprovider - IR</u> Total Charges		
cost center bescription	Medi cal	(sum of cols.		(from Wkst. C,	to Charges	
	Education Cost	•	Cost (sum of	Part I, col.	$(col 5 \div col$	
		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						
50.00 05000 OPERATI NG ROOM	0	0				
50. 01 05001 CV SURGERY	0	0			0.00000	
51.00 05100 RECOVERY ROOM	0	0	-			
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0	-			
53. 00 05300 ANESTHESI OLOGY	0	0	0	-	0. 000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C 55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	-			
56. 00 05600 RADI 0L001-THERAPEUTIC	0	0	-			
57. 00 05700 CT SCAN	0	0	0	-		
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	-	,,		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0	-			
60. 00 06000 LABORATORY	0	0	-			
64.00 06400 INTRAVENOUS THERAPY	0	0	0		0.000000	
65. 00 06500 RESPI RATORY THERAPY	0	0	0	16, 542, 475	0. 000000	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0	0	25, 363, 919	0. 000000	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0	0	0	0. 000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	-	0. 000000	
69.00 06900 ELECTROCARDI OLOGY	0	0	0			
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	-	.,		
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	-	,,		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	(72 502	0			
73.00 07300 DRUGS CHARGED TO PATLENTS 73.01 07302 OP PHARMACY	0	673, 583	673, 583 0			
74. 00 07400 RENAL DI ALYSI S	0	0	-			
75. 00 07500 ASC (NON-DI STINCT PART)	0	0	0	-//		
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	Ŭ		
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0	-	-		
OUTPATIENT SERVICE COST CENTERS				_//		
90.00 09000 CLINIC	0	0	0	2, 147, 728	0. 000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	40, 375, 105	0. 000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	5, 722, 698	0. 000000	90.02
90. 03 09003 PAIN CLINIC	0	0	0	1, 836, 064		
90. 05 09005 OP PSYCH CLINIC	0	0	0			
91.00 09100 EMERGENCY	0	0				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	34, 842, 914	0. 000000	92.00
OTHER REIMBURSABLE COST CENTERS	^	^		^	0.000000	04 00
94.00 09400 HOME PROGRAM DIALYSIS 95.00 09500 AMBULANCE SERVICES	0	0	0	0	0. 000000	
200.00 Total (lines 50 through 199)	0	673, 583	672 E03	1, 499, 337, 316		95.00 200.00
200. 04 Trotal (Triles So through 199)	<b>I</b> 0	0/3, 383	0/3, 383	1,477,337,310	I	×00.00

Health Financial Systems	HEALTH BLOOMIN	IGTON HOSPI TAL	_	In Lieu	ı of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI	ERVICE OTHER PA	SS Provider C	CN: 15-0051 P	eriod:	Worksheet D	
THROUGH COSTS		0		rom 01/01/2020		
		Component	CCN: 15-T051 T	o 12/31/2020	Date/Time Pre 7/14/2021 11:	
			e XIX Su	bprovider - IR		15 411
Cost Center Description	Outpati ent	Inpatient	Inpatient	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col.	J	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 OPERATI NG ROOM	0. 000000	0	0	0	0	50.00
50. 01 05001 CV SURGERY	0. 000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0. 000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0	0	0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	0	0	0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	824	0	0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	0	0	0	0	55.00
56. 00 05600 RADI 0I SOTOPE	0. 000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0. 000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE I MAGING (MRI)	0. 000000	0	0	0	0	58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0. 000000	2, 082	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0. 000000	0	0	0	0	64.00
65. 00 06500 RESPI RATORY THERAPY	0. 000000	0	0	0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	56, 813	0	0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0. 000000	0	0	0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	444	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	678	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 002316	1, 736	4	0	0	73.00
73.01 07302 OP PHARMACY	0. 000000	0	, o	0	0	73.01
74.00 07400 RENAL DI ALYSI S	0. 000000	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000	0	-	0	0	75.00
75. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000	0	, o	0	0	75.01
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			1 -	-	-	
90. 00 09000 CLINIC	0. 000000	0	-		0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0. 000000	0	0	0	0	90.01
90. 02 09002 WOUND CARE CENTER	0. 000000	0	0	0	0	90.02
90. 03 09003 PAIN CLINIC	0. 000000	0	, o	0	0	90.03
90. 05 09005 OP PSYCH CLINIC	0. 000000	0	-	0	0	90.05
91.00 09100 EMERGENCY	0. 000000	831	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS	0.000000	-	-		-	04.00
94.00 09400 HOME PROGRAM DIALYSIS	0. 000000	0	0	0	0	
95.00 09500 AMBULANCE SERVICES		( ) ( )			^	95.00
200.00 Total (lines 50 through 199)	I I	63, 408	4	0	0	200.00

Heal th	Financial Systems IU HEALTH BLOOMING		In Lieu	u of Form CMS	-2552-10
COMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0051	Period:	Worksheet D	·1
			From 01/01/2020 To 12/31/2020	Date/Time Pr	repared:
				7/14/2021 1	:13 am
	Orat Orates December 1	Title XVIII	Hospi tal	PPS	
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
	Inpatient days (including private room days and swing-bed da			48, 85	
2.00	Inpatient days (including private room days, excluding swing			48, 85	
3.00	Private room days (excluding swing-bed and observation bed on not complete this line.	ays). If you have only	private room da	ys, do	0 3.00
4.00	Semi-private room days (excluding swing-bed and observation	bed days)		44, 87	6 4.00
5.00	Total swing-bed SNF type inpatient days (including private r		nber 31 of the c		5.00
	reporting period				
6.00	Total swing-bed SNF type inpatient days (including private r	room days) after Decembe	er 31 of the cos	t	0 6.00
7.00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private ro	oom days) through Decemb	or 31 of the co	c+	7.00
7.00	reporting period			51	7.00
8.00	Total swing-bed NF type inpatient days (including private ro	oom days) after December	31 of the cost		0 8.00
	reporting period (if calendar year, enter 0 on this line)				
9.00	Total inpatient days including private room days applicable	to the Program (excludi	ng swing-bed an	d 17,09	1 9.00
10.00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII	only (including private	room days) thr	huah	0 10.00
10.00	December 31 of the cost reporting period (see instructions)	only (merdaring private	, room days) thi	Jugn	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII		e room days) aft	er	0 11.00
	December 31 of the cost reporting period (if calendar year,				
12.00	Swing-bed NF type inpatient days applicable to titles V or >	(IX only (including priv	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 >	(IX only (including priv	vate room days)	after	0 13.00
13.00	December 31 of the cost reporting period (if calendar year,		ate room days)		15.00
	Medically necessary private room days applicable to the Proc		ed days)		0 14.00
	Total nursery days (title V or XIX only)				0 15.00
16.00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT				0 16.00
17 00	Medicare rate for swing-bed SNF services applicable to servi	ces through December 31	of the cost re	porting 0.0	0 17.00
17.00	peri od			oor tring 0.0	17.00
18.00	Medicare rate for swing-bed SNF services applicable to servi	ces after December 31 d	of the cost repo	rting 0.0	0 18.00
10.00	period	the second Descent of 21	- C + h +		10.00
19.00	Medicaid rate for swing-bed NF services applicable to service period	ces through December 31	or the cost rep	orting 0.0	0 19.00
20.00	Medicaid rate for swing-bed NF services applicable to service	ces after December 31 of	<sup>-</sup> the cost repor	ting 0.0	20.00
	period			0	
21.00	Total general inpatient routine service cost (see instruction	ons)		63, 815, 86	
22.00	Swing-bed cost applicable to SNF type services through Decer line 17)	nber 31 of the cost repo	orting period (I	ine 5 x	0 22.00
23 00	Swing-bed cost applicable to SNF type services after Decembe	er 31 of the cost report	ing period (lin	ебх	0 23.00
20100	line 18)		ing porrou (rin	5 C X	201.00
	Swing-bed cost applicable to NF type services through Decemb	per 31 of the cost repor	ting period (li	ne 7 x	0 24.00
	line 19)		na newled (Line	0	2 25 00
25.00	Swing-bed cost applicable to NF type services after December line 20)	- 31 of the cost reporti	ng period (line	8 X	0 25.00
26.00	Total swing-bed cost (see instructions)				26.00
	General inpatient routine service cost net of swing-bed cost	t (line 21 minus line 26	)	63, 815, 86	
~~ ~~	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
	General inpatient routine service charges (excluding swing-b Private room charges (excluding swing-bed charges)	bed and observation bed	charges)		0 28.00 0 29.00
	Semi-private room charges (excluding swing-bed charges)				0 30.00
	General inpatient routine service cost/charge ratio (line 27	7 ÷ line 28)			0 31.00
	Average private room per diem charge (line 29 ÷ line 3)				0 32.00
	Average semi-private room per diem charge (line 30 ÷ line 4)		wettens)		0 33.00
	Average per diem private room charge differential (line 32 r Average per diem private room cost differential (line 34 x l		uctions)	0.0	0 34.00 0 35.00
	Private room cost differential adjustment (line 3 x line 35)				0 36.00
	General inpatient routine service cost net of swing-bed cost		differential (I		
	minus line 36)				-
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AE				_
38, 00	Adjusted general inpatient routine service cost per diem (se	e instructions)		1.306.2	6 38.00
	Program general inpatient routine service cost (line 9 x lin			22, 325, 29	
40.00	Medically necessary private room cost applicable to the Prog	gram (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 3	39 + line 40)		22, 325, 29	0 41.00

Ith Financial Systems MPUTATION OF INPATIENT OPERATING COST		GTON HOSPITAL Provider C	CN: 15-0051	Period:	u of Form CMS- Worksheet D-			
	From 01/01.		From 01/01/2020					
				To 12/31/2020	Date/Time Pr 7/14/2021 11			
	Title>			Hospi tal	PPS			
Cost Center Description	Total Inpatient	Total	Average Per		Program Cost			
	Cost	npatient Days	col. 2	÷	(col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00	-		
OO NURSERY (title V & XIX only)	0	0				) 42.		
Intensive Care Type Inpatient Hospital l								
00 I NTENSI VE CARE UNI T	8, 485, 619	4, 121	2, 059. 1					
00 CORONARY CARE UNIT 00 BURN INTENSIVE CARE UNIT	6, 364, 308	3, 518	1, 809. 0	07 1, 476	2, 670, 187	7 44. 45.		
00 SURGICAL INTENSIVE CARE UNIT						45		
00 NEONATAL INTENSIVE CARE UNIT	4, 343, 469	3, 325	1, 306. 3	31 0	C	2 47		
Cost Center Description								
					1.00			
00 Program inpatient ancillary service cos					32, 267, 433			
00 Total Program inpatient costs (sum of li PASS THROUGH COST ADJUSTMENTS	ines 41 through 48)		.1 0115 )		60, 623, 394	4 49		
00 Pass through costs applicable to Program	m inpatient routine	services (fr	om Wkst. D.	sum of Parts I	and   <b>1   8</b> 03, 850	0 50		
00 Pass through costs applicable to Program					II antil, 062, 849			
IV)		-						
00 Total Program excludable cost (sum of li				and the state of the state of the state of the state of the state of the state of the state of the state of the	2, 866, 699			
00 Total Program inpatient operating cost of education costs (line 49 minus line 52)	excluding capital r	erated, non-p	nysician ane	stnetist, and m	201 Call, 756, 695	5 53		
TARGET AMOUNT AND LIMIT COMPUTATION						_		
00 Program di scharges					C	54		
00 Target amount per discharge					0.00			
00 Target amount (line 54 x line 55)			56					
00 Difference between adjusted inpatient op 00 Bonus payment (see instructions)	perating cost and t	arget amount	(The 56 min	us Tine 53)	0			
00 Lesser of lines 53/54 or 55 from the cos	st reporting period	endi na 1996.	updated and	compounded by				
market basket		;						
00 Lesser of lines 53/54 or 55 from prior					0.00			
00 If line 53/54 is less than the lower of						D 61		
operating costs (line 53) are less than		nes 54 x 60),	or 1% of th	e target amount	(line			
56), otherwise enter zero (see instructions) 2.00 Relief payment (see instructions)								
B. 00 Allowable Inpatient cost plus incentive payment (see instructions)								
PROGRAM INPATIENT ROUTINE SWING BED COST								
4.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See								
instructions)(title XVIII only)								
00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)								
00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH								
(see instructions)								
.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (li								
12 x line 19)	autina anata aftan	December 21	£ + h = = = = +		(1) =========	5 68		
.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (								
13 x line 20) 00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)								
PART III - SKILLED NURSING FACILITY, OTH						0 69		
00 Skilled nursing facility/other nursing				37)		70		
00 Adjusted general inpatient routine service		line 70 ÷ lir	ne 2)		1	71		
00 Program routine service cost (line 9 x l 00 Medically necessary private room cost an	-	m (line 1/ v	line 35)			72		
00 Medically necessary private room cost applicable to Program (line 14 x line 35) 00 Total Program general inpatient routine service costs (line 72 + line 73)								
00 Capital -related cost allocated to inpati				, Part II, colu	mn 26,	74		
line 45)								
00 Per diem capital -related costs (line 75	,				1	76		
00 Program capital-related costs (line 9 x 00 Inpatient routine service cost (line 74	1	77						
00 Inpatient routine service cost (line 74 minus line 77) 00 Aggregate charges to beneficiaries for excess costs (from provider records)								
00 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)								
00 Reasonable inpatient routine service costs (see instructions)								
00 Program inpatient ancillary services (se		ons)			1	84		
00 Utilization review - physician compensation Total Program inpatient operating costs						85		
PART IV - COMPUTATION OF OBSERVATION BEL								
					2.070	0 07		
00 Total observation bed days (see instruct	tions)				3, 978	5 07		
00 Total observation bed days (see instruct 00 Adjusted general inpatient routine cost 00 Observation bed cost (line 87 x line 88)	per diem (line 27	,			3, 978 1, 306. 26 5, 196, 302	6 88		

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPITAL	-	In Lieu of Form CMS-2552-10			
COMPUTATION OF INPATIENT OPERATING COST		Provi der C		Period: From 01/01/2020	Worksheet D-1		
					Date/Time Prepared: 7/14/2021 11:13 am		
		Title	XVIII	Hospi tal	PPS		
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on		
		(from line 21)	column 2	Observati on	Bed Pass		
				Bed Cost (from	Through Cost		
				line 89)	(col. 3 x col.		
				,	4) (see		
					instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH	I COST						
90.00 Capital-related cost	4, 176, 951	63, 815, 867	0. 06545	3 5, 196, 302	340, 114	90.00	
91.00 Nursing School cost	0	63, 815, 867	0. 00000	0 5, 196, 302	0	91.00	
92.00 Allied health cost	0	63, 815, 867	0. 00000	0 5, 196, 302	0	92.00	
93.00 All other Medical Education	0	63, 815, 867	0. 00000			93.00	

	Financial Systems IU HEALTH BLOOMING			of Form		
COMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0051	Period: From 01/01/2020	Workshee	et D-1	
		Component CCN:15-T051	To 12/31/2020	Date/Tir	me Pre	pared:
		Title XVIII S	ubprovider - IR	7/14/202	<u>21 11:</u> PPS	<u>13 am</u>
	Cost Center Description			1	113	
				1.00	)	
	PART I - ALL PROVIDER COMPONENTS INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days	ays, excluding newborn)			1, 425	1.00
2.00	Inpatient days (including private room days, excluding swing				1, 425	2.00
3.00	Private room days (excluding swing-bed and observation bed on not complete this line.	days). If you have only	private room da	ys, do	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation	bed davs)		i.	1, 425	4.00
5.00	Total swing-bed SNF type inpatient days (including private i		mber 31 of the c		0	5.00
6.00	reporting period Total swing-bed SNF type inpatient days (including private n	coom days) after Decomb	$r^{21}$ of the cos	÷	0	6.00
0.00	reporting period (if calendar year, enter 0 on this line)	oolii days) arter becellibe		L	0	0.00
7.00	Total swing-bed NF type inpatient days (including private ro	oom days) through Decem	per 31 of the co	st	0	7.00
8.00	reporting period Total swing-bed NF type inpatient days (including private ro	om davs) after Decomber	c 21 of the cost	I	0	8.00
0.00	reporting period (if calendar year, enter 0 on this line)	Juli days) al tel December	ST OF THE COST	1	0	8.00
9.00	Total inpatient days including private room days applicable	to the Program (excludi	ng swing-bed an	b	815	9.00
10.00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII	only (including privat	room dave) the	bugh	0	10.00
10.00	December 31 of the cost reporting period (see instructions)	only (including private	e room uays) thi	Jugn	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII		e room days) aft	er	0	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 X		(ato room dave)	through	0	12.00
12.00	December 31 of the cost reporting period	(ix only (including pir)	vate room days)	thi ough	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or X	(IX only (including priv	vate room days)	after	0	13.00
14 00	December 31 of the cost reporting period (if calendar year, Medically necessary private room days applicable to the Prog		d dave)	I	0	14.00
	Total nursery days (title V or XIX only)	gram (excruding swing-be	eu uays)	1	0	15.00
	Nursery days (title V or XIX only)				0	16.00
17 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servi	cos through Docombor 2	1 of the cost re	porting	0.00	17.00
17.00	period	ces thi ough becember 5	I OI THE COST IE	Joi tring	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to servi	ces after December 31 d	of the cost repo	rting	0.00	18.00
19.00	period Medicaid rate for swing-bed NF services applicable to service	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 servic	ces after December 31 of	f the cost repor	tina	0.00	20.00
	period			0		
21.00	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decer		orting poriod (		5, 109 0	21.00 22.00
22.00	line 17)	iber 31 01 the cost repo	biting period (i		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December line 18)	er 31 of the cost report	ting period (lin	э 6 х	0	23.00
24.00	Swing-bed cost applicable to NF type services through Decem	per 31 of the cost repo	ting period (li	1е 7 х	0	24.00
25.00	line 19) Swing-bed cost applicable to NF type services after December	- 31 of the cost reporti	ng period (line	8 x	0	25.00
a	line 20)			I	0	a
26.00 27.00	5	t (line 21 minus line 20	5)	1.75	0 5.109	26.00 27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	•			0/10/	271.00
	General inpatient routine service charges (excluding swing-	bed and observation bed	charges)	I	0	28.00
29.00 30.00	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			i.	0 0	29.00 30.00
	General inpatient routine service cost/charge ratio (line 2)	7 ÷ line 28)		0.0		31.00
	Average private room per diem charge (line 29 ÷ line 3)			I	0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 r		ructions)	I		33.00 34.00
	Average per diem private room cost differential (line 34 x l			1		35.00
	Private room cost differential adjustment (line 3 x line 35)		differential (	100 077 7F	0	36.00
37.00	General inpatient routine service cost net of swing-bed cosminus line 36)	and private room cost	uniterential (I	ne 21,75	o, 109	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY					
20.00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AL			1.0	01 ( (	20.00
	Adjusted general inpatient routine service cost per diem (se Program general inpatient routine service cost (line 9 x lin					38.00 39.00
40.00	Medically necessary private room cost applicable to the Prog	gram (line 14 x line 35)	)		0	40.00
41.00	Total Program general inpatient routine service cost (line 3	39 + line 40)		1,00	3, 803	41.00

		HEALTH BLOOMIN				u of Form CN		<u>552-10</u>
COMPUT	ATION OF INPATIENT OPERATING COST		Provider C		Period: From 01/01/2020	Worksheet		
			Component		0 12/31/2020	Date/Time	Pre	pared:
			Title	XVIII Su	Ibprovider - IR	7/14/2021		13 am
	Cost Center Description	otal Inpatient	Total	Average Per	Program Days			
		Cost	npatient Days	Diem (col. 1 ·		(col. 3 x c	;oI .	
		1.00	2.00	col. 2) 3.00	4.00	4) 5.00	$\rightarrow$	
42.00	NURSERY (title V & XIX only)	0	0				0	42.00
	Intensive Care Type Inpatient Hospital Unit			1				
		0	0					43.00
	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0.00	) 0		0	44.00 45.00
	SURGICAL INTENSIVE CARE UNIT					I		46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0		0	47.00
	Cost Center Description					1.00	$\rightarrow$	
48.00	Program inpatient ancillary service cost (W	kst. D-3. col.	3. Line 200)			957,3	378	48.00
	Total Program inpatient costs (sum of lines			tions)		1, 961,		49.00
	PASS THROUGH COST ADJUSTMENTS							
	Pass through costs applicable to Program in					and III)00,2		50.00 51.00
51.00	Pass through costs applicable to Program in IV)	ipatrent anci ra	ary services i	(ITOIII WKSL. D,	Sum of Parts	II and 31, (	005	51.00
52.00	Total Program excludable cost (sum of lines	50 and 51)				131, 3	310	52.00
53.00	Total Program inpatient operating cost excl	uding capital r	related, non-p	ohysi ci an anes	thetist, and m	edi ca <b>l</b> , 829, 8	871	53.00
	education costs (line 49 minus line 52) TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program di scharges						0	54.00
	Target amount per discharge					0.		55.00
	Target amount (line 54 x line 55)			<i> </i>		I	0	56.00
	Difference between adjusted inpatient opera Bonus payment (see instructions)	iting cost and t	target amount	(line 56 minu	is line 53)	I	0	57.00 58.00
	Lesser of lines 53/54 or 55 from the cost r	eporting period	d endina 1996.	updated and	compounded by	the 0	-	59.00
	market basket							
	Lesser of lines 53/54 or 55 from prior year					-		60.00
61.00	If line 53/54 is less than the lower of lin operating costs (line 53) are less than exp						0	61.00
	56), otherwise enter zero (see instructions		nes 54 x 00),	of the the	target anount	(THE		
	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive pay	ment (see instr	ructions)			L	0	63.00
64 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine co	sts through Dec	cember 31 of t	the cost repor	ting period (S		0	64.00
01.00	instructions) (title XVIII only)	Sta through bee			ting period (o	50	Ŭ	01.00
65.00	Medicare swing-bed SNF inpatient routine co	sts after Decem	nber 31 of the	e cost reporti	ng period (See		0	65.00
<b>66 00</b>	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient rout	ina anata (lina				CALL	0	66.00
66.00	(see instructions)	The costs (The	e o4 prus rine		TTT OTTY). FOI	САП	0	00.00
67.00	Title V or XIX swing-bed NF inpatient routi	ne costs throug	gh December 3 <sup>-</sup>	1 of the cost	reporting peri	pd (line	0	67.00
(0.00	12 x line 19)		December 21			(1)		(0.00
68.00	Title V or XIX swing-bed NF inpatient routi 13 x line 20)	ne costs after	December 31 d	of the cost re	porting period	(line	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient	routine costs	(line 67 + li	ne 68)			0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER							
	Skilled nursing facility/other nursing faci				7)			70.00 71.00
	Adjusted general inpatient routine service Program routine service cost (line 9 x line		Time 70 ÷ Tim	le Z)				72.00
	Medically necessary private room cost appli	,	am (line 14 x	line 35)				73.00
	Total Program general inpatient routine ser	•						74.00
75.00	Capital-related cost allocated to inpatient	routine servio	ce costs (from	m Worksheet B,	Part II, colu	nn 26,		75.00
76.00	line 45) Per diem capital-related costs (line 75 ÷ I	ine 2)						76.00
	Program capital -related costs (line 9 x lin	,						77.00
	Inpatient routine service cost (line 74 mir					I		78.00
	Aggregate charges to beneficiaries for exce	•		,	inuc lino 70)	I		79.00
	Total Program routine service costs for com Inpatient routine service cost per diem lim				inius inite (9)			80.00 81.00
	Inpatient routine service cost limitation (		31)			l		82.00
	Reasonable inpatient routine service costs		ons)			l		83.00
	Program inpatient ancillary services (see i Utilization review - physician compensation	,	ons)					84.00 85.00
	Total Program inpatient operating costs (su							85.00 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PA	SS THROUGH COST						
	Total observation bed days (see instruction					~		87.00
	Adjusted general inpatient routine cost per Observation bed cost (line 87 x line 88) (s					0.		88.00 89.00
37.00			- /		I		9	57.00

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPITAL	-	In Lieu	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der C		Period: From 01/01/2020	Worksheet D-1	
		Component			Date/Time Pre 7/14/2021 11:	epared: 13 am
		Title	XVIII \$u	ubprovider - IR	FF PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	I COST					
90.00 Capital-related cost	175, 272	1, 755, 109	0. 099864	4 0	0	90.00
91.00 Nursing School cost	0	1, 755, 109	0. 000000	0 0	0	91.00
92.00 Allied health cost	0	1, 755, 109	0. 000000	0 0	0	92.00
93.00 All other Medical Education	0	1, 755, 109	0. 000000	0 0	0	93.00

<u>Heal th</u>	Financial Systems IU HEALTH BLOOMING	TON HOSPI TAL	In Lieu	ı of For	m CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0051	Period: From 01/01/2020	Worksh	eet D-1	
			To 12/31/2020			
		Title XIX	Hospi tal	7/14/2	021 11: PPS	<u>13 am</u>
	Cost Center Description		nospi tui	1	110	
				1. (	00	
	PART I - ALL PROVIDER COMPONENTS					
1.00	Inpatient days (including private room days and swing-bed days	ays, excluding newborn)			48, 854	1.00
2.00	Inpatient days (including private room days, excluding swing				48, 854	2.00
3.00	Private room days (excluding swing-bed and observation bed on not complete this line.	days). If you have only	private room da	ys, do	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation	bed days)			44, 876	4.00
5.00	Total swing-bed SNF type inpatient days (including private i	room days) through Decen	nber 31 of the c	ost	0	5.00
6.00	reporting period Total swing-bed SNF type inpatient days (including private n	room days) after Decembe	er 31 of the cos	t	0	6.00
	reporting period (if calendar year, enter 0 on this line)				-	
7.00	Total swing-bed NF type inpatient days (including private re	oom days) through Decemb	per 31 of the co	st	0	7.00
8.00	reporting period Total swing-bed NF type inpatient days (including private re	oom davs) after December	31 of the cost		0	8.00
	reporting period (if calendar year, enter 0 on this line)	•			-	
9.00	Total inpatient days including private room days applicable newborn days) (see instructions)	to the Program (excludi	ng swing-bed an	b	996	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII	only (including private	e room days) thr	bugh	0	10.00
	December 31 of the cost reporting period (see instructions)		•			
11.00	Swing-bed SNF type inpatient days applicable to title XVIII December 31 of the cost reporting period (if calendar year,		e room days) aft	er	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or 2	XIX only (including priv	vate room days)	through	0	12.00
	December 31 of the cost reporting period		-	_		
13.00	Swing-bed NF type inpatient days applicable to titles V or 2 December 31 of the cost reporting period (if calendar year,		/ate room days)	after	0	13.00
14.00	Medically necessary private room days applicable to the Prog		ed days)		0	14.00
	Total nursery days (title V or XIX only)		-			15.00
16.00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT				1,274	16.00
17.00	Medicare rate for swing-bed SNF services applicable to servi	ices through December 37	of the cost re	oorting	0.00	17.00
10 00	period Medicare rate for swing-bed SNF services applicable to servi	icos aftar Dacambar 21 d	of the cost rope	stipa	0.00	18.00
10.00	period		on the cost repo	rting	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to service period	ces through December 31	of the cost rep	orting	0. 00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to service period	ces after December 31 of	f the cost repor	ti ng	0. 00	20. 00
	Total general inpatient routine service cost (see instruction				815, 867	
22.00	Swing-bed cost applicable to SNF type services through Decen	mber 31 of the cost repo	orting period (I	ne 5 x	0	22.00
23.00	line 17) Swing-bed cost applicable to SNF type services after December	er 31 of the cost report	ing period (lin	e 6 x	0	23.00
24.00	line 18) Swing-bed cost applicable to NF type services through Deceml	ber 31 of the cost repor	ting period (li	ne 7 x	0	24.00
25.00	line 19) Swing-bed cost applicable to NF type services after December	r 31 of the cost reporti	na period (line	8 x	0	25.00
	line 20)		ng poir ou (i i no	0 //		
	Total swing-bed cost (see instructions)	t (line 21 minus line 2)		42.0		26.00
27.00	General inpatient routine service cost net of swing-bed cos PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	t (TTHE 21 MITHUS TTHE 20	)	03,8	815, 867	27.00
	General inpatient routine service charges (excluding swing-	bed and observation bed	charges)		0	
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)				0	29.00 30.00
	General inpatient routine service cost/charge ratio (line 2)	7 ÷ line 28)		0.	000000	
	Average private room per diem charge (line 29 ÷ line 3)					32.00
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32)		suctions)			33.00 34.00
	Average per diem private room cost differential (line 32 l					35.00
	Private room cost differential adjustment (line 3 x line 35)				0	
37.00	General inpatient routine service cost net of swing-bed cost minus line 36)	t and private room cost	differential (I	ine <b>63</b> ,8	815, 867	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY					
20.25	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AN				204 24	20.00
	Adjusted general inpatient routine service cost per diem (se Program general inpatient routine service cost (line 9 x lin				306.26 01,035	
40.00	Medically necessary private room cost applicable to the Prog	gram (line 14 x line 35)			0	40.00
41.00	Total Program general inpatient routine service cost (line	39 + line 40)		1, 3	01, 035	41.00

alth Financial Systems MPUTATION OF INPATIENT OPERATING COST	IU HEALTH BLOOMING	<u>Provider</u> C	CN: 15-0051	<u>In Lieu</u> Period:	u of Form CMS-2 Worksheet D-1	
			F	rom 01/01/2020	Date/Time Pre	
					7/14/2021 11:	
Cost Costos Deserintion	total lunation			Hospi tal	PPS	
Cost Center Description	Total Inpatient Cost In	Total npatient Days	Average Per Diem (col. 1		Program Cost (col. 3 x col.	
	1.00	2.00	<u>col.2)</u> 3.00	4.00	4) 5.00	
.00 NURSERY (title V & XIX only)	1, 576, 410	2, 707	582.35			42.
Intensive Care Type Inpatient Hospital						I
00 INTENSIVE CARE UNIT 00 CORONARY CARE UNIT	8, 485, 619	4, 121 3, 518	2, 059. 12 1, 809. 07			
. OO BURN I NTENSI VE CARE UNI T	6, 364, 308	3, 516	1, 609. 07	0	0	44.
.00 SURGICAL INTENSIVE CARE UNIT						46.
00 NEONATAL INTENSIVE CARE UNIT	4, 343, 469	3, 325	1, 306. 31	490	640, 092	47.
Cost Center Description					1.00	
.00 Program inpatient ancillary service co	ost (Wkst. D-3, col. 3	3, line 200)			1, 541, 797	48.
.00 Total Program inpatient costs (sum of			ions)		6, 096, 578	49.
PASS THROUGH COST ADJUSTMENTS			an What D a	um of Douto I	had 1113/2 022	
<ul> <li>00 Pass through costs applicable to Progr</li> <li>00 Pass through costs applicable to Progr</li> </ul>						
IV) .00 Total Program excludable cost (sum of	lines 50 and 51)				324, 781	52.
.00 Total Program inpatient operating cost	t excluding capital re	elated, non-p	hysician anes	thetist, and m		
education costs (line 49 minus line 52	2)					-
TARGET AMOUNT AND LIMIT COMPUTATION OD Program discharges					0	54
.00 Target amount per discharge					0.00	
.00 Target amount (line 54 x line 55)					0	
.00 Difference between adjusted inpatient	operating cost and ta	arget amount	(line 56 minu	is line 53)	0	
.00 Bonus payment (see instructions) .00 Lesser of lines 53/54 or 55 from the c	cost reporting period	endina 1996	undated and	compounded by	0 the 0.00	
market basket	bost reporting perrou	ending 1770,	updated and		0.00	
.00 Lesser of lines 53/54 or 55 from prior					0.00	
.00 If line 53/54 is less than the lower of operating costs (line 53) are less that					ł do se se se se se se se se se se se se se	61
56), otherwise enter zero (see instruc		lies 54 x 60),	OF TA OF LITE	target amount	(THE	
.00 Relief payment (see instructions)					0	62.
.00 Allowable Inpatient cost plus incentiv		uctions)			0	63
PROGRAM INPATIENT ROUTINE SWING BED CO .00 Medicare swing-bed SNF inpatient routi		ember 31 of t	he cost repor	ting period (S	ee 0	64.
instructions) (title XVIII only)	ne costs through beet			ting period (5	0	, 04.
.00 Medicare swing-bed SNF inpatient routi	ne costs after Decemb	ber 31 of the	cost reporti	ng period (See	0	65.
instructions)(title XVIII only)	t routing goots (ling	44 plus line	(F) (+; +  o V)			
.00 Total Medicare swing-bed SNF inpatient (see instructions)	routine costs (ine	64 prus rine	65)(litte XV	TIT ONLY). FOR	CAH U	66
.00 Title V or XIX swing-bed NF inpatient	routine costs through	h December 31	of the cost	reporting peri	pd (line 0	67
12 x line 19)						
.00 Title V or XIX swing-bed NF inpatient 13 x line 20)				porting period	(line 0	68
00 Total title V or XIX swing-bed NF inpa					0	69
PART III - SKILLED NURSING FACILITY, C .00 Skilled nursing facility/other nursing				(7)		70
.00 Adjusted general inpatient routine ser	vice cost per diem (I					71
.00 Program routine service cost (line 9 >	,	<u> </u>				72
.00 Medically necessary private room cost .00 Total Program general inpatient routir						73
.00 Capital-related cost allocated to inpa			,	Part II. colu	mn 26,	74
line 45)				,		
00 Per diem capital-related costs (line 7						76
.00 Program capital-related costs (line 9 .00 Inpatient routine service cost (line 7	,					77
.00 Aggregate charges to beneficiaries for		provider reco	rds)			79
00 Total Program routine service costs for	· · ·		,	ninus line 79)		80
.00 Inpatient routine service cost per die						81
.00 Inpatient routine service cost limitat	-	•				82 83
.00 Reasonable inpatient routine service of		15)				83
UU Program ripatient anchiary services		ons)				85
<ul><li>.00 Program inpatient ancillary services (</li><li>.00 Utilization review - physician compension)</li></ul>					1	86.
.00 Utilization review - physician compens .00 Total Program inpatient operating cost	ts (sum of lines 83 th	hrough 85)				- 00
.00 Utilization review - physician compens .00 <u>Total Program inpatient operating cost</u> <u>PART IV - COMPUTATION OF OBSERVATION E</u>	ts (sum of lines 83 th BED PASS THROUGH COST	hrough 85)			2.070	
.00 Utilization review - physician compens .00 Total Program inpatient operating cost	ts (sum of lines 83 th BED PASS THROUGH COST Juctions)				3, 978 1, 306. 26	8 87.

Health Financial Systems	J HEALTH BLOOMI	NGTON HOSPITAL	-	In Lieu	i of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der C		Period: From 01/01/2020	Worksheet D-1	
					Date/Time Pre 7/14/2021 11:	epared: 13 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
				ŕ	4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	I COST					
90.00 Capital-related cost	4, 176, 951	63, 815, 867	0. 06545	3 5, 196, 302	340, 114	90.00
91.00 Nursing School cost	0	63, 815, 867	0. 00000	0 5, 196, 302	0	91.00
92.00 Allied health cost	0	63, 815, 867	0. 00000	0 5, 196, 302	0	92.00
93.00 All other Medical Education	0	63, 815, 867	0. 00000			93.00

<u>Heal th</u>	Financial Systems IU HEALTH BLOOMING	TON HOSPI TAL	In Lieu	ı of Form	n CMS-2	552-10
COMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0051	Period:	Workshe	et D-1	
		Component CCN: 15-T051	From 01/01/2020 To 12/31/2020		me Pre	pared:
				7/14/20		<u>13 am</u>
	Cost Center Description	Title XIX	\$ubprovider - IR	1	PPS	
				1.0	0	
	PART I – ALL PROVIDER COMPONENTS					
1 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed da				1 425	1 00
1.00 2.00	Inpatient days (including private room days and swing-bed days) Inpatient days (including private room days, excluding swing				1, 425 1, 425	1.00 2.00
3.00	Private room days (excluding swing-bed and observation bed			ys, do	0	3.00
	not complete this line.					
4.00	Semi-private room days (excluding swing-bed and observation		where 01 of the s		1,425	4.00
5.00	Total swing-bed SNF type inpatient days (including private reporting period	room days) through Decer	mper 31 of the c	JST	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private i	room days) after Decembe	er 31 of the cos	t	0	6.00
	reporting period (if calendar year, enter 0 on this line)					
7.00	Total swing-bed NF type inpatient days (including private re reporting period	oom days) through Deceml	ber 31 of the co	st	0	7.00
8.00	Total swing-bed NF type inpatient days (including private ro	oom days) after Decembe	r 31 of the cost		0	8.00
	reporting period (if calendar year, enter 0 on this line)					
9.00	Total inpatient days including private room days applicable	to the Program (excludi	ing swing-bed an	b	27	9.00
10.00	newborn days) (see instructions) Swing-bed SNF type inpatient days applicable to title XVIII	only (including private	e room days) thr	ouah	0	10.00
	December 31 of the cost reporting period (see instructions)	3 . 0 .		0	0	10100
11.00	Swing-bed SNF type inpatient days applicable to title XVIII		e room days) aft	er	0	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 2		vate room days)	through	0	12.00
12.00	December 31 of the cost reporting period	xix only (merdaring pri-	vate room days)	thi ough	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or 2	XIX only (including priv	vate room days)	after	0	13.00
14 00	December 31 of the cost reporting period (if calendar year,		ad dava)		0	14 00
	Medically necessary private room days applicable to the Prog Total nursery days (title V or XIX only)	gram (excruding swing-be	eu uays)			14.00 15.00
	Nursery days (title V or XIX only)					16.00
17 00	SWING BED ADJUSTMENT		1 6 11		0.00	47.00
17.00	Medicare rate for swing-bed SNF services applicable to servi period	ices through December 3	I OF THE COST FE	porting	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to servi	ices after December 31 (	of the cost repo	rting	0.00	18.00
10.00	period	and the second Descenders 21			0.00	10.00
19.00	Medicaid rate for swing-bed NF services applicable to service period	ces inrough December 31	of the cost rep	briting	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to servi	ces after December 31 o	f the cost repor	ting	0.00	20.00
21 00	period Total general inpatient routine service cost (see instructio			1 70	55, 109	21 00
	Swing-bed cost applicable to SNF type services through Dece		ortina period (		03, 109	
	line 17)				-	
23.00	Swing-bed cost applicable to SNF type services after December	er 31 of the cost repor	ting period (lin	e 6 x	0	23.00
24.00	line 18) Swing-bed cost applicable to NF type services through Deceml	ber 31 of the cost repo	rtina period (li	пе 7 х	0	24.00
	line 19)		0, ,		-	
25.00	Swing-bed cost applicable to NF type services after December	r 31 of the cost reporti	ing period (line	8 x	0	25.00
26.00	line 20) Total swing-bed cost (see instructions)				0	26.00
	General inpatient routine service cost net of swing-bed cos	t (line 21 minus line 20	6)	1, 75	55, 109	
00.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	had and shares attack had			0	22.02
	General inpatient routine service charges (excluding swing-l Private room charges (excluding swing-bed charges)	bed and observation bed	charges)		0	28.00 29.00
	Semi -private room charges (excluding swing-bed charges)				Ő	30.00
	General inpatient routine service cost/charge ratio (line 2	7 ÷ line 28)		0. (	000000	
	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)	<b>`</b>			0.00	32.00 33.00
	Average per diem private room charge differential (line 32 i		ructions)			33.00
35.00	Average per diem private room cost differential (line 34 x )	line 31)	- /			35.00
	Private room cost differential adjustment (line 3 x line 35)		di 66 ana statut		0	36.00
37.00	General inpatient routine service cost net of swing-bed cos minus line 36)	i and private room cost	uitterential (I	ne 27,78	55, 109	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY					
00.01	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AN					
	Adjusted general inpatient routine service cost per diem (se Program general inpatient routine service cost (line 9 x lin				231.66	38.00 39.00
	Medically necessary private room cost applicable to the Prog		)		53, 200 0	
	Total Program general inpatient routine service cost (line			3		41.00

		HEALTH BLOOMIN				of Form (		
COMPUT	ATION OF INPATIENT OPERATING COST		Provi der C		Period: From 01/01/2020	Worksheet	t D-1	
			Component		o 12/31/2020	Date/Time	e Pre	pared:
				eXIX Su	bprovider - IR	7/14/2021	<u>I 11:</u> PS	13 am
	Cost Center Description	otal Inpatient	Total		Program Days			
	'	Cost	npatient Days	Diem (col. 1 ·		(col. 3 x		
		1.00		col. 2)		4)		
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
42.00	Intensive Care Type Inpatient Hospital Unit		0	0.00	0		0	42.00
43.00	I NTENSI VE CARE UNI T	0	0	0.00	0 0		0	43.00
	CORONARY CARE UNIT	0	0	0.00	0		0	44.00
	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT							45.00 46.00
	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0		0	40.00
11100	Cost Center Description			0100				17100
						1.00		
	Program inpatient ancillary service cost (W			ti ana)			, 299	48.00
49.00	Total Program inpatient costs (sum of lines PASS THROUGH COST ADJUSTMENTS	41 through 48)	(see instruct	tions)		60	, 554	49.00
50.00	Pass through costs applicable to Program in	patient routine	e services (fr	rom Wkst. D, s	um of Parts I	and III) 3	, 321	50.00
	Pass through costs applicable to Program in					II and (	871	51.00
		50 1 51)					100	50.00
	Total Program excludable cost (sum of lines Total Program inpatient operating cost excl		colated non-r	nhysi ci an anos	thatist and m		, 192 , 362	52.00 53.00
55.00	education costs (line 49 minus line 52)	during capital i			thetist, and in	surcar 50	, 302	55.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
	Program di scharges						0	54.00
	Target amount per discharge Target amount (line 54 x line 55)						0. 00 0	55.00 56.00
	Difference between adjusted inpatient opera	ting cost and t	target amount	(line 56 minu	s line 53)		0	57.00
	Bonus payment (see instructions)	and good and a	anger amount		o 11110 000)		0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost r	eporting period	d ending 1996,	updated and	compounded by	the	0. 00	59.00
60.00	market basket	cost roport	indated by the	n markat backa	+		0. 00	60.00
	Lesser of lines 53/54 or 55 from prior year If line 53/54 is less than the lower of lin						0.00	60.00 61.00
01.00	operating costs (line 53) are less than exp						Ŭ	01.00
	56), otherwise enter zero (see instructions	)			-			
	Relief payment (see instructions)	mont (coo i notr	aunti ana)				0	62.00 63.00
63.00	Allowable Inpatient cost plus incentive pay PROGRAM INPATIENT ROUTINE SWING BED COST	ment (see insti	uctions)				0	03.00
64.00	Medicare swing-bed SNF inpatient routine co	sts through Dec	cember 31 of t	the cost repor	ting period (S	ee	0	64.00
	instructions)(title XVIII only)							
65.00	Medicare swing-bed SNF inpatient routine co instructions)(title XVIII only)	sts after Decem	nber 31 of the	e cost reporti	ng period (See		0	65.00
66 00	Total Medicare swing-bed SNF inpatient rout	ine costs (line	e 64 nlus line	≥ 65)(title XV	III only) For	САН	0	66.00
00.00	(see instructions)				111 on <i>y</i> ). Tor	0/11	Ŭ	00.00
67.00	Title V or XIX swing-bed NF inpatient routi	ne costs throug	gh December 37	1 of the cost	reporting peri	od (line	0	67.00
(0.00	12 x line 19)		December 21			(1) ===		(0.00
68.00	Title V or XIX swing-bed NF inpatient routi 13 x line 20)	ne costs after	December 31 0	or the cost re	porting period	(TThe	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient	routine costs	(line 67 + li	ne 68)			0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER							
	Skilled nursing facility/other nursing faci				7)			70.00
	Adjusted general inpatient routine service Program routine service cost (line 9 x line		tine /0 ÷ iir	ne 2)				71.00 72.00
	Medically necessary private room cost appli	,	am (line 14 x	line 35)				73.00
74.00	Total Program general inpatient routine ser	vice costs (Ĭir	ne 72 + line 7	73)				74.00
75.00	Capital-related cost allocated to inpatient	routine servic	ce costs (from	m Worksheet B,	Part II, colu	mn 26,		75.00
76.00	line 45) Per diem capital-related costs (line 75 ÷ l	ine 2)						76.00
	Program capital -related costs (line 9 x lin	,						77.00
78.00	Inpatient routine service cost (line 74 min	us line 77)						78.00
	Aggregate charges to beneficiaries for exce	•		,				79.00
	Total Program routine service costs for com Inpatient routine service cost per diem lim		cost limitati	on (ine /8 m	inus (The 79)			80.00 81.00
	Inpatient routine service cost per drem rim		31)					82.00
83.00	Reasonable inpatient routine service costs	(see instruction						83.00
	Program inpatient ancillary services (see i							84.00
	Utilization review - physician compensation Total Program inpatient operating costs (su							85.00 86.00
00.00	PART IV - COMPUTATION OF OBSERVATION BED PA							00.00
87.00	Total observation bed days (see instruction						0	87.00
	Adjusted general inpatient routine cost per					(		88.00
89.00	Observation bed cost (line 87 x line 88) (s	ee instructions	»)				U	89.00

Health Financial Systems IL	J HEALTH BLOOMI	NGTON HOSPITAL	-	In Lieu	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der C		Period: From 01/01/2020	Worksheet D-1	
		Component			Date/Time Pre 7/14/2021 11:	epared: 13 am
		Titl	eXIX \$ι	ubprovider - IR	FF PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	I COST					
90.00 Capital-related cost	175, 272	1, 755, 109	0. 099864	4 0	0	90.00
91.00 Nursing School cost	0	1, 755, 109	0. 000000	0 0	0	91.00
92.00 Allied health cost	0	1, 755, 109	0. 000000	0 0	0	92.00
93.00 All other Medical Education	0	1, 755, 109	0. 000000	0 0	0	93.00

VPATIENT ANCILLARY SERVICE COST APPOR	RIIONMENI	Provider C	CN: 15-0051	Period:	Worksheet D-3	3
				From 01/01/2020 To 12/31/2020	Date/Time Pre	enare
					7/14/2021 11:	: 13 a
		Title	XVIII	Hospi tal	PPS	
Cost Center Description			Ratio of Cos		Inpati ent	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col.	
			1.00		2)	
INPATIENT ROUTINE SERVICE COST	CENTERS		1.00	2.00	3.00	
D. 00 03000 ADULTS & PEDI ATRI CS				51, 263, 230		30.0
1.00 03100 INTENSIVE CARE UNIT				10, 018, 716		31.0
2.00 03200 CORONARY CARE UNI T				8, 711, 436		32.0
5.00 02060 NEONATAL INTENSIVE CARE UN	IT			0		35.0
1.00 04100 SUBPROVIDER - IRF				6, 930		41.0
2. 00 04200 SUBPROVI DER				0		42.0
3. 00 04300 NURSERY						43.0
ANCILLARY SERVICE COST CENTERS						
D. 00 05000 OPERATI NG ROOM			0. 09476	34, 454, 799	3, 265, 075	50.0
D. 01 05001 CV SURGERY			0. 00000	0 0	0	50.0
1.00 05100 RECOVERY ROOM			0. 18444	6 2, 294, 988	423, 301	51.0
2.00 05200 DELIVERY ROOM & LABOR ROOM			0. 24682	223, 726	55, 222	52.0
3. 00 05300 ANESTHESI OLOGY			0. 00000	0 0	0	53.0
4. 00 05400 RADI OLOGY-DI AGNOSTI C			0. 14868	8, 530, 560	1, 268, 383	54.0
5. 00 05500 RADI OLOGY-THERAPEUTI C			0. 06678	2, 074, 747	138, 570	55.0
6. 00 05600 RADI 0I SOTOPE			0. 00000	0 0	0	56.0
7.00 05700 CT SCAN			0. 05831	2 4, 526, 458	263, 947	57.0
3.00 05800 MAGNETIC RESONANCE IMAGINO	(MRI)		0. 14302		142, 966	58.0
9. 00 05900 CARDI AC CATHETERI ZATI ON			0. 04766	7 11, 159, 210	531, 926	59.0
D. 00 06000 LABORATORY			0. 18653	15, 369, 598	2, 866, 983	60.0
4.00 06400 INTRAVENOUS THERAPY			0. 00000	0 0	0	64.0
5. 00 06500 RESPI RATORY THERAPY			0. 28426	5, 340, 297	1, 518, 038	65.0
6. 00 06600 PHYSI CAL THERAPY			0. 46223	4, 679, 316	2, 162, 934	66.0
7.00 06700 OCCUPATI ONAL THERAPY			0. 00000	0 0	0	67.0
3.00 06800 SPEECH PATHOLOGY			0. 00000	0 0	0	68.0
9. 00 06900 ELECTROCARDI OLOGY			0. 06588	5, 785, 476	381, 153	69. (
D. 00 07000 ELECTROENCEPHALOGRAPHY			0. 16531	6 803, 082	132, 762	2 70. (
1.00 07100 MEDI CAL SUPPLI ES CHARGED 1			0. 13907	78 13, 439, 630	1, 869, 157	71. (
2.00 07200 IMPL. DEV. CHARGED TO PATI	ENTS		0. 21855			
3.00 07300 DRUGS CHARGED TO PATIENTS			0. 19233		5, 723, 208	3 73.0
3.01 07302 OP PHARMACY			2. 27517		0	
4.00 07400 RENAL DIALYSIS			0. 40876			
5.00 07500 ASC (NON-DISTINCT PART)			0. 00000		0	
5. 01 03550 PSYCHI ATRI C/PSYCHOLOGI CAL	SERVI CES		0. 00000		0	
6. 97 07697 CARDI AC REHABI LI TATI ON			0. 46707	0 88,071	41, 135	76.9
OUTPATIENT SERVICE COST CENTERS				-1		
0.00 09000 CLINIC	-		1. 72341		7,883	
D. 01 09001 OP ONCOLOGY INFUSION CENTE	R		0. 19220		285, 818	
0. 02 09002 WOUND CARE CENTER			0. 25867			
D. 03 09003 PAIN CLINIC			0. 42949			90.0
D. 05 09005 OP PSYCH CLINIC			1.67723			
1.00 09100 EMERGENCY			0.08480			
2.00 09200 OBSERVATION BEDS (NON-DIST	INCI PART)		0. 14913	320, 932	47,862	92.0
OTHER REIMBURSABLE COST CENTERS			0,00000		^	
4. 00 09400 HOME PROGRAM DIALYSIS			0. 00000	0	0	
5. 00 09500 AMBULANCE SERVICES	where the set of the set of	<b>`</b>		001 105 115		95.0
00.00 Total (sum of lines 50 thr	ougn 94 and 96 through 98			201, 135, 115	32, 267, 433	
01.00 Less PBP Clinic Laboratory	Services-Program only ch	ammaa (11 - 14)		· ·		201.0

	ncial Systems IU HEALTH BLOOMINGTON NCILLARY SERVICE COST APPORTIONMENT Pr		CN: 15-0051	Pe	eri od:	u of Form CMS-2 Worksheet D-3	
				Fr	om 01/01/2020		
	Co	omponent	CCN: 15-T051	To	12/31/2020	Date/Time Pre 7/14/2021 11:	epare
		Title	e XVIII	\$ub	provider - IR		15 0
	Cost Center Description		Ratio of Cos		Inpati ent	Inpati ent	
			To Charges	5	Program	Program Costs	
					Charges	(col. 1 x col.	
			1.00	_	0.00	2)	
	IENT ROUTINE SERVICE COST CENTERS		1.00		2.00	3.00	
	ADULTS & PEDIATRICS		1	Т	0		30.
	INTENSIVE CARE UNIT				0		31.
. 00 03200	CORONARY CARE UNIT				0		32.
. 00 02060	NEONATAL INTENSIVE CARE UNIT				0		35.
. 00 04100	SUBPROVIDER - IRF				1, 877, 469		41.
	SUBPROVI DER				0		42.
. 00 04300	NURSERY						43.
	LARY SERVICE COST CENTERS		•				
	OPERATING ROOM		0. 0947		3, 437	326	
	CV SURGERY		0.0000		0	0	
	RECOVERY ROOM		0. 1844		1,071	198	
	DELIVERY ROOM & LABOR ROOM		0. 2468		0	0	
	ANESTHESI OLOGY		0.0000		0	0	
	RADI OLOGY-DI AGNOSTI C		0. 1486		25, 248	3, 754	
	RADI OLOGY-THERAPEUTI C		0. 0667		14, 097	942	
	RADI OI SOTOPE		0.0000		0	0	
	CT SCAN		0. 0583		11, 625	678	
	MAGNETIC RESONANCE IMAGING (MRI)		0. 1430		4,042	578	
	CARDI AC CATHETERI ZATI ON		0. 0476		0	0	
	LABORATORY		0. 1865		115, 046	21, 460	
	INTRAVENOUS THERAPY		0.0000		0	0	
	RESPIRATORY THERAPY		0. 2842		17, 861	5,077	
	PHYSI CAL THERAPY		0. 4622		1, 820, 659	841, 569	
	OCCUPATIONAL THERAPY		0.0000		0	0	
	SPEECH PATHOLOGY		0.0000		0	0	
			0.0658		5, 791	382	
			0. 1653		4, 180	691	
	MEDI CAL SUPPLIES CHARGED TO PATIENTS		0. 1390		23, 928	3, 328	
	IMPL. DEV. CHARGED TO PATIENTS		0. 2185		0	0	
	DRUGS CHARGED TO PATIENTS		0. 1923		256, 915	49, 413	
	OP PHARMACY		2. 2751			0	
	RENAL DI ALYSI S ASC (NON-DI STI NCT PART)		0. 4087		25, 725	10, 516	
			0.0000		0	0	
	PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES		0. 0000 0. 4670		0	0	
	CARDIAC REHABILITATION		0.4670	70	37, 204	17, 377	76
. 00 09000	TLENT SERVICE COST CENTERS		1. 7234	17	0	0	90
	OP ONCOLOGY INFUSION CENTER		0. 1922		0	0	
	WOUND CARE CENTER		0. 2586		0	0	
	PAIN CLINIC		0. 4294		0		90
	OP PSYCH CLINIC		1. 6772		0		90
	EMERGENCY		0. 0848		12, 837	1,089	
	OBSERVATION BEDS (NON-DISTINCT PART)		0. 1491		12,037		92
	R REIMBURSABLE COST CENTERS		0.1471	55	0	0	1 ′´
	HOME PROGRAM DI ALYSI S		0.0000	00	0	0	94
	AMBULANCE SERVICES				-	_	95
0.00	Total (sum of lines 50 through 94 and 96 through 98)				2, 379, 666	957, 378	
1.00	Less PBP Clinic Laboratory Services-Program only charges	(line 61	5		0	,	201
	Net charges (line 200 minus line 201)		1		2, 379, 666		202

NPATIENT A	NCILLARY SERVICE COST APPORTIONMENT Pr	rovider C	CN: 15-0051	Period:	Worksheet D-3	3
				From 01/01/2020 To 12/31/2020	Date/Time Pre	anarod
				10 12/31/2020	7/14/2021 11:	:13 am
		Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description		Ratio of Cos		Inpati ent	
			To Charges	5	Program Costs	
				Charges	(col. 1 x col.	
			1.00	2.00	2) 3.00	
I NPAT	I ENT ROUTI NE SERVI CE COST CENTERS		1.00	2.00	3.00	
	ADULTS & PEDI ATRI CS			2, 812, 429		30.00
31.00 03100	INTENSIVE CARE UNIT			1, 020, 055		31.00
32.00 03200	CORONARY CARE UNIT			266, 264		32.00
	NEONATAL INTENSIVE CARE UNIT			2, 058, 789		35.00
	SUBPROVI DER – I RF			0		41.00
2.00 04200	SUBPROVI DER			0		42.00
	NURSERY			213, 588		43.00
	LARY SERVICE COST CENTERS					
	OPERATING ROOM		0. 09476		102, 640	
	CV SURGERY		0.0000		-	
	RECOVERY ROOM		0. 18444		12,961	1
	DELIVERY ROOM & LABOR ROOM		0. 24682		119, 408	1
	ANESTHESI OLOGY		0.0000		0	
	RADI OLOGY-DI AGNOSTI C		0. 14868		63,855	1
	RADI OLOGY-THERAPEUTI C		0. 06678		6, 097	1
	RADI OI SOTOPE		0.0000		0	
	CT SCAN		0. 05831		10, 572	
	MAGNETIC RESONANCE I MAGING (MRI)		0. 14302		9,214	1
	CARDI AC CATHETERI ZATI ON		0. 04766			59.00
			0. 18653		189, 954	1
	I NTRAVENOUS THERAPY RESPI RATORY THERAPY		0. 00000 0. 28426		0	
	PHYSICAL THERAPY		0. 28428		211, 255 99, 900	
	OCCUPATI ONAL THERAPY		0. 40223		99, 900 0	1
	SPEECH PATHOLOGY		0. 00000		0	
	ELECTROCARDI OLOGY		0. 06588		13, 441	
	ELECTROENCEPHALOGRAPHY		0. 16531		6, 749	
	MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 13907			
	IMPL. DEV. CHARGED TO PATIENTS		0. 21855			
	DRUGS CHARGED TO PATIENTS		0. 19233			
	OP PHARMACY		2. 27517		020,001	
	RENAL DI ALYSI S		0. 40876		23, 676	
	ASC (NON-DI STINCT PART)		0. 00000		0	1
	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0. 00000		0	
	CARDI AC REHABI LI TATI ON		0. 46707		2, 721	
	TI ENT SERVI CE COST CENTERS				,	
0.00 09000			1. 72341	17 0	0	90.00
0. 01 09001	OP ONCOLOGY INFUSION CENTER		0. 19220		19, 753	90.01
0. 02 09002	WOUND CARE CENTER		0. 25867			1
0. 03 09003	PAIN CLINIC		0. 42949	96 0	0	90.03
0.05 09005	OP PSYCH CLINIC		1.67723	36 0	0	90.05
1.00 09100			0. 08480		62,843	91.00
	OBSERVATION BEDS (NON-DISTINCT PART)		0. 14913	35 29, 957	4, 468	92.00
-	REIMBURSABLE COST CENTERS					1
	HOME PROGRAM DI ALYSI S		0. 00000	0 00	0	94.00
	AMBULANCE SERVICES					95.00
200. 00	Total (sum of lines 50 through 94 and 96 through 98)			8, 715, 100	1, 541, 797	
201. 00 202. 00	Less PBP Clinic Laboratory Services-Program only charges	(line 61)	P	0		201.00 202.00
	Net charges (line 200 minus line 201)			8, 715, 100		DUD 00

PATIENT A	ncial Systems IU HEALTH BLOOMINGTO	Provider C	CN: 15-0051	Pe	eriod:	u of Form CMS-: Worksheet D-:	
					om 01/01/2020		
		component	CCN: 15-T051	Tc	5 12/31/2020	Date/Time Pre 7/14/2021 11	epar :13
		Ti tl	e XIX	\$ub	provider - IR		
	Cost Center Description		Ratio of Cos		Inpatient	Inpatient	
			To Charges	5	Program	Program Costs	
					Charges	(col. 1 x col.	
			1.00	+	2.00	2) 3.00	-
I NPA	FIENT ROUTINE SERVICE COST CENTERS		1.00	_	2.00	0.00	
	ADULTS & PEDIATRICS				0		30
	INTENSIVE CARE UNIT				0		31
	CORONARY CARE UNIT				0		32
	NEONATAL INTENSIVE CARE UNIT				0		35
	SUBPROVIDER – IRF				56, 700		41
	SUBPROVI DER				0		42
	NURSERY				0		43
	LARY SERVICE COST CENTERS		0.0047	<u> </u>	0	0	
	OPERATING ROOM		0.0947		0	-	
	CV SURGERY		0.0000		0	-	
	RECOVERY ROOM		0. 1844		0	0	
	DELIVERY ROOM & LABOR ROOM		0. 2468		0	-	
	ANESTHESI OLOGY		0.0000		0	0	
	RADI OLOGY-DI AGNOSTI C		0. 1486		824	123	
	RADI OLOGY-THERAPEUTI C		0.0667		0	0	
	RADI OI SOTOPE		0.0000		0	0	
	CT SCAN		0.0583		0	0	
	MAGNETIC RESONANCE I MAGI NG (MRI)		0. 1430		0	0	
	CARDI AC CATHETERI ZATI ON		0.0476		2 002	0	
	) LABORATORY ) I NTRAVENOUS THERAPY		0. 1865 0. 0000		2,082	388 0	
	RESPIRATORY THERAPY		0. 2842		0	0	
	PHYSICAL THERAPY		0. 2642		54 012	26, 261	
	OCCUPATIONAL THERAPY		0. 4822		56, 813 0	20, 201	
	SPEECH PATHOLOGY		0.0000		0	0	
	ELECTROCARDI OLOGY		0.0658		444	29	
	ELECTROENCEPHALOGRAPHY		0. 1653		444	0	
	MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 1390		678		
	IMPL. DEV. CHARGED TO PATIENTS		0. 2185		0,0	0	
	DRUGS CHARGED TO PATIENTS		0. 1923		1, 736	-	
	OP PHARMACY		2. 2751		1,700	0	
	RENAL DI ALYSI S		0. 4087		0	0	
	ASC (NON-DISTINCT PART)		0. 0000		0	0	
	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0.0000		0	0	
	CARDIAC REHABILITATION		0. 4670		0	0	
	ATIENT SERVICE COST CENTERS				-	-	
00 0900			1. 7234	17	0	0	90
	OP ONCOLOGY INFUSION CENTER		0. 1922		0	-	
	WOUND CARE CENTER		0. 2586		0	-	
	PAIN CLINIC		0. 4294	96	0	0	90
	OP PSYCH CLINIC		1. 6772		0	0	90
00 0910	EMERGENCY		0. 0848		831		91
	OBSERVATION BEDS (NON-DISTINCT PART)		0. 1491		0		92
	R REIMBURSABLE COST CENTERS						
	HOME PROGRAM DIALYSIS		0. 0000	00	0	0	94
	AMBULANCE SERVICES						95
D. 00	Total (sum of lines 50 through 94 and 96 through 98)				63, 408	27, 299	
1. 00	Less PBP Clinic Laboratory Services-Program only charges	s (line 61	)		0		201
2.00	Net charges (line 200 minus line 201)		1	- 1	63, 408		202

	Financial Systems IU HEALTH BLOOMING ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0051	Period: From 01/01/2020	U of Form C Worksheet	
			To 12/31/2020		
		Title XVIII	Hospi tal	PF	
				1.00	
1.00	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS DRG Amounts Other than Outlier Payments				0
1.00	DRG amounts other than outlier payments for discharges occur	ring prior to October	1 (see instructi	ons)30,897,	Ű,
1.02	DRG amounts other than outlier payments for discharges occur	ring on or after Octob	er 1 (see instru	ctio1183)126,	771
1.03	DRG for federal specific operating payment for Model 4 BPCI	for discharges occurri	ng prior to Octo	per 1	0
1.04	(see instructions) DRG for federal specific operating payment for Model 4 BPCI	for discharges occurri	ng on or after O	ctober 1	0
	(see instructions)				-
2.00	Outlier payments for discharges. (see instructions)				
2.01 2.02	Outlier reconciliation amount Outlier payment for discharges for Model 4 BPCI (see instruc	stions)			0
2.03	Outlier payments for discharges occurring prior to October			1, 155,	-
2. 04	Outlier payments for discharges occurring on or after Octobe			360,	
3.00	Managed Care Simulated Payments			0.44	0
. 00	Bed days available divided by number of days in the cost rep Indirect Medical Education Adjustment	borting period (see ins	tructions)	263	. 01
. 00	FTE count for allopathic and osteopathic programs for the mo	ost recent cost reporti	ng period ending	on or (	. 00
	before 12/31/1996. (see instructions)				
. 00	FTE count for allopathic and osteopathic programs that meet	the criteria for an ad	d-on to the cap	for new (	0.00
. 00	programs in accordance with 42 CFR 413.79(e) MMA Section 422 reduction amount to the IME cap as specified	1 under 42 CFR \$412 105	(f)(1)(iv)(B)(1)	C	. 00
. 01	ACA § 5503 reduction amount to the IME cap as specified under				. 00
	report straddles July 1, 2011 then see instructions.				
. 00	Adjustment (increase or decrease) to the FTE count for allop programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(i				. 00
	50069 (August 1, 2002).	V), 64 FR 26340 (May I	2, 1998), and 67	FR	
. 01	The amount of increase if the hospital was awarded FTE cap s	slots under § 5503 of t	he ACA. If the c	ost (	. 00
	report straddles July 1, 2011, see instructions.				
. 02	The amount of increase if the hospital was awarded FTE cap s	slots from a closed tea	ching hospital u	nder§ (	. 00
. 00	5506 of ACA. (see instructions) Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus li	nes (8, 8,01 and 8,02)	(see instructi	ons) (	. 00
0. 00	FTE count for allopathic and osteopathic programs in the cu	• • • • • •			. 00 1
	FTE count for residents in dental and podiatric programs.				. 00 1
2.00 3.00	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.				0.00 1. 0.00 1.
	Total allowable FTE count for the penultimate year if that y	year ended on or after	September 30, 19		00 1
	otherwise enter zero.				
	Sum of lines 12 through 14 divided by 3.				0.00 1
	Adjustment for residents in initial years of the program Adjustment for residents displaced by program or hospital cl	051150			0.00 1 0.00 1
	Adjusted rolling average FTE count	USU C			00 1
9.00	Current year resident to bed ratio (line 18 divided by line	4).			000 1
	Prior year resident to bed ratio (see instructions)				000 2
	Enter the lesser of lines 19 or 20 (see instructions) IME payment adjustment (see instructions)			0.000	000 2
	IME payment adjustment - Managed Care (see instructions)				0 2
	Indirect Medical Education Adjustment for the Add-on for § 4				
3.00	Number of additional allopathic and osteopathic IME FTE resi	dent cap slots under 4	2 CFR 412.105	C	0.00 2
4.00	(f)(1)(iv)(C). IME FTE Resident Count Over Cap (see instructions)			C	. 00 2
	If the amount on line 24 is greater than -0-, then enter the	e lower of line 23 or l	ine 24 (see		. 00 2
	instructions)				
	Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor. (see instructions)				000 2
	IME add-on adjustment amount (see instructions)			0.000	000 2
3. 01	IME add-on adjustment amount - Managed Care (see instruction	ns)			0 2
9.00	Total IME payment ( sum of lines 22 and 28)				0 2
9.01	Total IME payment - Managed Care (sum of lines 22.01 and 28. Disproportionate Share Adjustment	01)			0 2
0, 00	Percentage of SSI recipient patient days to Medicare Part A	patient days (see inst	ructions)	F	. 63 3
	Percentage of Medicaid patient days (see instructions)				. 84 3
2.00	Sum of lines 30 and 31			33	. 47 3
	Allowable disproportionate share percentage (see instruction	าร)			. 83 3
4.00	Disproportionate share adjustment (see instructions)			1, 810,	204 3

LCOL	ATION OF REIMBURSEMENT SETTLEMENT Pr		Period:	<u>of Form CMS-2</u> Worksheet E	
			From 01/01/2020 To 12/31/2020	Date/Time Pre	epar
		Title XVIII	Hospi tal	<u>7/14/2021 11:</u> PPS	: 13
			Prior to 10/1 0		T
			1.00	2.00	
	Uncompensated Care Adjustment				
	Total uncompensated care amount (see instructions)		8, 350, 599, 096 8		
	Factor 3 (see instructions)		0.000361201	0.000299564	
	Hospital uncompensated care payment (If line 34 is zero, enter	zero on this line) (s	see 3, 016, 243	2, 483, 392	2 35
	instructions)		2 250 0/2		25
	Pro rata share of the hospital uncompensated care payment amour Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2, 258, 062 2, 884, 013	625, 951	35
	Additional payment for high percentage of ESRD beneficiary disc				- 30
	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684				40
	Total ESRD Medicare discharges excluding MS-DRGs 652, 662, 683		0		41
	instructions)				1
	Total ESRD Medicare covered and paid discharges excluding MS-DF	RGs 652, 682, 683, 68	34 an 0		41
	685. (see instructions)				1
	Divide line 41 by line 40 (if less than 10%, you do not qualify		0.00		42
	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682,	, 683, 684 an 685. (se	ee O		43
	instructions)				
	Ratio of average length of stay to one week (line 43 divided by	y line 41 divided by i			44
	Average weekly cost for dialysis treatments (see instructions)		0.00		45
	Total additional payment (line 45 times line 44 times line 41.0	UT)	0		46
	Subtotal (see instructions) Hospital specific payments (to be completed by SCH and MDH, sma	all rural bosnitals o	49, 235, 477		47
	instructions)	an iura nospitais or	i y. (see 0		40
			-	Amount	
			F	1.00	
9.00	Total payment for inpatient operating costs (see instructions)			49, 235, 477	49
0. 00	Payment for inpatient program capital (from Wkst. L, Pt. I and	Pt. II, as applicable	e)	3, 632, 260	) 50
	Exception payment for inpatient program capital (Wkst. L, Pt. I			0	
	Direct graduate medical education payment (from Wkst. E-4, line	e 49 see instructions)	).	0	
	Nursing and Allied Health Managed Care payment			31, 592	
	Special add-on payments for new technologies			211,017	
	Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	\ \		0 0	
	Cost of physicians' services in a teaching hospital (see intruc			0	
	Routine service other pass through costs (from Wkst. D, Pt. III		through 35)	0	
	Ancillary service other pass through costs from Wkst. D, Pt. IV		thi ough ooy.	68, 917	
	Total (sum of amounts on lines 49 through 58)	.,		53, 179, 263	
	Primary payer payments			2, 283	
. 00	Total amount payable for program beneficiaries (line 59 minus l	line 60)		53, 176, 980	) 61
. 00	Deductibles billed to program beneficiaries			4, 199, 184	1 62
	Coinsurance billed to program beneficiaries			123, 200	) 63
	Allowable bad debts (see instructions)			432, 211	
	Adjusted reimbursable bad debts (see instructions)			280, 937	
	Allowable bad debts for dual eligible beneficiaries (see instru	uctions)		204, 443	
	Subtotal (line 61 plus line 65 minus lines 62 and 63)	pplicable to MC DDC-		49, 135, 533	
	Credits received from manufacturers for replaced devices for ap Outlier payments reconciliation (sum of lines 02, 05 and 06) (F				
. 00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (F OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	I UI JUT SEE INSTINCTIO	(בוונ	0 0	
	Rural Community Hospital Demonstration Project (§410A Demonstra	ation) adjustment (see	e instructions)	0	
	Demonstration payment adjustment amount before sequestration	action, adjustment (360		0	
0. 50				0	
). 50 ). 87	SCH or MDH volume decrease adjustment (contractor use only)			-	
). 50 ). 87 ). 88		uctions)			70
). 50 ). 87 ). 88 ). 89	SCH or MDH volume decrease adjustment (contractor use only)	uctions)		0	
), 50 ), 87 ), 88 ), 89 ), 90	SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instru	uctions)		0 0	70
). 50 ). 87 ). 88 ). 89 ). 90 ). 91	SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instru HSP bonus payment HVBP adjustment amount (see instructions)	uctions)		0 0	) 70 ) 70 ) 70
D. 50 D. 87 D. 88 D. 89 D. 90 D. 90 D. 91 D. 92 D. 93	SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instru HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	uctions)		0	) 70 ) 70

	ATION OF REIMBURSEMENT SETTLEMENT	<u>DN HOSPITAL</u> Provider C		Period: From 01/01/2020	u of Form CMS-2 Worksheet E Part A Date/Time Pre 7/14/2021 11:	epared
		Title	XVIII	Hospi tal	PPS	
			FFY	(уууу)	Amount	
				0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter i	in column (	) the	0	0	70.96
	corresponding federal year for the period prior to 10/1)					
0.97	Low volume adjustment for federal fiscal year (yyyy) (Enter i		the	0	0	70.9
0 00	corresponding federal year for the period ending on or after	10/1)			0	70.0
	Low Volume Payment-3				0	
	HAC adjustment amount (see instructions) Amount due provider (line 67 minus lines 68 plus/minus lines	60 8 70)			49,041,808	70.9
	Sequestration adjustment (see instructions)	09 & 70)			323, 676	
	Demonstration payment adjustment amount after sequestration				0	
	Sequestration adjustment-PARHM pass-throughs				0	71.0
	Interim payments				48, 307, 408	
	Interim payments-PARHM					72.0
3.00	Tentative settlement (for contractor use only)				0	73.0
	Tentative settlement-PARHM (for contractor use only)					73.0
	Balance due provider/program (line 71 minus lines 71.01, 71.0	02, 72, and	73)		410, 724	
	Balance due provider/program-PARHM (see instructions)				<i></i>	74.0
5.00	Protested amounts (nonallowable cost report items) in accorda	ance with (	M2		1, 463, 908	/5.0
	Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					-
00 00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum	of 2 03 n	us		0	90.0
0.00	2.04 (see instructions)	01 2.05 pi	us		0	70.0
1.00	Capital outlier from Wkst. L. Pt. I, line 2				0	91.0
	Operating outlier reconciliation adjustment amount (see inst	ructions)			0	
	Capital outlier reconciliation adjustment amount (see instru				0	93.0
94.00	The rate used to calculate the time value of money (see inst	ructions)			0.00	94.0
	Time value of manay for anarating expanses (as instructions)					
	Time value of money for operating expenses (see instructions)				0	
	Time value of money for capital related expenses (see instructions)				0	
				Prior to 10/1	0 0n/After 10/1	
	Time value of money for capital related expenses (see instru			Prior to 10/1 1.00	0	
96.00	Time value of money for capital related expenses (see instru HSP Bonus Payment Amount			1.00	0 0n/After 10/1 2.00	96.0
96.00	Time value of money for capital related expenses (see instru- HSP Bonus Payment Amount HSP bonus amount (see instructions)				0 0n/After 10/1 2.00	
00. 00	Time value of money for capital related expenses (see instru HSP Bonus Payment Amount			1.00	0 0n/After 10/1 2.00 0	96. C
00. 00 01. 00	Time value of money for capital related expenses (see instru- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment	ctions)		1.00	0 0n/After 10/1 2.00 0 0.0000000000	96. C
00. 00 01. 00	Time value of money for capital related expenses (see instru- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions)	ctions)		1.00 0.0000000000	0 0n/After 10/1 2.00 0 0.0000000000	96. 0 100. 0 101. 0
00. 00 00. 00 01. 00 02. 00 03. 00	Time value of money for capital related expenses (see instru- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions)	ns)		1.00 0.0000000000	0 0n/After 10/1 2.00 0 0.0000000000 0 0.00000000000000	96.0 100.0 101.0 102.0
00. 00 00. 00 01. 00 02. 00 03. 00	Time value of money for capital related expenses (see instru- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions)	ns)		1.00 0 0.0000000000 0	0 0n/After 10/1 2.00 0 0.0000000000 0 0.00000000000000	96. 0 100. 0 101. 0 102. 0
00. 00 01. 00 02. 00 03. 00 04. 00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment factor (see instructions) HRR adjustment for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst	ns) s)		1.00 0.000000000 0 0.0000 0 0.0000 0	0 0n/After 10/1 2.00 0.0000000000 0 0.0000000000000000	96. C 100. C 101. C 102. C 103. C 104. C
00. 00 01. 00 02. 00 03. 00 04. 00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demons- Is this the first year of the current 5-year demonstration project	ns) s)		1.00 0.000000000 0 0.0000 0 0.0000 0	0 0n/After 10/1 2.00 0.0000000000 0 0.0000000000000000	96. C 100. C 101. C 102. C 103. C 104. C
00. 00 01. 00 02. 00 03. 00 04. 00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instructions) HRR adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus Payment (see instructions) HRR adjustment for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonstration project (§410A Demonstration project Sections) Is this the first year of the current 5-year demonstration project (sections)	ns) s)		1.00 0.000000000 0 0.0000 0 0.0000 0	0 0n/After 10/1 2.00 0.0000000000 0 0.0000000000000000	96. C 100. C 101. C 102. C 103. C 104. C
00. 00 01. 00 02. 00 03. 00 04. 00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement	ns) s) tration) Ac		1.00 0.000000000 0 0.0000 0 0.0000 0	0 0n/After 10/1 2.00 0.0000000000 0 0.0000000000000000	96. 0 100. 0 101. 0 102. 0 103. 0 104. 0 200. 0
00. 00 01. 00 02. 00 03. 00 04. 00 00. 00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin	ns) s) tration) Ac		1.00 0.000000000 0 0.0000 0 0.0000 0	0 0n/After 10/1 2.00 0.0000000000 0 0.0000000000000000	96. C 100. C 101. C 102. C 103. C 104. C 200. C
6.00 00.00 01.00 02.00 03.00 04.00 00.00	Time value of money for capital related expenses (see instru- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR adjustment factor (see instructions) HRR adjustment for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Community Hospital Demonstration Project (§410A Demonstration project (§410A Demonstration project (§410A Demonstration project Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III) Medicare discharges (see instructions)	ns) s) tration) Ac		1.00 0.000000000 0 0.0000 0 0.0000 0	0 0n/After 10/1 2.00 0.0000000000 0 0.0000000000000000	96. C 100. C 101. C 102. C 103. C 200. C 200. C 201. C 202. C
00. 00 01. 00 02. 00 03. 00 04. 00 00. 00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions)	ns) s) tration) Ad eriod under	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.0000000000 0 0.0000000000000000	96. C 100. C 101. C 102. C 103. C 200. C 200. C 201. C 202. C
00. 00 01. 00 02. 00 03. 00 04. 00 00. 00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in	ns) s) tration) Ad eriod under	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.0000000000 0 0.0000000000000000	96. C 100. C 101. C 102. C 103. C 104. C 200. C 201. C 202. C
00. 00 01. 00 02. 00 03. 00 04. 00 00. 00 00. 00 00. 00 02. 00 00. 00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions)	ns) s) tration) Ad eriod under	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.0000000000 0 0.0000 0	96. C 100. C 101. C 102. C 103. C 104. C 200. C 201. C 202. C 203. C
6.00 00.00 01.00 02.00 03.00 04.00 01.00 02.00 03.00 01.00 03.00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment for HSP Bonus Payment (see instructions) HRR adjustment for HSP Bonus Payment HRR adjustment for HSP Bonus Payment (see instructions) HRR adjustment for HSP bonus payment (see instructions) Is this the first year of the current 5-year demonstration p Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period)	ns) s) tration) Ad eriod under	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.0000000000 0 0.0000 0	96. C
00. 00 01. 00 02. 00 03. 00 04. 00 00. 00 00. 00 03. 00 00. 00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205)	ns) s) tration) Ac eriod under ne 49) n first yea	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.0000000000 0 0.0000 0	96. 0 100. 0 101. 0 102. 0 103. 0 104. 0
6.00         00.00         01.00         02.00         03.00         04.00         00.00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	ns) s) tration) Ad eriod under ne 49) n first yea	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.0000000000 0 0.0000 0	96.0 100.0 101.0 102.0 103.0 104.0 200.0 201.0 202.0 203.0 203.0 204.0 205.0 206.0
6.00         00.00         01.00         02.00         03.00         04.00         00.00     <	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment for HSP Bonus Payment HVBP adjustment amount for HSP bonus payment (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) Gurea Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration project Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III) Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions)	ns) s) tration) Ad eriod under ne 49) n first yea	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.000000000 0 0.0000 0 0	96. C
6.00 00.00 01.00 02.00 03.00 04.00 01.00 01.00 02.00 03.00 04.00 05.00 06.00 07.00 08.00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instructions) HRR adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment for HSP bonus payment (see instructions) HRR adjustment for HSP bonus payment (see instructions) HRR adjustment for HSP bonus payment (see instructions) Gures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see ins Medicare Part A inpatient service costs (from Wkst. E, Pt. A	ns) s) tration) Ad eriod under ne 49) n first yea	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.000000000 0 0.0000 0	96. C
6.00           00.00           01.00           02.00           03.00           00.00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment for HSP Bonus Payment (see instructions) HRR adjustment amount for HSP bonus payment (see instruction Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro- Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions)	ns) s) tration) Ad eriod under ne 49) n first yea	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.000000000 0 0.0000 0	96. C
6.00 00.00 01.00 02.00 03.00 04.00 05.00 04.00 05.00 06.00 07.00 08.00 09.00 10.00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions) Reserved for future use	ns) s) tration) Ac eriod under ne 49) n first yea ) tructions) , line 59)	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.000000000 0 0.0000 0	96. ( 100. ( 101. ( 102. ( 103. ( 104. ( 200. ( 200. ( 201. ( 203. ( 203. ( 205. ( 205. ( 206. ( 206. ( 207. ( 207. ( 208. ( 207. ( 208. ( 207. ( 208. ( 207. (
6.00 00.00 01.00 02.00 03.00 04.00 05.00 04.00 05.00 06.00 07.00 08.00 09.00 10.00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment factor (see instructions) HVBP adjustment factor (see instructions) HRR adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see ins Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	ns) s) tration) Ac eriod under ne 49) n first yea ) tructions) , line 59)	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.000000000 0 0.0000 0	96. C
6.00         00.00         01.00         02.00         03.00         04.00         00.00         01.000         11.000	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment for HSP Bonus Payment (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	ns) s) tration) Ac eriod under ne 49) n first yea ) tructions) , line 59)	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.000000000 0 0.0000 0 0	96. C
6.00 00.00 01.00 02.00 03.00 04.00 01.00 02.00 03.00 04.00 05.00 04.00 05.00 06.00 07.00 08.00 09.00 11.00 11.00	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment for HSP Bonus Payment HVBP adjustment amount for HSP bonus payment (see instructions) HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration program cases (see instructions) Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 204) Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see ins Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare Part A IPPS payments (see instructions)	ns) s) tration) Ac eriod under ne 49) n first yea ) tructions) , line 59)	the 21st Ce	1.00 0.000000000 0.0000 0.0000 0.0000 0 0.0000	0 0n/After 10/1 2.00 0.000000000 0 0.0000 0 0	96. ( 100. ( 101. ( 102. ( 103. ( 103. ( 104. ( 200. ( 200. ( 201. ( 202. ( 203. ( 203. ( 205. ( 206. ( 206. ( 206. ( 206. ( 207. ( 208. ( 209. ( 208. ( 209. ( 208. ( 209. ( 201. ( 209. ( 201. ( 201. ( 200. ( 201. (
5.00 00.00 01.00 02.00 03.00 04.00 01.00 00.00 01.00 00.00 01.00 00.00 0.00 00.0	Time value of money for capital related expenses (see instruc- HSP Bonus Payment Amount HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment HVBP adjustment for HSP Bonus Payment (see instructions) HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment HRR adjustment factor (see instructions) HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demons Is this the first year of the current 5-year demonstration pro Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, III Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in demonstration period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205 Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see inst Medicare Part A inpatient service costs (from Wkst. E, Pt. A Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	ns) s) tration) Ac eriod under ne 49) n first yea ) tructions) , line 59) ) 211)	r the 21st Ce	1.00 0.000000000 0.0000 0 entury rrent 5-year	0 0n/After 10/1 2.00 0.000000000 0 0.0000 0 0	96.1 100.1 101.1 102.1 103.1 103.1 104.1 200.1 201.1 203.1 20.

<u>Heal th</u>	Financial Systems	IL	J HEALTH BLOOMI	NGTON HOSPI TAL		In Lieu	i of Form CMS-2	2552-10
LOW VO	DLUME CALCULATION EXHIBIT 4			Provider C	CN: 15-0051 P F T	eriod: rom 01/01/2020 o 12/31/2020	Worksheet E Part A Exhibi Date/Time Pre	t 4 epared:
					• XVIII	Hospi tal	7/14/2021 11: PPS	<u>13 am</u>
		W/S E. Part A	Amounts (from		Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	0n/After 10/01	``	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlie payments		0	_	_	Ĵ	0	1.00
1.01	DRG amounts other than outlie payments for discharges occurring prior to October 1	r 1.01	30, 897, 914	0	30, 897, 914		30, 897, 914	1.01
1.02	DRG amounts other than outlie payments for discharges occurring on or after October		12, 126, 771	0		12, 126, 771	12, 126, 771	1. 02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to Octob	1.03	0	0	С		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCL occurring on or after	1.04	0	0		O	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		0	0	C	0	0	
2.02	Outlier payments for discharg occurring prior to October 1 (see instructions)	es 2.03	1, 155, 533	0	1, 155, 533		1, 155, 533	2. 02
2.03	Outlier payments for discharg occurring on or after October		360, 982	0		360, 982	360, 982	2.03
3.00	(see instructions) Operating outlier reconciliation	2.01	0	0	C	0	0	3.00
4.00	Managed care simulated paymen		0	0	C	0	0	4.00
5 00	Indirect Medical Education Adj		0.00000	0.00000		0.000000		F 00
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)		0. 000000	0. 000000	0.00000	0. 000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	C	0	0	6.00
6.01	IME payment adjustment for managed care (see instruction		0	0	C	0	0	6. 01
7 00	Indirect Medical Education Adj IME payment adjustment factor		he Add-on for 0.000000			0,000000		7 00
7.00 8.00	(see instructions)	27. 00 28. 00	0.00000	0. 000000	0. 000000	0. 000000	0	7.00 8.00
8. 01	instructions) IME payment adjustment add on		0	0		0	0	
	for managed care (see instructions)							r.
9.00	Total IME payment (sum of lin 6 and 8)		0	0	C	0	0	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)		0	0		0	0	9. 01
10.00	Disproportionate Share Adjustr	ment 33.00	0 1402	0 1400	0 1402	0, 1683		10 00
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0. 1683	0. 1683	0. 1683	0. 1683		10. 00
	Disproportionate share adjustment (see instructions)	34.00	1, 810, 264	0	1, 300, 030	510, 234	1, 810, 264	11.00
11.01	Uncompensated care payments	36.00	2, 884, 013		2, 970, 210	758, 181	3, 728, 391	11.01
12.00	Additional payment for high pe Total ESRD additional payment (see instructions)		SRD beneficiar 0	y discharges 0	C	0	0	12.00
13.00 14.00	Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47. 00 48. 00	49, 235, 477 0	0 0	35, 479, 309 C	13, 756, 168 0		13. 00 14. 00
15.00	(see instructions) Total payment for inpatient operating costs (see instructions)	49.00	49, 235, 477	0	35, 479, 309	13, 756, 168	49, 235, 477	15. 00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I,	50.00	3, 632, 260	0	2, 639, 051	993, 209	3, 632, 260	16. 00
17.00	if applicable) Special add-on payments for n technologies	ew 54.00	211, 017	0	C	211, 017	211, 017	17.00
17.01	Net organ aquisition cost							17.01

Health Financial Systems	IU	HEALTH BLOOMI	NGTON HOSPI TAL	_	In Lieu	u of Form CMS-2	2552-10
LOW VOLUME CALCULATION EXHIBIT 4			Provider C		Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibi	t 4 epared:
				XVIII	Hospi tal	PPS	
	W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
	line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
	0	1.00	2.00	3.00	4.00	5.00	
17.02 Credits received from manufacturers for replaced devices for applicable MS-DRG		0	0		0 0	0	17.02
18.00 Capital outlier reconciliatio adjustment amount (see instructions)	n 93.00	0	0		0 0	0	18.00
19.00 SUBTOTAL			0	38, 118, 36	0 14, 960, 394	53, 078, 754	19.00
		(Amounts from L)					
	0	1.00	2.00	3.00	4.00	5.00	
20.00 Capital DRG other than outlie 20.01 Model 4 BPCI Capital DRG othe than outlier		3, 359, 573 0	0	2, 443, 34	4 916, 229 0 0	3, 359, 573 0	
21.00 Capital DRG outlier payments 21.01 Model 4 BPCI Capital DRG	2.00 2.01	36, 845 0	0 0	24, 18	4 12, 661 0 0	36, 845 0	21.00 21.01
22.00 outlier payments percentage (see instructions)	5.00	0.0000	0.0000	0.000	0.0000		22.00
23.00 Indirect medical education adjustment (see instructions)	6.00	0	0		0 0	C	23.00
24.00 Allowable disproportionate share percentage (see instructions)	10. 00	0. 0702	0. 0702	0. 070	2 0. 0702		24.00
25.00 Disproportionate share adjustment (see instructions)	11.00	235, 842	0	171, 52	3 64, 319	235, 842	25.00
26.00 Total prospective capital payments (see instructions)	12.00	3, 632, 260	0	2, 639, 05	1 993, 209	3, 632, 260	26.00
	W/S E, Part A						
	line	Part A)					
	0	1.00	2.00	3.00	4.00	5.00	07.00
27.00 Low volume adjustment factor 28.00 Low volume adjustment (transf amount to Wkst. E, Pt. A, lin				0. 00000	0 0. 000000 0	0	27.00 28.00
29.00 Low volume adjustment (transf amount to Wkst. E, Pt. A, lin	er 70.97				0	O	29.00
100.00 Transfer I ow volume adjustmen to Wkst. E, Pt. A.		Y					100.00

	TAL ACQUIRED CONDITION (HAC) REDUCTION CALCUL	ATION EXHIBIT	5 Provider CO	-	Period: From 01/01/2020 To 12/31/2020 Hospital	Worksheet E Part A Exhibi Date/Time Pre 7/14/2021 11: PPS	pared:
	V	kst. E, Pt. A line		Period to 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	30, 897, 914	30, 897, 91	4	30, 897, 914	1.01
. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12, 126, 771		12, 126, 771	12, 126, 771	1.02
. 03	DRG for Federal specific operating payment Model 4 BPCI occurring prior to October 1	for 1.03	0		D	0	1.03
04	DRG for Federal specific operating payment Model 4 BPCI occurring on or after October	for 1.04	0		0	0	1.04
. 00	Outlier payments for discharges (see	2.00					2.00
. 01	instructions) Outlier payments for discharges for Model 4	2.02	0		0 0	0	2.01
. 02	BPCI Outlier payments for discharges occurring	2.03	1, 155, 533	1, 155, 53	3	1, 155, 533	2.02
2. 03	prior to October 1 (see instructions) Outlier payments for discharges occurring o	า 2.04	360, 982		360, 982	360, 982	2.03
. 00	or after October 1 (see instructions) Operating outlier reconciliation	2.01	0		0 0	0	3.00
. 00	Managed care simulated payments Indirect Medical Education Adjustment	3.00	0		0 0	0	4.00
. 00	Amount from Worksheet E, Part A, line 21 (stinstructions)	ee 21.00	0. 000000	0. 00000	0. 000000		5.00
0. 00 0. 01	IME payment adjustment (see instructions) IME payment adjustment for managed care (see	22.00 e 22.01	0			0	6.00 6.0
. 01	instructions)	22.01	Ű		°	Ű	0.0
	Indirect Medical Education Adjustment for th						
. 00	IME payment adjustment factor (see instructions)	27.00	0. 000000	0. 00000	0.000000		7.00
. 00 . 01	IME adjustment (see instructions)	28.00	0		0 0	0	8. 0 8. 0
	IME payment adjustment add on for managed c (see instructions)		0		0	0	0.0
. 00 . 01	Total IME payment (sum of lines 6 and 8) Total IME payment for managed care (sum of	29. 00 29. 01	0		0 0	0	9.0 9.0
. 01	lines 6.01 and 8.01)	29.01	0		0	0	9.0
	Disproportionate Share Adjustment				-		
0. 00	Allowable disproportionate share percentage (see instructions)	33.00	0. 1683	0. 168	3 0. 1683		10.0
	Disproportionate share adjustment (see instructions)	34.00	1, 810, 264	1, 300, 03	0 510, 234	1, 810, 264	11.0
1. 00							
	Uncompensated care payments	36.00	2, 884, 013	2, 970, 21	0 758, 181	3, 728, 391	11.0
1. 01	Uncompensated care payments Additional payment for high percentage of ES	SRD beneficia		2, 970, 21	0 758, 181	3, 728, 391	
1. 01	Uncompensated care payments Additional payment for high percentage of ES Total ESRD additional payment (see			2, 970, 21	0 <u>758, 181</u> 0 <u>0</u> 0	<u>3, 728, 391</u> 0	
1.01 2.00	Uncompensated care payments Additional payment for high percentage of ES	SRD beneficia		2, 970, 21	0 0	0	12.0
1.01 2.00 3.00	Uncompensated care payments Additional payment for high percentage of ES Total ESRD additional payment (see instructions) Subtotal (see instructions) Hospital specific payments (completed by SC and MDH, small rural hospitals only.) (see	<u>SRD beneficia</u> 46.00 47.00	ry di scharges 0		0 0	0 49, 235, 477	12. 0 13. 0
1. 01 2. 00 3. 00 4. 00	Uncompensated care payments Additional payment for high percentage of ES Total ESRD additional payment (see instructions) Subtotal (see instructions) Hospital specific payments (completed by SC and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs	<u>SRD beneficia</u> 46.00 47.00	ry di scharges 0		0 0 9 13, 756, 168 0 0	0 49, 235, 477 0	12. 0 13. 0 14. 0
1.01 2.00 3.00 4.00 5.00	Uncompensated care payments Additional payment for high percentage of ES Total ESRD additional payment (see instructions) Subtotal (see instructions) Hospital specific payments (completed by SC and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see instructions) Payment for inpatient program capital (from	BRD         beneficia           46.00           47.00           48.00	ry di scharges 0 49, 235, 477 0	35, 479, 30 35, 479, 30	0 0 9 13, 756, 168 0 0 9 13, 756, 168	0 49, 235, 477 0 49, 235, 477	12. 0 13. 0 14. 0
1.01 2.00 3.00 4.00 5.00 6.00	Uncompensated care payments Additional payment for high percentage of ES Total ESRD additional payment (see instructions) Subtotal (see instructions) Hospital specific payments (completed by SC and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see instructions)	BRD         beneficia           46.00           47.00           48.00           49.00           50.00	ry di scharges 0 49, 235, 477 0 49, 235, 477	35, 479, 30 35, 479, 30	0 0 9 13, 756, 168 0 0 9 13, 756, 168	0 49, 235, 477 0 49, 235, 477 3, 632, 260	12. 0 13. 0 14. 0 15. 0 16. 0
1.01 2.00 3.00 4.00 5.00 6.00 7.00 7.01	Uncompensated care payments Additional payment for high percentage of ES Total ESRD additional payment (see instructions) Subtotal (see instructions) Hospital specific payments (completed by SC and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see instructions) Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable) Special add-on payments for new technologies Net organ acquisition cost	BRD         beneficia           46.00           47.00           48.00           49.00           50.00           54.00	ry di scharges 0 49, 235, 477 0 49, 235, 477 3, 632, 260 211, 017	35, 479, 30 35, 479, 30	0 0 9 13, 756, 168 0 13, 756, 168 9 13, 756, 168 1 993, 209	0 49, 235, 477 0 49, 235, 477 3, 632, 260 211, 017	12. 0 13. 0 14. 0 15. 0 16. 0 17. 0
1.01 2.00 3.00 4.00 5.00 6.00 7.00 7.01 7.02	Uncompensated care payments Additional payment for high percentage of ES Total ESRD additional payment (see instructions) Subtotal (see instructions) Hospital specific payments (completed by SC and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see instructions) Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable) Special add-on payments for new technologies Net organ acquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs	BD         beneficia           46.00           47.00           48.00           49.00           50.00           54.00           68.00	ry di scharges 0 49, 235, 477 0 49, 235, 477 3, 632, 260	35, 479, 30 35, 479, 30	0 0 9 13, 756, 168 0 13, 756, 168 9 13, 756, 168 1 993, 209	0 49, 235, 477 0 49, 235, 477 3, 632, 260 211, 017 0	12.00 13.00 14.00 15.00 16.00 17.00 17.00
1. 01 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 7. 01 7. 02 8. 00	Uncompensated care payments Additional payment for high percentage of ES Total ESRD additional payment (see instructions) Subtotal (see instructions) Hospital specific payments (completed by SC and MDH, small rural hospitals only.) (see instructions) Total payment for inpatient operating costs (see instructions) Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable) Special add-on payments for new technologies Net organ acquisition cost Credits received from manufacturers for	BRD         beneficia           46.00           47.00           48.00           49.00           50.00           54.00	ry di scharges 0 49, 235, 477 0 49, 235, 477 3, 632, 260 211, 017	35, 479, 30 35, 479, 30	0 0 9 13, 756, 168 0 13, 756, 168 9 13, 756, 168 1 993, 209	0 49, 235, 477 0 49, 235, 477 3, 632, 260 211, 017 0 0	12. 0 13. 0 14. 0 15. 0 16. 0 17. 0 17. 0 18. 0

		NGTON HOSPI TAL			u 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 7/14/2021 11:	epared:
		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 20.01 Model 4 BPCI Capital DRG other than outlier	1.00 1.01	3, 359, 573 0	2, 443, 34	4 916, 229 0 0	3, 359, 573 0	
21.00 Capital DRG outlier payments 21.01 Model 4 BPCI Capital DRG outlier payments	2.00 2.01	36, 845 0	24, 18	4 12, 661 0 0	36, 845 0	21.00 21.01
22.00 Indirect medical education percentage (see instructions)	5.00	0. 0000	0.000	0.0000		22.00
23.00 Indirect medical education adjustment (see instructions)	6.00	0		0 0	0	23.00
24.00 Allowable disproportionate share percentage (see instructions)	10. 00	0. 0702	0. 0702	2 0. 0702		24.00
25.00 Disproportionate share adjustment (see instructions)	11.00	235, 842	171, 523	3 64, 319	235, 842	25.00
26.00 Total prospective capital payments (see instructions)	12.00	3, 632, 260	2, 639, 05	1 993, 209	3, 632, 260	26.00
V	kst. E, Pt. A, line	Wkst. E, Pt.				
	0	A) 1.00	2.00	3.00	4.00	
27.00 28.00 Low volume adjustment prior to October 1	70, 96	1.00	2.00	3.00	4.00	27.00
29.00 Low volume adjustment on or after October 1 30.00 HVBP payment adjustment (see instructions)		0 -93, 725	-78, 48	0 8 -15,237	0	29.00
30.01 HVBP payment adjustment for HSP bonus payme (see instructions)	nt 70.90	0	(	0 0	0	30. 01
<ul><li>31.00 HRR adjustment (see instructions)</li><li>31.01 HRR adjustment for HSP bonus payment (see instructions)</li></ul>	70. 94 70. 91	0		0 0 0 0	0	
					(Amt. to Wkst. E, Pt. A)	
	0	1.00	2.00	3.00	4.00	
32.00 HAC Reduction Program adjustment (see instructions)	70. 99		(	0 0	0	
100.00 Transfer HAC Reduction Program adjustment t Wkst. E, Pt. A.	o	Ν				100. 00

	Financial Systems IU HEALTH BLOOMINGT			of Form CMS-2	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0051	Period: From 01/01/2020	Worksheet E Part B	
			To 12/31/2020	Date/Time Pre 7/14/2021 11:	
		Title XVIII	Hospi tal	PPS	
				1.00	
1.00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			50, 638	1.00
2.00	Medical and other services reimbursed under OPPS (see instru	uctions)		43, 376, 722	2.00
3.00 4.00	OPPS payments Outlier payment (see instructions)			36, 996, 784 174, 063	
4.00	Outlier reconciliation amount (see instructions)			0	4.00
5.00 6.00	Enter the hospital specific payment to cost ratio (see instr Line 2 times line 5	ructions)		0.000	5.00 6.00
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 10. 00	Ancillary service other pass through costs from Wkst. D, Pt. Organ acquisitions	. TV, COL. 13, TITHE 200		211, 112 0	9.00 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			50, 638	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				
	Ancillary service charges			262, 500	
	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, Total reasonable charges (sum of lines 12 and 13)	line 69)		0 262, 500	13.00 14.00
	Customary charges				
	Aggregate amount actually collected from patients liable for Amounts that would have been realized from patients liable f				15.00 16.00
	such payment been made in accordance with 42 CFR §413.13(e)		o on a onargobao		
	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			0. 000000 262, 500	
	Excess of customary charges over reasonable cost (complete o	only if line 18 exceeds	line 11) (see	211, 862	
20.00	instructions) 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) Interns and residents (see instructions)			50, 638 0	
23.00	Cost of physicians' services in a teaching hospital (see ins			0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT	)		37, 381, 959	24.00
	Deductibles and coinsurance amounts (for CAH, see instructio		- + + + >	0	
26.00 27.00	Deductibles and Coinsurance amounts relating to amount on li Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26)			6, 461, 801 30, 970, 796	
~~~~~	instructions)				
28.00	Direct graduate medical education payments (from Wkst. E-4, ESRD direct medical education costs (from Wkst. E-4, line 36	6)		0	
30.00	Subtotal (sum of lines 27 through 29)	,		30, 970, 796	
	Primary payer payments Subtotal (line 30 minus line 31)			8, 690 30, 962, 106	31.00 32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERV	/I CES)			
	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions)			0 261, 529	33.00 34.00
	Adjusted reimbursable bad debts (see instructions)			169, 994	
	Allowable bad debts for dual eligible beneficiaries (see ins Subtotal (see instructions)	structions)		50, 361 31, 132, 100	
38.00	MSP-LCC reconciliation amount from PS&R			-64	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
	Pioneer ACO demonstration payment adjustment (see instruction Demonstration payment adjustment amount before sequestration			0	39. 50 39. 97
39.98	Partial or full credits received from manufacturers for repl		ructions)	0	39.98
	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0 31, 132, 164	39. 99 40. 00
40.01	Sequestration adjustment (see instructions)			205, 472	40. 01
	Demonstration payment adjustment amount after sequestration Sequestration adjustment-PARHM pass-throughs			0	40. 02 40. 03
41.00	Interim payments			31, 411, 833	41.00
	Interim payments-PARHM Tentative settlement (for contractors use only)			0	41.01 42.00
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
	Balance due provider/program (see instructions) Balance due provider/program-PARHM (see instructions)			-485, 141	43.00 43.01
	Protested amounts (nonallowable cost report items) in accord	dance with CMS Pub. 15-	<u>2, chapter 1, §1</u>	15. 2 9, 928	
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions) Outlier reconciliation adjustment amount (see instructions)	)		0 0	90.00 91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
	Time Value of Money (see instructions) Total (sum of lines 91 and 93)				93.00 94.00
	· · · ·				•

Description         Description         Description         Description         Description         Description           1         Description         Test and the services relationsed under OPP (see instructions)         1         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		Financial Systems IU HEALTH BLOOMING ATION OF REIMBURSEMENT SETTLEMENT	TON HOSPITAL Provider CCN: 15-0051	In Lieu Period:	<u>u of Form CMS-2</u> Worksheet E	2552-10
Image: Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second	CALCOL	ATTON OF REFINDORSEMENT SETTEEMENT		From 01/01/2020	Part B	parod
Image: Section of the section instructions)         Image: Section instructions)         Image: Section instructions)         Section instructions)         Section instructions)         Section instructions)         Section instructions         Secti					7/14/2021 11:	
Not it			Title XVIII	Subprovider - IR	F PPS	
100         Moli call and other services (see instructions)         8         1.00           100         Moli call and other services reinstructions)         0         0           100         Dettler payser (see instructions)         0         0           100         Dettler payser (see instructions)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <					1.00	
2.00       Medical and other services reliabursed under OPS (see instructions)       0       2.00         0.00       OPS symperits       0       0.00         0.01       OPS symperits       0       0.00         0.00       Displayments       0       0.00       0.00         0.00       Displayments       0       0.00       0       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00	1 00				0	1 00
3.00       DPS payments       0       3.00       Dx11 er recocciliarion ameuri (see instructions)       0       4.00         4.01       Dx11 er recocciliarion ameuri (see instructions)       0.00       4.00         4.00       Dx11 er recocciliarion ameuri (see instructions)       0.00       4.00         0.00       Transitional corridor paysent (see instructions)       0.00       6.00         0.00       Transitional corridor paysent (see instructions)       0.00       7.00         0.00       Transitional corridor paysent (see instructions)       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10 <td></td> <td></td> <td>uctions)</td> <td></td> <td></td> <td></td>			uctions)			
4.0       Outlier reconsiliation amount (see instructions)       0       0       4.0         0.0       Inter theospital specific payment to cost ratio (see instructions)       0.00       5.00         0.0       Sam of Lines 3 a       0       0.00       5.00         0.0       Transi tional coritory payment (see instructions)       0       0.00       0.00         0.00       Ancillary service ather pass through costs from West. D. Pt. IV, col. 13, Line 200       0       0       0         0.00       Communication coritory of the payment (see instructions)       0       0       0       0         0.00       Communication coritory of the payment (see instructions)       0       0       0       0         0.00       Ancillary service charges       0       10.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td></td> <td>OPPS payments</td> <td></td> <td></td> <td></td> <td></td>		OPPS payments				
5.00       Fitter the hospital specific payment to cost ratio (see instructions)       0.000       5.00       0.00       5.00       0.00       5.00       0.00       5.00       0.00       5.00       0.00       5.00       0.00       5.00       0.00       5.00       0.00       5.00       0.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00       5.00					-	
6.00         Line 2 times line 5         0         6.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td>ructions)</td> <td></td> <td>-</td> <td></td>			ructions)		-	
8.00       Transitional corridor payment (see instructions)       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		Line 2 times line 5	,			
0.0       Anciliary service other pass through costs from Wkst. D. Pt. IV, col. 13, line 200       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0						
10.00       Organizaciji sti roms       0       10.00       Total cost (sum of lines 1 and 10) (see instructions)       0       10.00         20.00       Excession 2000 (see instructions)       0       11.00         20.00       Excession 2000 (see instructions)       0       12.00         20.00       Organizaciji sti on charges (rom iKst. D-4, Pt. 111, col. 4, line 69)       0       13.00         20.00       Aggrade anount actual ty collected from patients liable for payment for services on a charge basi i to on a charge is shed       0       15.00         20.00       Aggrade anount actual ty collected from patients liable for payment for services on a charge basi i to on a charge basi i to on a charge is shed       0       16.00         20.00       Excession for charges (rese instructions)       0       0.000000       17.00         20.00       Excession for charges (see instructions)       0       0.00000       17.00         21.00       Excession for charges (see instructions)       0       22.00       0         23.00       Cost of physiclans' services in a teaching hospital (see instructions)       0       23.00         23.00       Cost of physiclans' services in a teaching hospital (see instructions)       0       24.00         24.00       Cost of physiclans' services in a teaching hospital (see instructions)       23.00 <td< td=""><td></td><td>Ancillary service other pass through costs from Wkst. D. Pt</td><td>. IV. col. 13. line 200</td><td>)</td><td></td><td></td></td<>		Ancillary service other pass through costs from Wkst. D. Pt	. IV. col. 13. line 200	)		
CAMPUTATION OF LESSER OF COST OR CHARGES           Descensional is charges         30         12.00         Ancillary service charges (row West, D-4, Pt, 111, col. 4, line 69)         30         12.00         Total reasonable charges (row West, D-4, Pt, 111, col. 4, line 69)         30         12.00         Ancillary service charges (sum of lines 12 and 13)         31         14.00           15.00         Aggregate amount acquisition charges (sum of lines 12 and 13)         31         14.00         14.00           15.00         Aggregate amount acquisition charges (see instructions)         0         0.000000         16.00           16.00         Castion of line 15 to line 16 (not to exceed 1.000000)         0         0.000000         17.00           17.00         Excess of castemary charges over reasonable cost (complete only if line 18 exceeds line 11) (see         31         19.00           17.00         Excess of reasonable cost instructions)         0         22.00         22.00           20.00         Excess of reasonable cost instructions)         0         22.00         22.00           21.00         Losse of reasonable Cost over castemary charges (can instructions)         0         22.00           22.00         Distructions (sum of lines 3, 4, 4, 0, 1, 8 and 9)         0         24.00           22.00         Distructions (sum of lines 3, 4, 4, 0, 1, 8	10.00	Organ acquisitions	,		0	10.00
Decademable charges         Number of the second charges (sum of lines 12 and 13)         Number of the second charges (sum of lines 12 and 13)         Number of the second charges (sum of lines 12 and 13)         Number of the second charges (sum of lines 12 and 13)         Number of the second charges (sum of lines 12 and 13)         Number of the second charges (sum of lines 12 and 13)         Number of the second charges (sum of lines 12 and 13)         Number of the second charges (sum of lines 12 and 13)         Number of the second charges (sum of lines 12 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13 and 13)         Number of the second charges (sum of lines 13)         Number of the second charges (sum of lines 13)         Number of the second charges (sum of lines 13)         Number of the second charges (sum of lines 13)         Number of the second charges (sum of lines 13)         Number of the second charges (sum of lines 13)         Number of the second charges (sum of lin	11.00				8	11.00
12.00       Anciliary service charges       39       12.00         13.00       Organ acquisition charges (from Wkst, D-4, Pt. 111, col. 4, line 69)       39       14.00         14.00       Casiforma acquisition charges (sum of lines 12 and 13)       39       14.00         15.00       Aggregate anount actual y calculated from patients linkle for payment for services on a charge basis       6         15.00       Ratio of line 15 to line 16 (not to exceed 1.000000)       0       0         19.00       Excess of customary charges (see instructions)       0       0         19.00       Excess of customary charges (ver reasonable cost (complete only if line 18 exceeds line 11) (see instructions)       0       20.00         20.00       Excess of customary charges (see instructions)       0       22.00         21.00       Inserved for cost or charges (see instructions)       0       23.00         22.00       Deductiles and colnsurance anounts (for CAH, see instructions)       0       23.00         23.00       Deductiles and colnsurance anounts (ref CH, see instructions)       0       25.00         23.00       Deductiles and colnsurance anounts (ref CH, ine 24 (for CAH, see instructions)       25.00         23.00       Deductiles and colnsurance anounts (ref CH, ine 24 (ine CAH, see instructions)       25.00         23.00       Direc						1
14. 00       Total reasonable charges (sum of lines 12 and 13)       30       14. 00         15. 00       Aggregate amount actual ty collected from patients liable for payment for services on a chargebas is hed       0       16. 00         16. 00       Aggregate amount actual ty collected from patients liable for payment for services on a chargebas is hed       0       0.000000         17. 00       Patio of line 15 to line 16 (not to exceed 10.00000)       0       0.000000       17. 00         19. 00       Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see linstructions)       0       0.00000         20. 00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see linstructions)       0       22. 00         21. 00       Lesser of cost or charges (see instructions)       0       22. 00       22. 00         22. 00       Cost of physicians' services in a teaching hospital (see instructions)       0       24. 00         25. 00       Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)       0       25. 00         26. 00       Direct graduate medical education payments (ken instructions)       0       26. 00       28. 00         27. 00       Direct graduate medical education payment (sum to amount on line 24 (for CAH, see instructions)       0       26. 00		Ancillary service charges			39	
Customary charges         Customary charges         Customary charges           15:00         Aggregate amount actually collected from patients Hable for payment for services on a charge basis         0         15:00           16:00         Mounts that would have been realized from patients Hable for payment for services on a charge basis         0         15:00           17:00         Batic of Line 15: to Line 16 (not to exceed 1.00000)         0.00000         17:00           18:00         Trate customary charges over reasonable cost (complete only if line 18 exceeds line 18) (see Instructions)         38:18:00           19:00         Excess of customary charges (see instructions)         8:21:00         22:00           10:00         Line tructions' services in a teaching hospital (see instructions)         0:22:00         0:23:00           20:00         Deductibles and coinsurance amounts (ofr CAH, see instructions)         0:24:00         22:00           20:00         Deductibles and coinsurance amounts relating to amount on line 24 (for CAH, see instructions)         0:26:00           20:00         Subtical (Lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23 (see Instructions)         0:26:00           20:00         Subtical (see instructions)         0:33:00         0:30:00           20:00         Subtical (see instructions)         0:30:00         0:30:00 <t< td=""><td></td><td></td><td>line 69)</td><td></td><td>-</td><td></td></t<>			line 69)		-	
16.00       Amount's that would have been realized from patients liable for payment for services on a chargebas s had       0       16.00         17.00       Ratio of line 15 to line 16 (not to exceed 1.000000)       0.000000       17.00         18.00       Total customary charges (see instructions)       0.000000       17.00         19.00       Excess of customary charges (see instructions)       81.00       18.00         20.00       Instructions)       82.00       19.00         21.00       Instructions)       82.00       22.00         22.00       Instructions)       82.10       22.00         23.00       Cost of physic land's services in a teaching hospital (see instructions)       0.2.00         24.00       Total prospective payment (sum of lines 3, 4, 40.1, 8 and 9)       0         25.00       Deductibles and coinsurance amounts (for CAH, see instructions)       0.2.60         26.00       Butcat libes and coinsurance amounts (for GM kst. E-4, line 50)       0.28       0.00         28.00       Direct graduate medical education costs (from Wkst. E-4, line 50)       0.28       0.00         28.00       Direct graduate medical education costs (from Wkst. E-4, line 50)       0.28       0.00         29.00       Direct graduate medical education costs (from Wkst. E-4, line 50)       0.00       0.00 </td <td>14.00</td> <td></td> <td></td> <td></td> <td></td> <td>14.00</td>	14.00					14.00
such payment been made in accordance with 42 CFR \$413.13(e)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		55 5	1 5	5		
17.00       Ratio of fine 15 to line 16 (not to exceed 1.00000)       0.000000       17.00         18.00       Total customary charges (see instructions)       0.000000       17.00         19.00       Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see       31       19.00         20.00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see       0       20.00         21.00       Lesser of cost or charges (see instructions)       0       22.00       0         22.00       Cost of physicians' services in a teaching hospital (see instructions)       0       23.00       0       24.00         24.00       Total insurance amounts (fro CAH, see instructions)       0       24.00       0       25.00       0       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.00       26.	16.00			es on a chargebas	is had 0	16.00
19:00       Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)       31       19:00         20:00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)       62:00       22:00         21:00       Lesser of cost or charges (see instructions)       62:10       22:00       22:00       22:00         23:00       Cost of physicians' services in a teaching hospital (see instructions)       02:00       23:00         24:00       Deductibles and Coinsurance anounts (for CAH, see instructions)       02:00       25:00         26:00       Deductibles and Coinsurance anounts (for CAH, see instructions)       02:00       25:00         26:00       Deductibles and Coinsurance anounts (for CAH, see instructions)       02:00       28:00         27:00       Subtotal [(line 32:1 and 24 minus the sum of lines 22:2 and 23] (see 10:00 prinary payer payments       28:00         28:00       Subtotal (sum of lines 32:1 and 24 minus the sum of lines 23:00       31:00         29:00       Subtotal (sum of lines 32:1 and 24 minus the sum of lines 24:00       29:00         20:00       Subtotal (sum of lines 32:1 and 24:0) puts the sum of lines 24:00       31:00         20:00       Subtotal (sum of lines 32:1 and 24:0) puts the sum of lines 24:00       31:00         21:00       Subtotal	17.00				0. 000000	17.00
Instructions)       20.00         Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see Instructions)       20.00         21.00       Escess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see Instructions)       21.00         22.00       Interns and residents (see instructions)       22.00         23.00       Cost of physician's services in a teaching hospital (see instructions)       22.00         23.00       Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)       24.00         COMPUTATION OF REMURDSHEAR STILEMENT       0         25.00       Deductibles and colnsurance amounts relating to amount on line 24 (for CAH, see instructions)       26.00         26.00       Direct graduate medical education payments (from Wkst. E-4, line 36)       27.00         28.00       Direct graduate medical education costs (from Wkst. E-4, line 36)       28.00         29.01       Bottotal (line 30 minus line 31)       83.00         31.00       Subtotal (line 30 minus line 31)       33.00         32.00       Advable Ead debts for AD legs in cliquits beneficiaries (see instructions)       33.00         33.00       Composite rate ESR0 (from Wkst. I-5, line 11)       33.00         34.00       Mathead educts (see instructions)       33.00         35.00       Mathead educts (see instr				11 (		
20.00       Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)       0       20.00         21.00       Lesser of cost or charges (see instructions)       8       21.00         22.00       Cost of physicians' services in a teaching hospital (see instructions)       0       22.00         23.00       Cost of physicians' services in a teaching hospital (see instructions)       0       24.00         24.00       Could prospective payment (sum of lines 3, 4, 4, 01, 8 and 9)       0       24.00         25.00       Deductibles and Coinsurance amounts (rof CAH, see instructions)       0       25.00         26.00       Deductible sand Coinsurance amounts (from Wkst. E-4, line 50)       0       28.00         27.00       Excess of rineary payments       0       28.00         20.00       ESRD direct medical education payments (from Wkst. E-4, line 30)       0       8 30.00         20.00       Deltated reimburshe bad debts (see instructions)       0       38.00         30.00       Opposite rate ESRD (from Wkst. I-5, line 11)       0       33.00         31.00       Composite rate ESRD (from Wkst. I-5, line 11)       0       33.00         30.00       Subtraft (lines 27 through 29)       0       38.00         31.00       Composite rate ESRD (from Wkst. I-	19.00		only IT line 18 exceeds	s line ii) (see	31	19.00
21.00       Lesser of cost or charges (see instructions)       8       21.00         22.00       Cost of physicians' services in a teaching hospital (see instructions)       0       23.00         23.00       Cost of physicians' services in a teaching hospital (see instructions)       0       23.00         24.00       Cost of physicians' services in a teaching hospital (see instructions)       0       24.00         25.00       Deductibles and coinsurance amounts (for CAH, see instructions)       0       25.00         26.00       Deductibles and Coinsurance amounts (for CAH, see instructions)       0       26.00         27.00       ESRD direct medical education payments (from Wkst. E-4, line 50)       0       28.00         27.00       ESRD direct medical education costs (from Wkst. E-4, line 50)       0       28.00         20.00       Direct graduate medical education payments (from Wkst. E-4, line 50)       0       28.00         20.00       Direct graduate medical education costs (from Wkst. E-4, line 50)       0       28.00         20.00       Direct graduate medical education costs (from Wkst. E-4, line 50)       0       28.00         20.01       DeBTS (ECLUBE BAD DEBTS FOR PROFESSIONAL SERVICES)       0       31.00         20.00       Direct medical education seinstructions)       0       35.00	20.00		only if line 11 exceeds	s line 18) (see	0	20.00
22.00Interns and residents (see instructions)022.0023.00Cost of physic clar's services in a teaching hospital (see instructions)023.0024.00Total prospective payment (sum of lines 3, 4, 4, 01, 8 and 9)024.0025.00Deductibles and coinsurance amounts (for CAH, see instructions)025.0026.00Deductibles and coinsurance amounts (for CAH, see instructions)025.0027.00Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)028.0028.00Direct graduate medical education payments (from Wstr. E-4, line 50)029.0029.00Subtotal (sum of lines 27 through 29)80030.00Subtotal (sum of lines 27 through 29)80030.00Composite rate ESR0 (from Wstr. I-5, line 11)033.0033.0030.00Allowable bad debts (see instructions)034.0030.00Allowable bad debts (see instructions)035.0030.00Allowable bad debts (see instructions)036.0030.00Allowable bad debts (see instructions)036.00	21 00				0	21 00
22.00       Cost of physicians' services in a teaching hospital (see instructions)       0       23.00         24.00       Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)       0       24.00         25.00       Deductibles and Coinsurance amounts (for CAH, see instructions)       0       26.00         27.00       Deductibles and Coinsurance amounts (for CAH, see instructions)       0       26.00         27.00       Deductible and Coinsurance amounts (for Wkst, E-4, line 50)       0       28.00         28.00       Direct graduate medical education costs (from Wkst, E-4, line 50)       0       28.00         29.00       Subtotal (lines 27 through 29)       8       30.00       29.00         30.00       Subtotal (line 30 minus line 31)       0       31.00       8       30.00         31.00       Composite rate ESR0 (from Wst, I-5, line 11)       0       33.00       33.00         31.00       ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)       0       33.00         33.00       Composite rate ESR0 (from Wst, I-5, line 11)       0       34.00         33.00       Allowable bad debts (see instructions)       0       35.00         30.00       Allowable bad debts for dual eligible beneficiaries (see instructions)       0       35.00         30.00					-	
COMPUTATION OF RELIMBURSEMENT SETLEMENT25:00Deductibles and coinsurance amounts (for CAH, see instructions)026:00Deductibles and coinsurance amounts (for CAH, see instructions)027:00Subtotal [(ines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see827:00ESRD direct medical education payments (from Wkst, E-4, line 50)029:00ESRD direct medical education costs (from Wkst, E-4, line 36)029:00Subtotal [(ines 27 through 29)830:00Subtotal ((ine 30 minus line 31)031:00Subtotal ((ine 40 debts (see instructions))032:00Subtotal ((ine 40 debts (see instructions))033:00Composite rate ESRD (from Wkst. 1-5, line 11)033:00Adjusted reinbursable bad debts (see instructions)030:00Subtotal ((ine 40 debts (see instructions))030:00Adjusted reinbursable bad debts (see instructions)030:00Mattorable Est (SECUIDE RAD DEBTS FOR PROFESSIONAL SERVICES)031:00Adjusted reinbursable bad debts (see instructions)030:00Adjusted reinbursable bad debts (see instructions)030:00Mattorable Est (SECUIDE RAD DEBTS FOR PROFESSIONAL SERVICES)031:00Adjusted reinbursable bad debts (see instructions)033:00Adjusted reinbursable bad debts (see instructions)030:00Subtotal (see instructions)030:00Mattorable bad debts (see instructions)030:00Subtota			structions)		-	23.00
25:00       Deductibles and coinsurance amounts (for CAH, see instructions)       0       25:00         26:00       Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)       0       26:00         27:00       Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)       8       27:00         28:00       Direct graduate medical education payments (from Wkst. E-4, line 30)       0       28:00       29:00         29:00       ESRD direct medical education costs (from Wkst. E-4, line 36)       0       8       30:00         00       Primary payer payments       0       31:00       31:00       31:00         20:00       ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)       0       31:00         30:00       Composite rate ESRD (from Wkst. 1-5, line 11)       0       31:00         30:00       Composite rate ESRD (from Wkst. 1-5, line 11)       0       34:00         30:00       Allowable bad debts (see instructions)       0       34:00         30:00       Musted reimbursable bad debts (see instructions)       0       35:00         30:00       Musted reimbursable bad debts (see instructions)       0       36:00         30:00       Musted reimbursable bad debts (see instructions)       0	24.00		)		0	24.00
27.00       Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)       8       27.00         28.00       Direct graduate medical education payments (from Wkst. E-4, line 50)       0       28.00         29.00       ESRD direct medical education costs (from Wkst. E-4, line 36)       0       29.00         00.00       Subtotal (sum of lines 27 through 29)       8       30.00         31.00       Primary payer payments       0       31.00         32.00       ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)       8       32.00         31.00       Composite rate ESRD (from Wkst. 1-5, line 11)       0       33.00         31.00       Subtotal (see instructions)       0       35.00         32.00       Allowable bad debts (see instructions)       0       36.00         33.00       Subtotal (see instructions)       0       38.00         34.00       Ormeer ACO demonstration payment adj ustment (see instructions)       0       38.00         35.00       Offenser AGU demonstration payment adj ustment amount before sequestration       0       39.97         39.90       Pactial or full credits received from manufacturers for replaced devices (see instructions)       39.99       39.99         39.90       RecovERY OF ACCELERATED DEPRECIATION </td <td>25.00</td> <td></td> <td>ons)</td> <td></td> <td>0</td> <td>25.00</td>	25.00		ons)		0	25.00
Instructions)028.00Direct graduate medical education payments (from Wkst. E-4, line 50)029.00ESRD direct medical education costs (from Wkst. E-4, line 36)030.00Subtotal (sum of lines 27 through 29)830.00Subtotal (line 30 minus line 31)8ALLOWABLE BAD DEBTS (FCULDE BAD DEBTS FOR PROFESSIONAL SERVICES)031.00Composite rate ESRD (from Wkst. I-5, line 11)033.00Composite rate ESRD (from Wkst. I-5, line 11)034.00ALLOWABLE BAD DEBTS (FCULDE BAD DEBTS FOR PROFESSIONAL SERVICES)033.00Composite rate ESRD (from Wkst. I-5, line 11)034.00Adjusted relmbursable bad debts (see instructions)035.00Adjusted relmbursable bad debts (see instructions)036.00MSP-LCC reconciliation amount from PS&R837.00Subtotal (see instructions)038.00MSP-LCC reconciliation amount before sequestration039.97Pomostration payment adjustment sount before sequestration039.98Partial or full credits received from manufacturers for replaced devices (see instructions)039.99RecoVERV OF ACCELERATED DEPRECIATION040.01Genestration adjustment from Trough 20440.02Demonstration payment adjustment amount after sequestration040.03Genestration adjustment (for contractors use only)440.03Genestration adjustment (for contractor use only)441.00Interim payments-PARHM4 <td< td=""><td></td><td></td><td></td><td></td><td>-</td><td></td></td<>					-	
28.00Direct gradulate medical education payments (from Wkst. E-4, line 50)028.0029.00ESRD direct medical education costs (from Wkst. E-4, line 36)029.0030.00Primary payer payments031.0031.00Primary payer payments031.0032.00ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)832.00ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)034.0030.00Allowable bad debts (see instructions)035.0030.00Allowable bad debts (see instructions)035.0030.00Allowable bad debts (see instructions)035.0030.00OBTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)038.0030.00OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)039.5039.97Demonstration payment adjustment (see instructions)39.9539.9539.99RECOVERY OF ACCELERATED DEPRECIATION039.9940.00Subtotal (see instructions)039.9940.01Educestration adjustment (see instructions)039.9940.02Demonstration payment adjustment amount after sequestration040.0141.01Tentative settlement (for contractors use only)41.0140.0241.01Tentative settlement (for contractors use only)42.0042.0042.00Tentative settlement (for contractors use only)42.0043.00Tentative settlement (for contractors use only)42.0043.00Ten	27.00	-,	) plus the sum of lines	s 22 and 23] (see	8	27.00
30. 00       Subtotal (sum of lines 27 through 29)       8       30.00         31. 00       Primary payer payments       31.00         32. 00       Subtotal (line 30 minus line 31)       8         ALLOWABLE BAD DEBTS (EXCLUDE RAD DEBTS FOR PROFESSIONAL SERVICES)       31.00         33. 00       Composite rate ESR0 (from Wkst. 1-5, line 11)       0         34. 00       Allowable bad debts (see instructions)       0         35. 00       Adjusted reimbursable bad debts (see instructions)       0         36. 00       Allowable bad debts for dual eligible beneficiaries (see instructions)       0         36. 00       Allowable bad debts for dual eligible beneficiaries (see instructions)       0         37. 00       Subtotal (see instructions)       0         38. 00       OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)       0         39. 00       OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)       0         39. 90       Potial or full credits received from manufacturers for replaced devices (see instructions)       39.90         39. 90       Sequestration adjustment amount after sequestration       0       39.90         30. 01       Sequestration adjustment amount after sequestration       0       40.01         40. 02       Demonstration payment adjustment amount after sequestration       0 <t< td=""><td>28.00</td><td>Direct graduate medical education payments (from Wkst. E-4,</td><td>line 50)</td><td></td><td>0</td><td>28.00</td></t<>	28.00	Direct graduate medical education payments (from Wkst. E-4,	line 50)		0	28.00
31.00       Primary payer payments       0       31.00         32.00       Subtotal (line 30 minus line 31)       8       32.00         ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)       0       33.00         33.00       Composite rate ESR0 (from Wst. 1-5, line 11)       0       33.00         34.00       Allowable bad debts (see instructions)       0       34.00         35.00       Adjusted reimbursable bad debts (see instructions)       0       36.00         36.00       Allowable bad debts for dual eligible beneficiaries (see instructions)       0       36.00         36.00       MSP-LCC reconciliation amount from PS&R       0       38.00         37.00       Bornstration payment adjustment (see instructions)       39.00       39.00         39.00       Subtotal (see instructions)       39.90       39.90         30.01       RECOVERV OF ACCELENATED DEPRECIATION       39.97       39.97         39.98       Recovertation adjustment amount after sequestration       39.99       39.99         30.01       Iterim payments       40.00       40.00         40.02       Demonstration adjustment amount after sequestration       40.02         40.03       Sequestration adjustment amount after sequestration       40.02 <td< td=""><td></td><td></td><td>6)</td><td></td><td></td><td></td></td<>			6)			
32.00       Subtotal (ine 30 minus line 31)       8         ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)       0         33.00       Composite rate ESRD (from Wkst. i-5, line 11)       0         34.00       Allowable bad debts (see instructions)       0         35.00       Adjusted reinbursable bad debts (see instructions)       0         36.00       Allowable bad debts for dual eligible beneficiaries (see instructions)       0         36.00       Allowable bad debts for dual eligible beneficiaries (see instructions)       0         36.00       Allowable bad debts for dual eligible beneficiaries (see instructions)       0         37.00       Subtotal (see instructions)       0         38.00       OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)       0         39.90       OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)       0         39.97       Demonstration payment adjustment amount before sequestration       0         39.98       Partial or full credits received from manufacturers for replaced devices (see instructions)       0         39.99       RCOVERY OF ACCELERATED DEPRECLATION       0         39.99       Courstration adjustment amount after sequestration       0         40.01       Depenstration adjustment amount after sequestration       0         40.02       De						
33.00       Composite rate ESRD (from Wkst. I-5, line 11)       0       33.00         34.00       Allowable bad debts (see instructions)       0       34.00         35.00       Adjusted reimbursable bad debts (see instructions)       0       36.00         36.00       Allowable bad debts (see instructions)       0       36.00         37.00       Subtotal (see instructions)       0       36.00         38.00       MSP-LCC reconciliation amount from PS&R       0       38.00         39.00       OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)       0       38.00         39.50       Ploneer ACO demonstration payment adjustment (see instructions)       39.50         39.97       Demonstration payment adjustment mount before sequestration       39.97         39.98       Partial or full credits received from manufacturers for replaced devices (see instructions)       0       39.99         40.01       Subtotal (see instructions)       0       39.90       39.98       39.97       0       39.90       39.90       39.99       8       40.00       30.00       39.99       8       40.00       39.99       8       40.00       39.99       8       40.00       39.90       39.90       39.90       39.90       39.90       39.90       39.90       39.90<		Subtotal (line 30 minus line 31)				
34.00Allowable bad debts (see instructions)034.0035.00Adjusted reimbursable bad debts (see instructions)035.0036.00Allowable bad debts for dual eligible beneficiaries (see instructions)036.0037.00Subtotal (see instructions)837.0038.00MSP-LCC reconciliation amount from PS&R038.0039.00OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECI FY)039.0039.97Demonstration payment adjustment (see instructions)39.9039.98Partial or full credits received from manufacturers for replaced devices (see instructions)039.99RECOVERY OF ACCELERATED DEPRECIATION040.01Sequestration adjustment (see instructions)040.02Demonstration payment adjustment amount after sequestration040.02Demonstration adjustment (see instructions)040.03Sequestration adjustment (see instructions)041.00Interim payments40.0341.00Interim payments41.0142.00Fentative settlement (for contractor use only)042.01Tentative settlement (for contractor use only)043.00Bal ance due provider/program (see instructions)044.00Original outlier amount s(nonal lowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, \$115.2044.00Original outlier amount (see instructions)091.0092.00The rate used to calculate the Time Value of Money0092.00Tim	22 00		VI CES)		0	32 00
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40.01Sequestration adjustment (see instructions)040.0140.02Demonstration payment adjustment amount after sequestration040.0240.03Sequestration adjustment-PARHM pass-throughs40.0341.00Interim payments841.01Interim payments-PARHM842.00Tentative settlement (for contractors use only)042.01Tentative settlement (for contractor use only)043.00Balance due provider/program (see instructions)043.01Balance due provider/program (see instructions)044.00Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2044.00Original outlier amount (see instructions)090.00Original outlier amount (see instructions)091.00Outlier reconciliation adjustment amount (see instructions)092.00The rate used to calculate the Time Value of Money0.0093.00Time Value of Money (see instructions)093.00	39.99	RECOVERY OF ACCELERATED DEPRECIATION	· ·	·	-	-
40.02Demonstration payment adjustment amount after sequestration040.0240.03Sequestration adjustment-PARHM pass-throughs40.0341.00Interim payments841.01Interim payments-PARHM842.00Tentative settlement (for contractors use only)042.01Tentative settlement (for contractor use only)043.00Balance due provider/program (see instructions)043.01Balance due provider/program (see instructions)044.00Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2044.00Original outlier amount (see instructions)090.00Original outlier amount (see instructions)090.0091.00Outlier reconciliation adjustment amount (see instructions)091.0092.00The rate used to calculate the Time Value of Money0.0092.0093.00Time Value of Money (see instructions)093.00						
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91.00Outlier reconciliation adjustment amount (see instructions)091.0092.00The rate used to calculate the Time Value of Money0.0092.0093.00Time Value of Money (see instructions)093.00		TO BE COMPLETED BY CONTRACTOR		_, shaptor 1, 31		1
92.00The rate used to calculate the Time Value of Money0.0092.0093.00Time Value of Money (see instructions)093.00			\			
93.00 Time Value of Money (see instructions) 0 93.00			)			
94.00 Total (sum of lines 91 and 93)	93.00	Time Value of Money (see instructions)			0	93.00
	94.00	Total (sum of lines 91 and 93)			0	94.00

	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provi dei	- CCN: 15-005		eriod: com 01/01/2020	Worksheet E-1 Part I Date/Time Pre	
						7/14/2021 11:	13 a
			tle XVIII		Hospi tal	PPS	
		Inpati	ent Part A		Par	rt B	
		mm/dd/yyy	V Amoun <sup>-</sup>	t	mm/dd/yyyy	Amount	
		1.00	2.00		3.00	4.00	
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for servid rendered in the cost reporting period. If none, write "N or enter a zero List separately each retroactive lump sum adjustment amou	ONE" nt	48, 307	7, 408 0		31, 328, 233 0	
	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						
01	ADJUSTMENTS TO PROVIDER			0	08/19/2020	83, 600	
02				0		0	
03 04				0		0	
05				0		0	
	Provider to Program						
50	ADJUSTMENTS TO PROGRAM			0		0	
51 52				0		0	
52 53				0		0	
54				0		0	
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0		83, 600	3
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		48, 307	7, 408		31, 411, 833	4
	TO BE COMPLETED BY CONTRACTOR					•	
00	List separately each tentative settlement payment after a review. Also show date of each payment. If none, write "N or enter a zero. (1)						5
	Program to Provider		-			1 -	- I
01 02	TENTATI VE TO PROVI DER			0		0	
02				0		0	
	Provider to Program						1
50 51	TENTATI VE TO PROGRAM			0		0	
<b>D</b> I				0		0	
	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0		0	
52				Ŭ		ľ	
52	5. 50-5. 98)						6
52 99	5.50-5.98) Determined net settlement amount (balance due) based on t cost report. (1)	he					
52 99 00 01	Determined net settlement amount (balance due) based on t cost report. (1) SETTLEMENT TO PROVIDER	he	410	), 724		0	
52 99 00 01 02	Determined net settlement amount (balance due) based on t cost report. (1) SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM	he		0		485, 141	6
52 99 00 01	Determined net settlement amount (balance due) based on t cost report. (1) SETTLEMENT TO PROVIDER	he	410	0	Contractor	485, 141 30, 926, 692	6
52 99 00 01 02	Determined net settlement amount (balance due) based on t cost report. (1) SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM	he		0	Contractor Number	485, 141	6

IAL Y	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		r CCN:15-0051 nt CCN:15-T05	Fre	riod: om 01/01/2020 12/21/2020	Worksheet E Part I Date/Time P	
						7/14/2021 1	1: 13
			tle XVIII	\$ubp	<u>provider - IR</u>		
		Inpat	ient Part A		Par	t B	
		mm/dd/yyy	y Amount		mm/dd/yyyy	Amount	
		1.00	2.00		3.00	4,00	
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for servid rendered in the cost reporting period. If none, write "N or enter a zero List separately each retroactive lump sum adjustment amou	ONE"	1, 291	, 089 0			8 1 0 2
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	cost					
01	ADJUSTMENTS TO PROVIDER			0			0 3
02				0			0 3
03				0			0 3
04 05				0			0 3
05	Provider to Program			<u> </u>			0 5
50	ADJUSTMENTS TO PROGRAM			0			0 3
51				0			0 3
52				0			0 3
53 54				0			0 3
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0			0 3
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1, 291	, 089			8 4
	TO BE COMPLÉTED BY CONTRACTOR						
00	List separately each tentative settlement payment after c review. Also show date of each payment. If none, write "N or enter a zero. (1)						5
21	Program to Provider						0 -
01 02	TENTATI VE TO PROVI DER			0			0 5
)2 )3				0			0 5
	Provider to Program						
50	TENTATI VE TO PROGRAM			0			0 5
51 52				0			0 5 0 5
52 79	Subtotal (sum of lines 5.01–5.49 minus sum of lines			0			0 5
	5. 50-5. 98)			ĭ			Ĭ
00	Determined net settlement amount (balance due) based on t cost report. (1)	he					6
01	SETTLEMENT TO PROVIDER		31	, 468			0 6
	SETTLEMENT TO PROGRAM		1 000	0			0 6
02	Total Medicare program liability (see instructions)		1, 322	, 557			8 7
					Contractor	NDD Data	
02					Contractor Number	NPR Date (Mo/Day/Yr)	

Heal th	Financial Systems IU HEALTH BLOOMING	TON HOSPI TAL	In Lieu	of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet E- Part II Date/Time Pr 7/14/2021 11	epared:
		Title XVIII	Hospi tal	PPS	
			-	1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATI	ON			
1.00	Total hospital discharges as defined in AARA §4102 from Wks	t. S-3, Pt. I col. 15 I	ine 14		1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1,	8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1,	8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200				5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3	line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of 168	certified HIT technolo	gy Wkst. S-2, Pt.	l line	7.00
8.00	Calculation of the HIT incentive payment (see instructions)				8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestratio	n (see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH	· · ·			
30.00	Initial/interim HIT payment adjustment (see instructions)				30.00
	Other Adjustment (specify)				31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and	line 31) (see instruct	i ons)		32.00

ALCULA	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0051	Period:	Worksheet E-3	3
		Component CCN: 15-T051	From 01/01/2020 To 12/31/2020	Date/Time Pre	epare
		Title XVIII	Subprovider – IRF	7/14/2021 11: PPS	13 a
- F	PART III - MEDICARE PART A SERVICES - IRF PPS			1.00	
	Net Federal PPS Payment (see instructions)			1, 137, 112	1.0
	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0312	2.0
	Inpatient Rehabilitation LIP Payments (see instruction	s)		64, 133	3.0
	Outlier Payments			142,880	
00	Unweighted intern and resident FTE count in the most r November 15, 2004 (see instructions)	ecent cost reporting period	ending on or pri		5.0
01	Cap increases for the unweighted intern and resident F program or hospital closure, that would not be counted		· · ·		5.0
	§412.424(d)(1)(iii)(F)(1) or (2) (see instructions)				
00	New Teaching program adjustment. (see instructions)			0.00	6.0
	Current year's unweighted FTE count of I&R excluding F teaching program" (see instructions)				7.0
	Current year's unweighted I&R FTE count for residents teaching program" (see instructions)			ew 0.00	8.0
	Intern and resident count for IRF PPS medical educatio	n adjustment (see instructio	ns)	0.00	
	Average Daily Census (see instructions)			3.893443	
	Teaching Adjustment Factor (see instructions)			0. 000000	
	Teaching Adjustment (see instructions)			0	
	Total PPS Payment (see instructions)			1, 344, 125	
	Nursing and Allied Health Managed Care payments (see i	nstruction)		0	
	Organ acquisition (DO NOT USE THIS LINE)			0	15.0
	Cost of physicians' services in a teaching hospital (s	ee instructions)			16. (
	Subtotal (see instructions)			1, 344, 125	
	Primary payer payments Subtatal (line 17 loss line 10)				18.0
	Subtotal (line 17 less line 18). Deductibles			1, 344, 125	
	Subtotal (line 19 minus line 20)			7, 040 1, 337, 085	
	Coinsurance			6, 336	
	Subtotal (line 21 minus line 22)			1, 330, 749	
	Allowable bad debts (exclude bad debts for professiona	L services) (see instruction	c)	1, 330, 749	
	Adjusted reimbursable bad debts (see instructions)		3)	0	
	Allowable bad debts for dual eligible beneficiaries (s	ee instructions)		0	
	Subtotal (sum of lines 23 and 25)			1, 330, 749	
	Direct graduate medical education payments (from Wkst.	F-4. line 49)		0	
	Other pass through costs (see instructions)				29.0
	Outlier payments reconciliation			0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	
	Pioneer ACO demonstration payment adjustment (see inst	ructions)		0	31.5
	Demonstration payment adjustment amount before sequest			0	31. 9
	Total amount payable to the provider (see instructions			1, 331, 344	32. (
. 01	Sequestration adjustment (see instructions)			8, 787	32. (
	Demonstration payment adjustment amount after sequestr	ation		0	
. 00	Interim payments			1, 291, 089	33. (
	Tentative settlement (for contractor use only)			0	
. 00	Balance due provider/program (line 32 minus lines 32.0 Protested amounts (nonallowable cost report items) in		2, chapter 1, §11	31, 468 5. 2 9, 324	
-	TO BE COMPLETED BY CONTRACTOR Original outlier amount from Wkst. E-3, Pt. III, line	Δ	1	142, 880	50 (
	Outlier reconciliation adjustment amount (see instruct			142, 880	
	The rate used to calculate the Time Value of Money			0.00	
	The rate used to calculate the trille value of Molley				52.0

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider C				4
			Period: From 01/01/2020		
			To 12/31/2020	Date/Time Pre 7/14/2021 11:	
	Title	XVIII	Hospi tal	PPS	
				1.00	1
COMPUTATION OF TOTAL DIRECT GME AMOUNT		S			1 00
<ol> <li>Unweighted resident FTE count for allopathic and osteopathi or before December 31, 1996.</li> </ol>	IC programs T	for cost repo	erting periods e	naing on 0.00	1.00
2.00 Unweighted FTE resident cap add-on for new programs per 42		e)(1) (see in	structions)	0.00	
3.00 Amount of reduction to Direct GME cap under section 422 of 3.01 Direct GME cap reduction amount under ACA §5503 in accorda		ED 8/12 70 (	m) (soo instru	0.00 ctions 0.00	
for cost reporting periods straddling 7/1/2011)	nce with 42 C	JIK 9413.77 (	iii). (see mistru	CTI 0115 0.00	, 3.01
4.00 Adjustment (plus or minus) to the FTE cap for allopathic and	nd osteopathi	c programs d	ue to a Medicar	eGME 0.00	4.00
4.01 ACA Section 5503 increase to the Direct GME FTE Cap (see in	nstructions f	For cost repo	rting periods	0.00	4.01
straddl i ng 7/1/2011)		0. 0001 . 000	i ting por ouo		
4.02 ACA Section 5506 number of additional direct GME FTE cap sl	lots (see ir	nstructions f	or cost reporti	ng 0.00	4.02
periods straddling 7/1/2011) 5.00 FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01	plus or minu	us line 4 plu	s lines 4.01 an	d 4.02 0.00	5.00
plus applicable subscripts					
6.00 Unweighted resident FTE count for allopathic and osteopathic records (see instructions)	ic programs f	for the curre	nt year from yo	ur 0.00	6.00
7.00 Enter the lesser of line 5 or line 6				0.00	7.00
		Primary Care		Total	
8.00 Weighted FTE count for physicians in an allopathic and ost	eopathic prod	<u>1.00</u> 1.00	2.00 00 0.00	3.00	8.00
for the current year.					
9.00 If line 6 is less than 5 enter the amount from line 8, other line 8 times the result of line 5 divided by the amount on		ply 0.0	0. 00	0.00	9.00
10.00 Weighted dental and podiatric resident FTE count for the ci			0.00		10.00
10.01 Unweighted dental and podiatric resident FTE count for the	current year		0.00		10.01
11.00 Total weighted FTE count 12.00 Total weighted resident FTE count for the prior cost repor	ting year (se	0.0 e 0.0			11.00
instructions)	tring year (se		0.00		12.00
13.00 Total weighted resident FTE count for the penultimate cost	reporting ye	ar 0.0	0. 00		13.00
(see instructions) 14.00 Rolling average FTE count (sum of lines 11 through 13 divid	ded by 3).	0.0	0. 00		14.00
15.00 Adjustment for residents in initial years of new programs	• ·	0.0	0. 00		15.00
15.01 Unweighted adjustment for residents in initial years of new		0.0			15.01
16.00 Adjustment for residents displaced by program or hospital of 16.01 Unweighted adjustment for residents displaced by program of		0.0 osure 0.0			16.00 16.01
17.00 Adjusted rolling average FTE count	i nospital ci	0.0			17.00
18.00 Per resident amount		0.0			18.00
19.00 Approved amount for resident costs			0 0		19.00
				1.00	
20.00 Additional unweighted allopathic and osteopathic direct GM	E FTE resider	nt cap slots	received under	1.00 42 Sec. 0.00	20.00
413.79(c)(4)	turing the second			0.00	
21.00 Direct GME FTE unweighted resident count over cap (see ins 22.00 Allowable additional direct GME FTE Resident Count (see ins					21.00
23.00 Enter the locality adjustment national average per resident		instruction	c)		22.00
24.00 Multiply line 22 time line 23	t allount (see	e mistruction	15)		23.00
25.00 Total direct GME amount (sum of lines 19 and 24)					25.00
		Inpatient Pai	rt Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD 26.00 Inpatient Days (see instructions) (Title XIX - see S-2 Par	t IX, line 3.	02, 21, 01	4 9, 175		26.00
		E0 40	58, 601	1	27 00
column 2) 27 00 Total Inpatient Days (see instructions)		58, 60		1	27.00 28.00
27.00 Total Inpatient Days (see instructions)			0. 156567		1 Z8. UU
		0. 35859	0. 156567 0 0. 0	0	28.00
<ul> <li>27.00 Total Inpatient Days (see instructions)</li> <li>28.00 Ratio of inpatient days to total inpatient days</li> <li>29.00 Program direct GME amount</li> <li>29.01 Percent reduction for MA DGME</li> </ul>			0 0. 156567 0 0		29.00 29.01
27.00 Total Inpatient Days (see instructions) 28.00 Ratio of inpatient days to total inpatient days 29.00 Program direct GME amount			0 0. 156567 0 0 0	0	29.00

<u>Heal th</u>	Financial Systems	IU HEALTH BLOOMING	TON HOSPI TAL	In Lieu	of Form CMS-2	2552-10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD	OUTPATI ENT DI RECT	Provider CCN: 15-0051	Period:	Worksheet E-4	
MEDI CA	AL EDUCATION COSTS			From 01/01/2020 To 12/31/2020	Date/Time Pre	narod
				10 12/31/2020	7/14/2021 11:	
			Title XVIII	Hospi tal	PPS	
					1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD	COMPOSITE RATE - TI	FLE XVIII ONLY (NURSING	SCHOOL AND		
	PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education	costs (from Wkst. B	, Pt. I, sum of col. 20	and 23, lines 7	and 0	32.00
	94)					
	Renal dialysis and home dialysis total of			es 74 and 94)	5, 251, 236	
	Ratio of direct medical education costs		ine 32 ÷ line 33)		0. 000000	
	Medicare outpatient ESRD charges (see in				0	
36.00	Medicare outpatient ESRD direct medical				0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONAE	SLE COST - TITLE XVII	I UNLY			
27 00	Part A Reasonable Cost					27 00
	Reasonable cost (see instructions)		2)		62, 584, 575	
	Organ acquisition costs (Wkst. D-4, Pt. Cost of physicians' services in a teachi				0	38.00 39.00
	Primary payer payments (see instructions		structrons)		-	40.00
			aug ling (0)		2, 283 62, 582, 292	
41.00	<u>Total Part A reasonable cost (sum of lir</u> Part B Reasonable Cost	ies 37 through 39 min	lus ITTle 40)		02, 382, 292	41.00
12 00	Reasonable cost (see instructions)			i	43, 638, 480	12 00
	Primary payer payments (see instructions)	-)				42.00
	Total Part B reasonable cost (line 42 mi				43, 629, 790	
	Total reasonable cost (sum of lines 41 a				106, 212, 082	
	Ratio of Part A reasonable cost to total		ine 41 ÷ line 45)		0, 589220	
	Ratio of Part B reasonable cost to total				0. 410780	
	ALLOCATION OF MEDICARE DIRECT GME COSTS				2. 110/00	
48.00	Total program GME payment (line 31)				0	48.00
	Part A Medicare GME payment (line 46 x 4	8) (title XVIII only	y) (see instructions)		0	49.00
	Part B Medicare GME payment (line 47 x 4				0	50.00
	•		· · · · · · · · · · · · · · · · · · ·	•		•

Joun	ting records, complete the General Fund column only)	51		Period: From 01/01/2020		
	······································		-	Го 12/31/2020	Date/Time Pr 7/14/2021 11	
		General Fun	d Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS	000.055.00				
0 0	Cash on hand in banks	230, 055, 38				
00	Temporary investments Notes receivable				C	
0	Accounts receivable	61, 662, 14	ů,	0		
0	Other receivable	-19, 116, 15		0 0	C	
0	Allowances for uncollectible notes and accounts receivabl		0 (	0 0	C	
0	Inventory	12, 897, 62		0 0	C	
	Prepaid expenses Other current assets	8, 679, 53				
00 00	Due from other funds					
	Total current assets (sum of lines 1-10)	294, 178, 52	21 (			
	FIXED ASSETS	271,170,02		<u> </u>		
	Land	19, 741, 44	17 (	0 0	C	12
	Land improvements	2, 058, 20		0 0	C	
	Accumulated depreciation	-2,010,84		0 0	C	
	Buildings	154, 956, 49		0	C	
	Accumulated depreciation Leasehold improvements	-147, 281, 87 7, 104, 82				
	Accumulated depreciation	-6, 325, 99				
	Fixed equipment	0, 323, 7	0	0		
	Accumulated depreciation		0	0 0	C	
00	Automobiles and trucks	3, 628, 66	68 (	0 0	C	21
	Accumulated depreciation	-3, 032, 93		0 0	C	
	Major movable equipment	135, 654, 04		0 0	C	
	Accumulated depreciation	-110, 069, 85	05 (		C	
	Minor equipment depreciable Accumulated depreciation					
	HIT designated Assets		0			
	Accumulated depreciation		0	0 0	C	
	Minor equipment-nondepreciable		0 0	0 0	C	) 29.
	Total fixed assets (sum of lines 12-29)	54, 422, 18	30 (	0 0	C	30
	OTHER ASSETS	07 ( 17 7)				
	Investments Deposits on Leases	27,647,72	0 (			
	Due from owners/officers					
	Other assets	523, 026, 29	8	0 0	C	
00	Total other assets (sum of lines 31-34)	550, 674, 02		0 0	C	35
00	Total assets (sum of lines 11, 30, and 35)	899, 274, 72	28 (	0 0	C	36
	CURRENT LI ABI LI TI ES	i	- i	-		_
	Accounts payable	42,777,83		0 0	C	
	Salaries, wages, and fees payable Payroll taxes payable	13, 822, 73	0 0		C	) 38 ) 39
	Notes and Loans payable (short term)					40
	Deferred income		0	0 0	-	) 41
	Accelerated payments	41,034,33	33			42
	Due to other funds		0 (	0 0	C	) 43.
	Other current liabilities	12, 859, 62		0 0	-	) 44.
00	Total current liabilities (sum of lines 37 thru 44)	110, 494, 51	8 (	0 0	C	) 45
00	LONG TERM LIABILITIES Mortgage payable		0		C	) 46
	Notes payable		0		-	40
	Unsecured Loans		0		-	47
00	Other long term liabilities	30, 233, 09	01 (	o o		49
	Total long term liabilities (sum of lines 46 thru 49)	30, 233, 09		0 0	-	50
00	Total liabilities (sum of lines 45 and 50)	140, 727, 60	)9 (	0 0	C	51
~~	CAPITAL ACCOUNTS	750 547 44		1		
	General fund balance	758, 547, 17	9			52
	Specific purpose fund Donor created - endowment fund balance - restricted					53 54
	Donor created - endowment fund balance - unrestricted			0		55
	Governing body created - endowment fund balance	1		0		56
	Plant fund balance - invested in plant				C	57
00	Plant fund balance - reserve for plant improvement,				C	58.
	replacement, and expansion					
	Total fund balances (sum of lines 52 thru 58)	758, 547, 11	01 /		· · · · · · · · · · · · · · · · · · ·	) 59.

Health Financial Systems IU	HEALTH BLOOMIN	IGTON HOSPI TAL		In Lie	u of Form CMS-2	2552-10
STATEMENT OF CHANGES IN FUND BALANCES		Provider C	CN: 15-0051	Period: From 01/01/2020 To 12/31/2020	Worksheet G-1	epared:
	General	Fund	Special I	Purpose Fund	Endowment Fund	
	1.00	2.00	3.00	4.00	5.00	
<ul> <li>1.00 Fund balances at beginning of period</li> <li>2.00 Net income (loss) (from Wkst. G-3, line 29)</li> <li>3.00 Total (sum of line 1 and line 2)</li> <li>4.00 RESTRICTED FUND BALANCE</li> <li>5.00</li> <li>6.00</li> <li>7.00</li> <li>8.00</li> <li>9.00</li> <li>10.00 Total additions (sum of line 4-9)</li> <li>11.00 Subtotal (line 3 plus line 10)</li> <li>12.00 UNRESTRICTED FUND BALANCE</li> <li>13.00 TEMPORARILY RESTRICTED</li> <li>14.00 ROUNDING</li> <li>15.00</li> <li>16.00</li> <li>17.00</li> <li>18.00 Total deductions (sum of lines 12-17)</li> <li>19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)</li> </ul>	48, 753 0 0 0 0 89, 829, 564 3, 262, 181 1 0 0 0	687, 362, 362 164, 227, 750 851, 590, 112 48, 753 851, 638, 865 93, 091, 746 758, 547, 119				14.00 15.00
	Endowment Fund	PI ant				
1.00 Find haloness at hardening of availad	6.00	7.00	8.00		-	1 00
<ol> <li>1.00 Fund balances at beginning of period</li> <li>2.00 Net income (loss) (from Wkst. G-3, line 29)</li> <li>3.00 Total (sum of line 1 and line 2)</li> <li>4.00 RESTRICTED FUND BALANCE</li> <li>5.00</li> </ol>	0	0		0		1.00 2.00 3.00 4.00 5.00
6.00 7.00 8.00 9.00 10.00 Total additions (sum of line 4-9) 11.00 Subtotal (line 3 plus line 10) 12.00 UNRESTRICTED FUND BALANCE 13.00 TEMPORARILY RESTRICTED 14.00 ROUNDING 15.00 16.00	0 0			0 0		$\begin{array}{c} 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ \end{array}$
<ul> <li>17.00</li> <li>18.00 Total deductions (sum of lines 12-17)</li> <li>19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)</li> </ul>	0 0	0		0 0		17.00 18.00 19.00

Health Financial Systems IU HEALTH BLOOMI	NGTON HOSPI TAL		In Lie	u of Form CMS-:	2552-10
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provi der C		Period: From 01/01/2020 To 12/31/2020	Worksheet G-2 Parts I & II	2
			10 12/31/2020	7/14/2021 11:	:13 am
Cost Center Description		Inpatient	Outpati ent	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					_
General Inpatient Routine Services		100 ( 41 5	1 -	100 (41 515	1 00
1.00 Hospital 2.00 SUBPROVIDER - IPF		139, 641, 5	15	139, 641, 515	1.00
3. 00 SUBPROVIDER - IRF		2, 969, 8	71	2, 969, 871	
4. 00 SUBPROVIDER		2,707,0	0	0	
5.00 Swing bed - SNF			0	0	
6.00 Swing bed - NF			0	0	
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)		142, 611, 3	36	142, 611, 386	10.00
Intensive Care Type Inpatient Hospital Services		04 404 0	· · ·		11 00
11. 00 I NTENSI VE CARE UNI T		26, 106, 0		26, 106, 066	
12.00 CORONARY CARE UNIT		21, 519, 4	32	21, 519, 432	
13.00 BURN INTENSIVE CARE UNIT 14.00 SURGICAL INTENSIVE CARE UNIT					13.00 14.00
15. 00 NEONATAL INTENSIVE CARE UNIT		15, 667, 5	71	15, 667, 571	
16.00 Total intensive care type inpatient hospital services (su	m of lines 11			63, 293, 069	
17.00 Total inpatient routine care services (sum of lines 10 an		205, 904, 4		205, 904, 455	
18.00 Ancillary services		464, 425, 1		1, 230, 807, 456	
19.00 Outpatient services		48,067,0			
20. 00 RURAL HEALTH CLINIC			0 0		
21.00 FEDERALLY QUALIFIED HEALTH CENTER			0 0	0 0	21.00
22.00 HOME HEALTH AGENCY			0	0 0	22.00
23.00 AMBULANCE SERVICES		180, 3	17 50, 381, 866	50, 562, 183	
24.00 CMHC					24.00
25. 00 AMBULATORY SURGI CAL CENTER (D. P. )			0 0	-	
26.00 HOSPICE			0 0	, i	
27.00 OTHER NRCC 28.00 Total patient revenues (sum of lines 17-27)(transfer colu	mp 2 to Wkct	C 3710 574 0	0 8, 666, 126		
line 1)	IIII 3 LU WKSL.	G-3,10, 570, 9	J9 1, 045, 695, 170	1, 704, 470, 079	26.00
PART II - OPERATING EXPENSES					
29.00 Operating expenses (per Wkst. A, column 3, line 200)	1		372, 842, 166	, ,	29.00
30. 00 ADD (SPECIFY)			0		30,00
31.00			0		31.00
32.00			0		32.00
33.00			0		33.00
34.00			0		34.00
35.00			0		35.00
36.00 Total additions (sum of lines 30-35)			(	)	36.00
37. 00 DEDUCT (SPECI FY)			0		37.00
38.00			0		38.00
39.00			0		39.00 40.00
40.00 41.00			0	1	40.00
41.00 42.00 Total deductions (sum of lines 37-41)			й Г		41.00
43.00 Total operating expenses (sum of lines 29 and 36 minus li	ne 42)(transfe	r to	372, 842, 166		42.00
Wkst. G-3, Line 4)			5,2,0,2,100		10.00
	I		•		

STATEMENT OF REVENUES AND EXPENSES         Provider CCN: 15-0051         Period: From 01/01/2020 To 12/31/2020         Worksheet G-3 Date/Time Prepared: 1/14/2021 11:13 am           1.00         Total patient revenues (from Wkst. G-2, Part I, column 3, Line 28)         1, 764, 470, 079         1.00           2.00         Less contractual allowances and discounts on patients' accounts         1, 285, 879, 741         2.00           3.00         Net patient revenues (line 1 minus line 2)         478, 590, 338         3.00           4.00         Less total operating expenses (from Wkst. G-2, Part II, Line 43)         302, 748, 172         5.00           5.00         Net Income from service to patients (line 3 minus line 4)         105, 748, 172         5.00           6.00         Contributions, donations, bequests, etc         0         6.00         7.00         10.00           10.00         Revenue from telephone and other miscellaneous communication services         0         9.00         9.00         10.00           10.00         Revenue from enails oil to employees and guests         0         11.205         0         11.200           10.00         Revenue from sale of medical and surgical supplies to other than patients         0         12.00           10.00         Revenue from sale of medical and surgical supplies to other than patients         0         12.00	Heal th	Financial Systems	IU HEALTH BLOOMING	TON HOSPI TAL	In Lieu	of Form CMS-2	2552-10
1.00       Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)       1, 064, 470, 079       1.00         2.00       Less contractual allowances and discounts on patients' accounts       1, 285, 879, 741       2.00         3.00       Net patient revenues (line 1 minus line 2)       478, 590, 338       3.00         4.00       Less total operating expenses (from Wkst. G-2, Part II, line 43)       372, 842, 166       4.00         5.00       Net income from investments       0       6.00       105, 748, 172       5.00         0.01       Newenues from telephone and other miscel aneous communication services       0       6.00       7.00         0.00       Revenues from television and radio service       0       9.00       0       9.00         0.00       Purchase discounts       0       10.00       11.00       11.00         10.00       Purchase discounts       0       10.00       11.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from sale of medical and surgical supplies to other than patients       0       14.00         10.00       Revenue from sale of medical necords and abstracts       0       19.00       11.00				Provider CCN: 15-0051	Period: From 01/01/2020	Worksheet G-3 Date/Time Pre	pared:
1.00       Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)       1,764,470,079       1.00         2.00       Less contractual allowances and discounts on patients' accounts       1,264,470,079       1.00         3.00       Net patient revenues (line 1 minus line 2)       4.00       478,590,338       3.00         4.00       Less total operating expenses (from Wst. G-2, Part II, line 43)       372,842,166       4.00         5.00       Net income from service to patients (line 3 minus line 4)       105,748,172       5.00         0.01       Income from investments       0       6.00       7.00         8.00       Revenues from television and radio service       0       7.00         9.00       Purchase discounts       0       1.00       1.00         10.00       Purchase discounts       0       1.00       1.00         11.00       Rebates and refunds of expenses       0       1.00       1.00         12.00       Revenue from sale of medical and surgical supplies to other than patients       0       11.00         12.00       Revenue from sale of medical necords and abstracts       0       15.00         10.00       Revenue from sale of medical necords and abstracts       0       18.00       19.00         10.00       Revenue from sale o						//14/2021 11:	13 800
2.00Less contractual allowances and discounts on patients' accounts1, 285, 879, 7412.003.00Net patient revenues (line 1 minus line 2)478, 590, 3383.004.00Less total operating expenses (from Wkst. 6-2, Part II, line 43)372, 842, 1664.005.00Net income from service to patients (line 3 minus line 4)105, 748, 1725.0000ThER INCOME07.006.00Contributions, donations, bequests, etc06.007.00Income from investments07.008.00Revenue from telephone and other miscellaneous communication services08.009.00Revenue from telephone and radio service09.0010.00Purchase discounts011.0011.00Rebates and refunds of expenses011.0012.00Parking lot receipts012.0013.00Revenue from sale of medical and surgical supplies to other than patients014.0014.00Revenue from sale of medical records and abstracts017.0019.00Tuition (fees, sale of textbooks, uniforms, etc.)019.0020.00Revenue from gits, flowers, coffee shops, and canteen022.0010.00Rental of hospital space011.0010.00Revenue from sale of medical records and abstracts014.0010.00Revenue from sale of ines 6-24)022.0020.00Rental of hospital space021.0021.00Gardal of hospital space0						1.00	
3.00       Net patient revenues (line 1 minus line 2)       478,590,338       3.00         4.00       Less total operating expenses (from Wkst. G-2, Part II, line 43)       372,842,166       4.00         5.00       Net income from service to patients (line 3 minus line 4)       105,748,172       5.00         0.10       Contributions, donations, bequests, etc       0       6.00       6.00         1.00       Income from television and radio service       0       7.00         9.00       Revenue from television and radio service       0       9.00         9.00       Revenue from television and radio service       0       9.00         9.00       Parking lot receipts       0       10.00         10.00       Purchase discounts       0       10.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from rental of living quarters       0       14.00         14.00       Revenue from sale of medical records and abstracts       0       16.00         10.00       Revenue from sale of thedical cecords and abstracts       0       16.00         10.00       Revenue from sale of thedical records and abstracts       0       17.00 </td <td>1.00</td> <td>Total patient revenues (from Wkst. G-2</td> <td>2, Part I, column 3, I</td> <td>ine 28)</td> <td></td> <td>1, 764, 470, 079</td> <td>1.00</td>	1.00	Total patient revenues (from Wkst. G-2	2, Part I, column 3, I	ine 28)		1, 764, 470, 079	1.00
4.00       Less total operating expenses (from Wkst. G-2, Part II, line 43)       372,842,166       4.00         5.00       Net income from service to patients (line 3 minus line 4)       105,748,172       5.00         6.00       Contributions, donations, bequests, etc       0       6.00       6.00         7.00       Income from investments       0       7.00         8.00       Revenue from telephone and other miscellaneous communication services       0       8.00         9.00       Purchase discounts       0       10.00         11.00       Rebates and refunds of expenses       0       10.00         12.00       Parking lot receipts       0       11.00         13.00       Revenue from sale of medical and surgical supplies to other than patients       0       14.00         15.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         10.00       Revenue from sale of textbooks, uniforms, etc)       0       17.00       18.00         10.00       Revenue from gale paperations       0       17.00       19.00       0       10.00         10.00       Revenue from sale of medical records and abtracts       0       16.00       19.00       0       10.00         10.00       Revenue fro	2.00	Less contractual allowances and discou	unts on patients' acco	unts		1, 285, 879, 741	2.00
5.00       Net income from service to patients (line 3 minus line 4)       105,748,172       5.00         OTHER INCOME       0       6.00       6.00       6.00         7.00       Income from investments       0       7.00         8.00       Revenue from television and radio service       0       9.00         9.00       Revenue from television and radio service       0       9.00         10.00       Purchase discounts       0       11.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       11.00         13.00       Revenue from rental of living quarters       0       13.00         14.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         15.00       Revenue from sale of medical records and abstracts       0       17.00       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00       19.00       10.00         20.00       Rental of hospital space       0       22.00       22.00       22.00       22.00         10.00       Revenue from gifts, flowers, coffee shops, and canteen       0       12.00       22.00       22.00 <td< td=""><td>3.00</td><td>Net patient revenues (line 1 minus lir</td><td>ne 2)</td><td></td><td></td><td>478, 590, 338</td><td>3.00</td></td<>	3.00	Net patient revenues (line 1 minus lir	ne 2)			478, 590, 338	3.00
OTHER INCOME6.00Contributions, donations, bequests, etc07.00Income from investments08.00Revenues from telephone and other miscellaneous communication services09.00Revenue from television and radio service09.00Purchase discounts010.00Purchase discounts011.00Rebates and refunds of expenses012.00Parking lot receipts013.00Revenue from laundry and linen service014.00Revenue from meals sold to employees and guests016.00Revenue from sale of medical and surgical supplies to other than patients016.00Revenue from sale of drugs to other than patients017.00Revenue from all of living quarters018.00Revenue from sale of medical records and abstracts019.00Tui tion (fees, sale of textbooks, uniforms, etc.)020.00Rental of vending machines021.00Governmental appropriations022.00Rental of vending machines023.00Governmental appropriations024.00MiscELLANEOUS INCOME44, 584, 37625.00Total other income (sum of lines 6-24)13, 895, 20226.00Total (line 5 plus line 25)164, 227, 75026.00Total (line sepnese (sum of line 27 and subscripts)0	4.00	Less total operating expenses (from Wk	st. G-2, Part II, lin	e 43)		372, 842, 166	4.00
6.00Contributions, donations, bequests, etc06.007.00Income from investments07.008.00Revenues from telephone and other miscellaneous communication services08.009.00Revenues from television and radio service09.0010.00Purchase discounts010.0011.00Rebates and refunds of expenses011.0012.00Parking lot receipts012.0013.00Revenue from rental sold to employees and guests013.0014.00Revenue from rental of living quarters015.0016.00Revenue from sale of medical and surgical supplies to other than patients016.0017.00Revenue from sale of medical records and abstracts017.0018.00Revenue from sale of textbooks, uniforms, etc.)019.0020.00Revenue from gifts, flowers, coffee shops, and canteen020.0021.00Reval of hospital space023.0023.0023.00Governmental appropriations023.0023.0024.00MisCELLANEOUS INCOME44,584,37624.0025.00Total other income (sum of lines 6-24)58,479,57825.0027.00Total (line 5 plus line 25)164,227,75026.0027.00Total (line Expenses (sum of line 27 and subscripts)028.00	5.00	Net income from service to patients (I	ine 3 minus line 4)			105, 748, 172	5.00
7.00Income from investments07.008.00Revenues from telephone and other miscellaneous communication services08.009.00Revenue from television and radio service09.0010.00Purchase discounts010.0011.00Rebates and refunds of expenses011.0012.00Parking lot receipts012.0013.00Revenue from laundry and linen service013.0014.00Revenue from meals sold to employees and guests014.0015.00Revenue from sale of medical and surgical supplies to other than patients016.0017.00Revenue from sale of medical records and abstracts019.0019.0010.1019.0019.0019.0020.00Revenue from gifts, flowers, coffee shops, and canteen021.0021.00Rental of hospital space022.0023.0022.00Rental of hospital space023.0024.0024.50CVID-19 PHE Funding13.895,20224.5013.895,20225.00Total other income (sum of lines 6-24)16.4,227,75026.0027.00THER EXPENSES (SPECIFY)027.0028.0028.00Total other expenses (sum of line 27 and subscripts)028.00		OTHER INCOME					
8.00Revenues from telephone and other miscel laneous communication services08.009.00Revenue from television and radio service09.0010.00Purchase discounts010.0011.00Rebates and refunds of expenses011.0012.00Parking lot receipts012.0013.00Revenue from laundry and linen service013.0014.00Revenue from rental of living quarters015.0015.00Revenue from sale of medical and surgical supplies to other than patients016.0017.00Revenue from sale of drugs to other than patients018.0019.00Tuition (fees, sale of textbooks, uniforms, etc.)019.0020.00Reval from grant appropriations021.0021.00Rental of hospital space022.0022.00Rental of hospital space023.0023.00Governmental appropriations023.0024.00MiscELLANEOUS INCOME44,584,37624.0024.50Total other income (sum of lines 6-24)58,479,57825.0025.00Total (line 5 plus line 25)164,227,75026.0027.00Total (line expenses (sum of line 27 and subscripts)028.00	6.00	Contributions, donations, bequests, et	c			0	6.00
9.00Revenue from television and radio service09.0010.00Purchase discounts010.0011.00Rebates and refunds of expenses011.0012.00Parking lot receipts012.0013.00Revenue from laundry and linen service013.0014.00Revenue from meals sold to employees and guests013.0015.00Revenue from rental of living quarters015.0016.00Revenue from sale of medical and surgical supplies to other than patients016.0017.00Revenue from sale of drugs to other than patients018.0019.00Tui tion (fees, sale of textbooks, uniforms, etc.)019.0020.00Rental of hospital space022.0021.00Rental of hospital space022.0023.00Governmental appropriations023.0024.00MisCELLANEOUS INCOME44,584,37624.0025.00Total other income (sum of lines 6-24)58,479,57825.0025.00Total (line 5 plus line 25)164,227,75026.0027.00OTHER EXPENSES (SPECIFY)27.0028.0028.00Total other expenses (sum of line 27 and subscripts)028.00	7.00	Income from investments				0	7.00
10.00       Purchase discounts       0       10.00         11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       13.00         15.00       Revenue from rental of living quarters       0       15.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MISCELLANEOUS INCOME       44, 584, 376       24.00         25.00       Total other income (sum of lines 6-24)       58, 479, 578       25.00         25.00       Total other expenses (sum of line 27 and subscripts)       0       27.00         28.00       Total other	8.00	Revenues from telephone and other misc	cellaneous communicati	on services		0	8.00
11.00       Rebates and refunds of expenses       0       11.00         12.00       Parking lot receipts       0       12.00         13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       14.00         15.00       Revenue from rental of living quarters       0       15.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       15.00         17.00       Revenue from sale of fugs to other than patients       0       16.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       21.00         21.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MI SCELLANEOUS INCOME       44, 584, 376       24.00         25.00       Total other income (sum of lines 6-24)       58, 479, 578       25.00         26.00       Total (line 5 plus line 25)       164, 227, 750       27.00      <	9.00	Revenue from television and radio serv	/i ce			0	9.00
12.00       Parking lot receipts       0       12.00         13.00       Revenue from laundry and linen service       0       13.00         14.00       Revenue from meals sold to employees and guests       0       13.00         15.00       Revenue from rental of living quarters       0       14.00         16.00       Revenue from sale of medical and surgical supplies to other than patients       0       16.00         17.00       Revenue from sale of medical records and abstracts       0       17.00         18.00       Revenue from sale of textbooks, uniforms, etc.)       0       18.00         10.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         11.00       Rental of vending machines       0       21.00         12.00       Rental of hospital space       0       22.00         12.00       Revenue appropriations       0       23.00         12.00       NI SCELLANEOUS I NCOME       44, 584, 376       24.00         12.00       Total other income (sum of lines 6-24)       58, 479, 578       25.00         12.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	10.00	Purchase di scounts				0	10.00
13.00Revenue from laundry and linen service013.0014.00Revenue from meals sold to employees and guests014.0015.00Revenue from rental of living quarters014.0016.00Revenue from sale of medical and surgical supplies to other than patients015.0017.00Revenue from sale of medical records and abstracts017.0018.00Revenue from gifts, flowers, coffee shops, and canteen018.0019.00Tuition (fees, sale of textbooks, uniforms, etc.)019.0020.00Revenue from gifts, flowers, coffee shops, and canteen020.0021.00Rental of vending machines021.0023.00Governmental appropriations022.0024.00MI SCELLANEOUS I NCOME44, 584, 37624.0024.50COVI D-19 PHE Funding13, 895, 20224.5025.00Total other income (sum of lines 6-24)58, 479, 57825.0027.00OTHER EXPENSES (SPECI FY)027.0027.0028.00Total other expenses (sum of line 27 and subscripts)028.00	11.00	Rebates and refunds of expenses				0	11.00
14.00Revenue from meals sold to employees and guests014.0015.00Revenue from rental of living quarters015.0016.00Revenue from sale of medical and surgical supplies to other than patients016.0017.00Revenue from sale of medical records and abstracts018.0019.00Tuition (fees, sale of textbooks, uniforms, etc.)019.0020.00Revenue from gifts, flowers, coffee shops, and canteen020.0021.00Rental of vending machines021.0023.00Governmental appropriations023.0024.00MI SCELLANEOUS I NCOME44,584,37624.0025.00Total other income (sum of lines 6-24)58,479,57825.0027.00OTtal (line 5 plus line 25)027.0027.0028.00Total other expenses (sum of line 27 and subscripts)028.00	12.00	Parking lot receipts				0	12.00
15.00Revenue from rental of living quarters015.0016.00Revenue from sale of medical and surgical supplies to other than patients016.0017.00Revenue from sale of drugs to other than patients017.0018.00Revenue from sale of medical records and abstracts018.0019.00Tuition (fees, sale of textbooks, uniforms, etc.)019.0020.00Revenue from gifts, flowers, coffee shops, and canteen020.0021.00Rental of vending machines021.0022.00Rental of hospital space022.0023.00Governmental appropriations023.0024.00MI SCELLANEOUS I NCOME44,584,37624.0024.50COVI D-19 PHE Funding13,895,20224.5025.00Total other income (sum of lines 6-24)58,479,57825.0026.00Total other expenses (sum of line 27 and subscripts)028.00	13.00	Revenue from laundry and linen service	è			0	13.00
16.00Revenue from sale of medical and surgical supplies to other than patients016.0017.00Revenue from sale of drugs to other than patients017.0018.00Revenue from sale of medical records and abstracts018.0019.00Tuition (fees, sale of textbooks, uniforms, etc.)019.0020.00Revenue from gifts, flowers, coffee shops, and canteen020.0021.00Rental of vending machines021.0022.00Rental of hospital space022.0023.00Governmental appropriations023.0024.00MI SCELLANEOUS I NCOME44, 584, 37624.0024.50COVI D-19 PHE Funding13, 895, 20224.5025.00Total other income (sum of lines 6-24)58, 479, 57825.0026.00Total other expenses (SECI FY)027.0027.0028.00Total other expenses (sum of line 27 and subscripts)028.00	14.00	Revenue from meals sold to employees a	and guests			0	14.00
17.00       Revenue from sale of drugs to other than patients       0       17.00         18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MI SCELLANEOUS I NCOME       44, 584, 376       24.00         24.50       COVI D-19       PHE Funding       13, 895, 202       24.50         25.00       Total other income (sum of lines 6-24)       58, 479, 578       25.00         26.00       Total other expenses (SECI FY)       0       27.00       28.00       704 subscripts)       0       28.00	15.00	Revenue from rental of living quarters	6			0	15.00
18.00       Revenue from sale of medical records and abstracts       0       18.00         19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       20.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MI SCELLANEOUS I NCOME       44, 584, 376       24.00         24.50       COVI D-19 PHE Funding       13, 895, 202       24.50         25.00       Total other income (sum of lines 6-24)       58, 479, 578       25.00         26.00       Total (line 5 plus line 25)       164, 227, 750       26.00         27.00       OTHER EXPENSES (SPECI FY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	16.00	Revenue from sale of medical and surgi	cal supplies to other	than patients		0	16.00
19.00       Tuition (fees, sale of textbooks, uniforms, etc.)       0       19.00         20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MI SCELLANEOUS I NCOME       44, 584, 376       24.00         25.00       Total other income (sum of lines 6-24)       13, 895, 202       24.50         26.00       Total other income (sum of lines 6-24)       58, 479, 578       25.00         26.00       Total other expenses (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	17.00	Revenue from sale of drugs to other th	nan patients			0	17.00
20.00       Revenue from gifts, flowers, coffee shops, and canteen       0       20.00         21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MI SCELLANEOUS I NCOME       44,584,376       24.00         24.50       COVI D-19 PHE Funding       13,895,202       24.50         25.00       Total other income (sum of lines 6-24)       58,479,578       25.00         26.00       Total other expenses (SECI FY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	18.00	Revenue from sale of medical records a	and abstracts			0	18.00
21.00       Rental of vending machines       0       21.00         22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MI SCELLANEOUS I NCOME       44,584,376       24.00         24.50       COVID-19 PHE Funding       13,895,202       24.50         25.00       Total other income (sum of lines 6-24)       58,479,578       25.00         26.00       Total (line 5 plus line 25)       164,227,750       26.00         27.00       OTHER EXPENSES (SPECI FY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	19.00	Tuition (fees, sale of textbooks, unif	forms, etc.)			0	19.00
22.00       Rental of hospital space       0       22.00         23.00       Governmental appropriations       0       23.00         24.00       MISCELLANEOUS INCOME       44,584,376       24.00         24.50       COVID-19 PHE Funding       13,895,202       24.50         25.00       Total other income (sum of lines 6-24)       58,479,578       25.00         26.00       Total (line 5 plus line 25)       164,227,750       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00			nops, and canteen			0	20.00
23.00       Governmental appropriations       0       23.00         24.00       MISCELLANEOUS INCOME       44,584,376       24.00         24.50       COVID-19 PHE Funding       13,895,202       24.50         25.00       Total other income (sum of lines 6-24)       58,479,578       25.00         26.00       Total (line 5 plus line 25)       164,227,750       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	21.00	Rental of vending machines				0	21.00
24.00MI SCELLANEOUS I NCOME44, 584, 37624.0024.50COVI D-19 PHE Funding13, 895, 20224.5025.00Total other income (sum of lines 6-24)58, 479, 57825.0026.00Total (line 5 plus line 25)164, 227, 75026.0027.00OTHER EXPENSES (SPECI FY)027.0028.00Total other expenses (sum of line 27 and subscripts)028.00	22.00	Rental of hospital space				0	22.00
24. 50       COVI D-19 PHE Funding       13, 895, 202       24. 50         25. 00       Total other income (sum of lines 6-24)       58, 479, 578       25. 00         26. 00       Total (line 5 plus line 25)       164, 227, 750       26. 00         27. 00       OTHER EXPENSES (SPECI FY)       0       27. 00         28. 00       Total other expenses (sum of line 27 and subscripts)       0       28. 00	23.00	Governmental appropriations				0	23.00
25.00       Total other income (sum of lines 6-24)       58, 479, 578       25.00         26.00       Total (line 5 plus line 25)       164, 227, 750       26.00         27.00       OTHER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	24.00	MI SCELLANEOUS I NCOME				44, 584, 376	24.00
26.00       Total (line 5 plus line 25)       164, 227, 750       26.00         27.00       0THER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	24.50	COVI D-19 PHE Fundi ng				13, 895, 202	24.50
27.00       0THER EXPENSES (SPECIFY)       0       27.00         28.00       Total other expenses (sum of line 27 and subscripts)       0       28.00	25.00	Total other income (sum of lines 6-24)				58, 479, 578	25.00
28.00 Total other expenses (sum of line 27 and subscripts) 0 28.00	26.00	Total (line 5 plus line 25)				164, 227, 750	
	27.00	OTHER EXPENSES (SPECIFY)				0	
29.00         Net income (or loss) for the period (line 26 minus line 28)         164, 227, 750         29.00	28.00	Total other expenses (sum of line 27 a	and subscripts)				
	29.00	Net income (or loss) for the period (I	ine 26 minus line 28)			164, 227, 750	29.00

LCULATION OF CAPITAL PAYMENT	Provider CCN: 15-0051 Pe Fi To	eriod: rom 01/01/2020 p 12/31/2020	Worksheet L Parts I-III Date/Time P 7/14/2021 1	
	Title XVIII	Hospi tal	PPS	1. 10 0
			1.00	
PART I – FULLY PROSPECTIVE METHOD CAPITAL FEDERAL AMOUNT				
00 Capital DRG other than outlier			3, 359, 57	3 1.
01 Model 4 BPCI Capital DRG other than outlier			5, 557, 57	0 1.
00 Capital DRG outlier payments			36,84	
01 Model 4 BPCI Capital DRG outlier payments				0 2.
00 Total inpatient days divided by number of da		ructions)	156. 2	
00 Number of interns & residents (see instructi			0.0	
00 Indirect medical education percentage (see i			0.0	
00 Indirect medical education adjustment (multi	iply line 5 by the sum of lines 1 and 1.01	, columns 1 a	nd	0 6.
<ul><li>1.01)(see instructions)</li><li>Percentage of SSI recipient patient days to</li></ul>	Modicaro Part A nationt days (Workshoot E	part A lino	30) 5.6	3 7.
(see instructions)	Medicale Fait A patient days (worksheet L		50) 5.0	3 7.
00 Percentage of Medicaid patient days to total	davs (see instructions)		27.8	4 8.
00 Sum of lines 7 and 8			33. 4	7 9
.00 Allowable disproportionate share percentage	(see instructions)		7.0	2 10
.00 Disproportionate share adjustment (see inst			235, 84	
.00 Total prospective capital payments (see ins	tructions)		3, 632, 26	0 12.
			1 00	
PART II - PAYMENT UNDER REASONABLE COST			1.00	
00 Program inpatient routine capital cost (see	instructions)			0 1.
00 Program inpatient ancillary capital cost (see				0 2
00 Total inpatient program capital cost (line				0 3.
00 Capital cost payment factor (see instruction				0 4.
00 Total inpatient program capital cost (line 3	3 x line 4)			0 5.
		-	1 00	_
PART III - COMPUTATION OF EXCEPTION PAYMENTS		I	1.00	
00 Program inpatient capital costs (see instruct		I		0 1
00 Program inpatient capital costs for extraord				0 2
00 Net program inpatient capital costs (line 1	minus line 2)			0 3
00 Applicable exception percentage (see instruc			0.0	
00 Capital cost for comparison to payments (lin				0 5.
00 Percentage adjustment for extraordinary circ			0.0	
00 Adjustment to capital minimum payment level 00 Capital minimum payment level (line 5 plus l		(line 6)		0 7. 0 8.
Capital minimum payment level (line 5 plus l Current year capital payments (from Part I,				0 9
.00 Current year comparison of capital minimum p		less line 9)		0 10.
.00 Carryover of accumulated capital minimum pay				0 11.
Part III, line 14)	,	, j		
.00 Net comparison of capital minimum payment le				0 12.
.00 Current year exception payment (if line 12 i				0 13.
	yment level over capital payment for the f	ollowing peri	od (if	0 14.
				1
.00 Carryover of accumulated capital minimum pa line 12 is negative, enter the amount on th				
	payment (see instructions)			0 15. 0 16.